Sequential Intercept Model Mapping Report: Karnes and McMullen Counties

Texas Health and Human Services

October 2025

Workshop Dates: October 29-30, 2024

TEXAS
Health and Human Services

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Background

Acknowledgements

This report was prepared by the Texas Health and Human Services Commission (HHSC), and the workshop was convened by Hildebrando Mireles III, Chief Clinical Officer with Camino Real Community Services (Camino Real). The planning committee members included:

- Andrew Flores, Deputy Director, 81st and 218th Judicial District Community Supervision and Corrections Department
- Corrina Cortez-Ramirez, Adult Mental Health Director, Camino Real
- Dwayne Villanueva, Karnes County Sheriff
- Emmett Shelton, McMullen County Sheriff
- Hildebrando Mireles III, Chief Clinical Officer, Camino Real
- Judge James Teal, McMullen County
- Michael Padilla, McMullen Emergency Management Services
- Shelby Dupnik, Karnes County Commissioner

The planning committee members played a critical role in making the Karnes and McMullen counties Sequential Intercept Model 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.; Paul Boston, LCSW; Amanda Peters Britton, M.Ed., Jennie Simpson, Ph.D.; and Lytton St. Stephen B.A., MPA *(completion Fall 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 the Texas Institute for Excellence in Mental Health (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 Karnes and McMullen counties*. Austin, TX: Texas Health and Human Services Commission.

Introduction

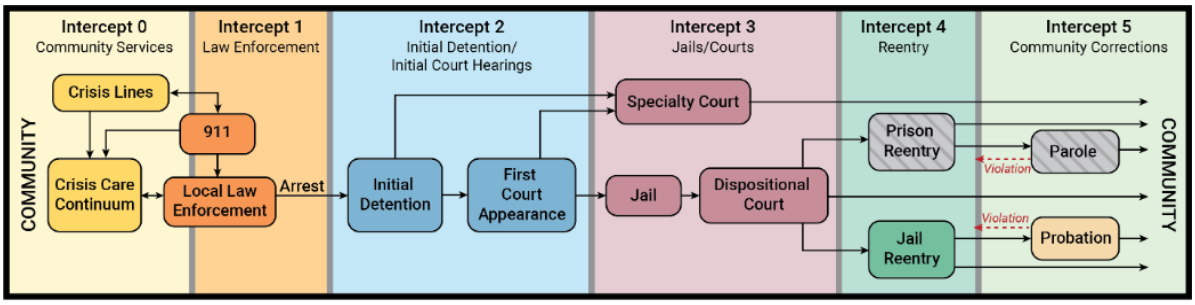
The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change.[1] These activities are best accomplished by 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 SUD 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 and 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.

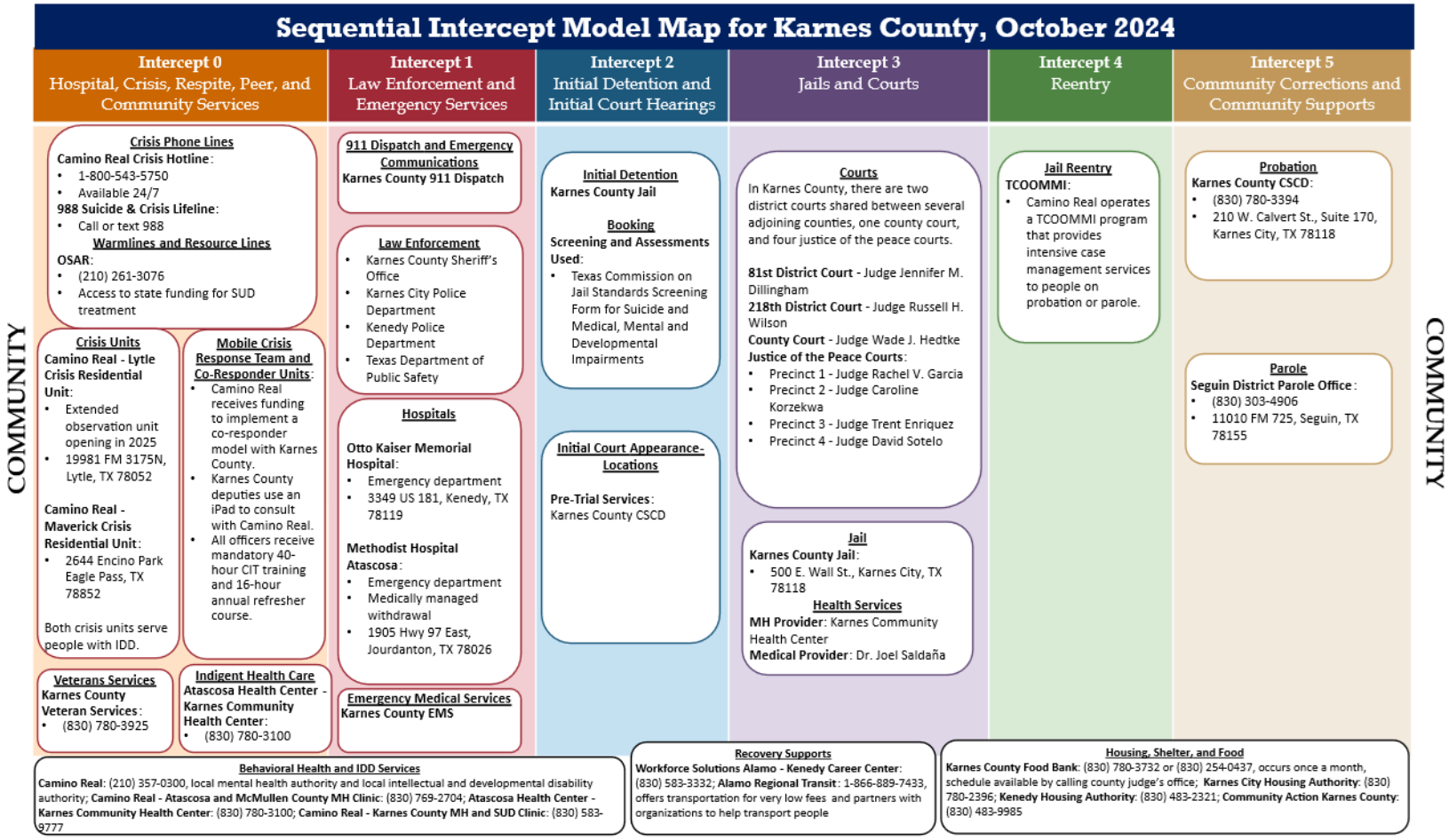


In 2024, Karnes and McMullen counties conducted a SIM mapping workshop to foster behavioral health and justice collaborations and to improve diversion efforts for people with MI, SUD, and/or IDD. The SIM workshop was divided into three sessions: 1) Introductions and overview of the SIM; 2) Developing the local map; and 3) Action planning. The workshop took place on October 29-30, 2024 in Karnes City, 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 October 2024 Karnes and McMullen counties SIM mapping workshop. Report authors aim to capture a robust picture of services offered in Karnes and McMullen counties, while acknowledging

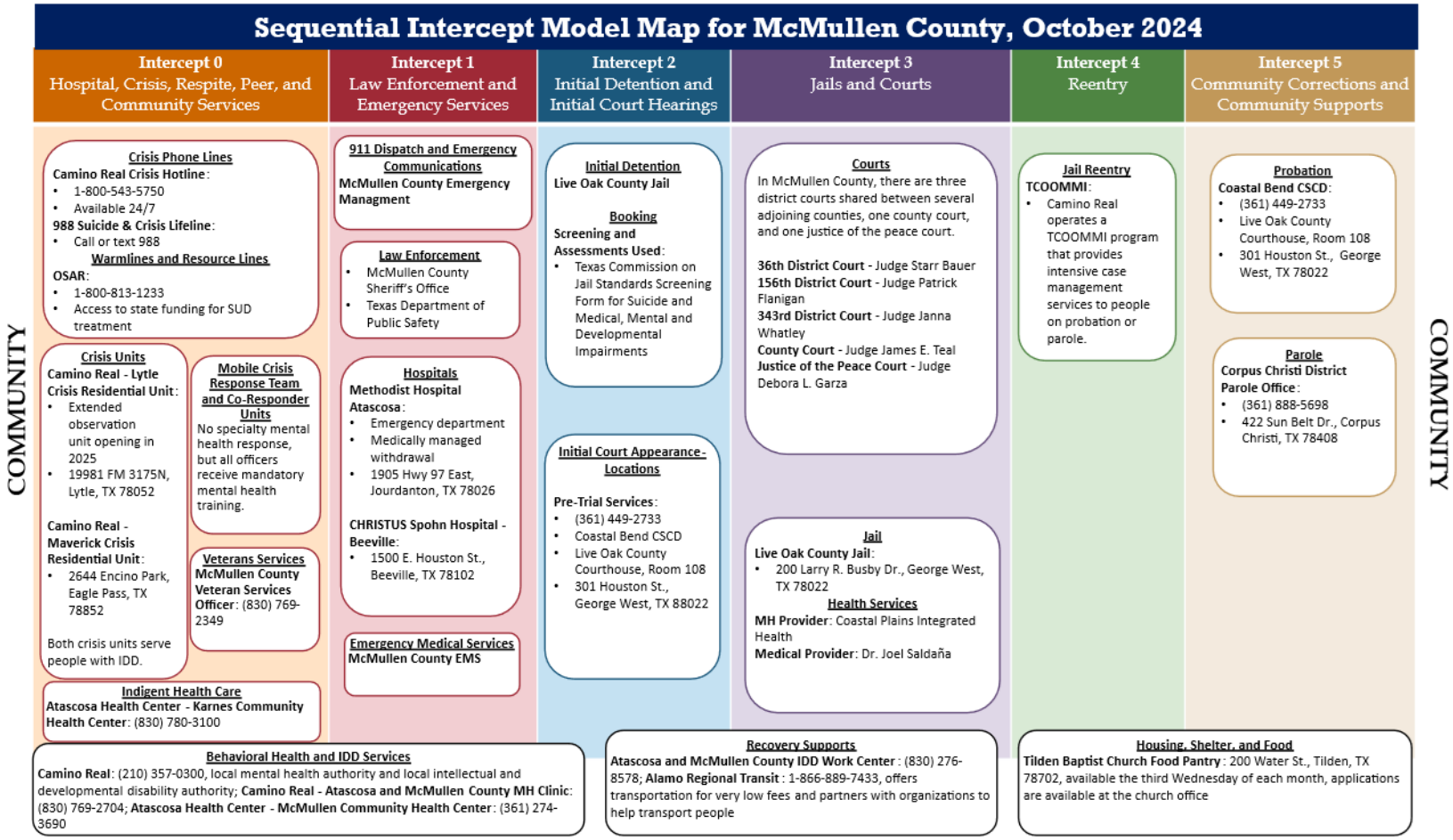
that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not HHSC.

Sequential Intercept Model Map for Karnes County



See Appendix B for detailed description. See Appendix I for a list of acronyms and initialisms.

Sequential Intercept Model Map for McMullen County

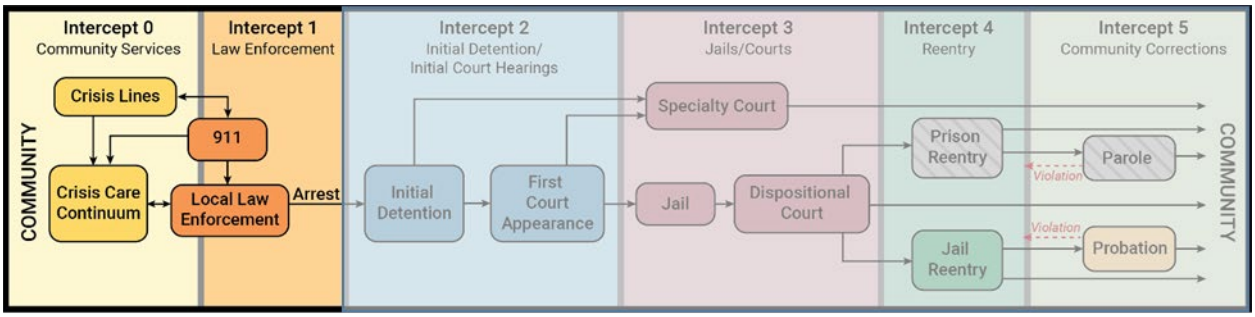


See Appendix B for detailed description. See Appendix I for a list of acronyms and initialisms.

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



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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 (OSAR) 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 (EOU) and crisis stabilization units (CSU)

- 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
- Suicide prevention training
- Applied Suicide Intervention Skills Training (ASIST)
- Assess, Support, Know (AS+K): Suicide Training

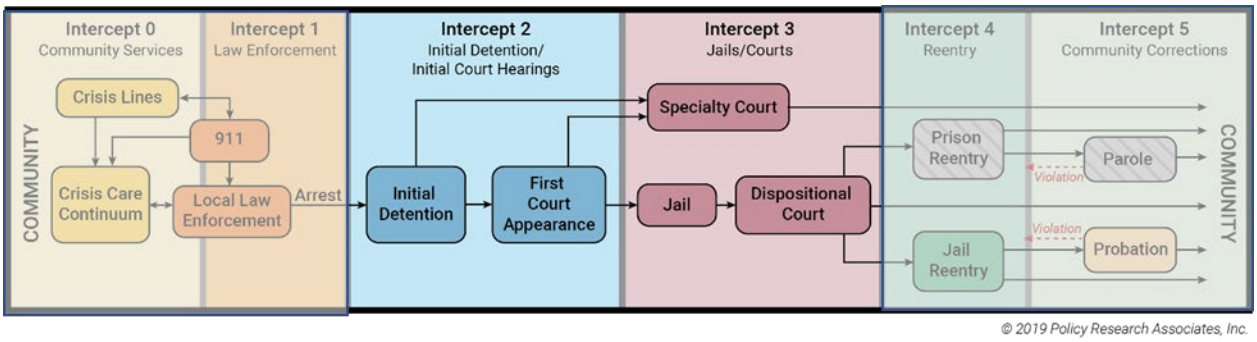
- Training for law enforcement, dispatchers, and behavioral health professionals

Karnes and McMullen Counties Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
• There is a lack of specific coding for law enforcement and mental health crisis calls in McMullen County. • The ability to identify mental health needs in people with justice-involvement is limited.	• There are many mental health crisis calls that go directly to MCOT instead of through Avail Solutions, the entity that operates the Camino Real crisis hotline. Explore opportunities to collect data from direct MCOT calls.
• There is a lack of services and resources after hours (5 p.m. - 8 a.m.). • There is a lack of resources for withdrawal management, sober living, and SUD treatment. People must travel to Austin or Houston for residential SUD treatment. There are limited services for medically managed withdrawal. • There are challenges with sharing resources and information between community providers and law enforcement. • Community support groups are not available.	• Camino Real is opening a four-bed EOU that will expand the crisis continuum of care and increase bed capacity. • Explore opportunities to utilize integrated care models (for example, Atascosa Health utilizing the Collaborative Care Model). • Increase community awareness of available behavioral health and prevention services.
• There is a general lack of knowledge about the difference between an emergency detention warrant (in other words, Texas Health and Safety Code, Chapter 572, Subchapter B) and an Order of Protective Custody (in other words, 72-hour holds).	• Create a process to notify MCOT of emergency detentions to support continuity of care (for example, system currently in use in Wilson County). • Utilize the Texas Commission on Law Enforcement training done by the Camino Real law enforcement liaison.
• People in crisis in McMullen County must travel to the neighboring county to access services at the nearest LMHA office in Jourdanton. This makes the county-specific data difficult to track. • There is a lack of options and availability for mental health transport.	• Establish a regional partnership for transportation.
• There are limited services for people with neurocognitive disorder or	• Provide mental health training opportunities for all first responders in

Gaps	Opportunities
dementia. Law enforcement has received calls from overwhelmed family members of people with dementia, and there is no place for them to go besides jail. • There is a lack of peer support services in both counties.	McMullen County. It is common for people in need of services to call emergency medical services (EMS), fire department or law enforcement for assistance. • Establish a process for MCOT to do pre-admission screenings for people with suspected dementia to facilitate ongoing services. • Camino Real will explore certifying their own peers. • Develop workforce connections to peer certification.
• Staffing shortages are impacting dispatch, law enforcement and Camino Real. • Current staff are overworked and have a higher chance of burnout. It is difficult to draw talent from other areas due to lack of equitable pay.	• Explore alternative staffing schedule models.
• Veteran crisis line response data is not integrated with other local data.	• Integrate veteran crisis line response data with local data collection.
• There are differing standards for medical clearance across nearby hospitals and remote options do not exist. • Many agencies in the area have differing geographic areas of coverage, which creates obstacles to coordination. • There is a general lack of knowledge and understanding of what constitutes a mental health crisis and how to recognize it.	• The Pulsara application is being piloted in Wilson County as a method of integrated crisis response and multidisciplinary communication between Southwest Texas Regional Advisory Council, Camino Real and the local hospital. • Expand utilization of the Pulsara application to Karnes and McMullen Counties.

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 Systems (TLETS) Continuity of Care Query (CCQ)
- Information sharing and analysis
- Texas Code of Criminal Procedure (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 found Incompetent to Stand Trial (IST)
- 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.

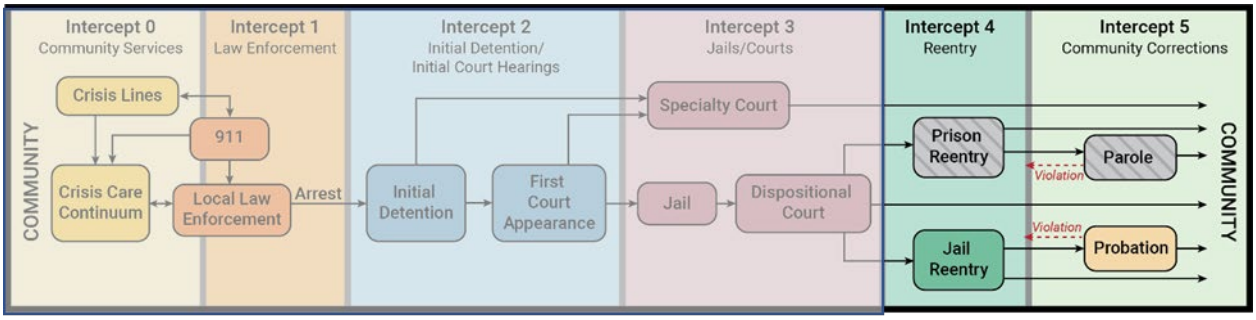
Karnes and McMullen Counties Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
• There is a limited understanding of outpatient commitments (court-ordered mental health services).	• Leverage existing groups to create a behavioral health leadership team for sub-working groups to meet regularly

Gaps	Opportunities
• A system does not exist to provide all members of the judicial system paperwork needed for identification of people with mental health concerns. • There is a need for a more streamlined continuity of care to interrupt the path of recidivism. • Alcoholics Anonymous groups are no longer taking place at Karnes County Jail.	and address issues such as crisis response, data sharing, and transportation. • Explore providing drug and alcohol programs to low level or first-time offenders as part of deferral programs. • Workforce Solutions Alamo has Workforce One, a mobile unit designed to bring career services, job training, and employment resources to communities across the region.
• Karnes County Jail does not have a screening for IDD or SUD. • There is a lack of mental health training for magistrates. • There is a lack of knowledge on the TLETS process and next steps when jail staff identify an "exact match." • A process to address the CCP Article 16.22 requirement is not in place. • There is a lack of consistency and continuity with administering medications in jail. • There is a lack of jail in-reach and recovery programming available in jail.	• Utilize Camino Real for IDD assessments. • Explore providing CCP Article 16.22 and mental health training for judicial, jail, and court staff. • Create a small workgroup to develop a process for CCP Article 16.22 and CCQ information sharing. The workgroup should include members from the judiciary, jails, and Camino Real.
• There is a lack of data sharing with the public defender's office (i.e., data on MI, SU, IDD) when a person is booked into Karnes County Jail on CCP Article 16.22 and mental health screening.	• Create a formal process in Karnes County Jail to share CCQ and CCP Article 16.22 information with public defenders.
• McMullen County's telehealth assessments do not always capture accurate information during crisis assessments (i.e., people act differently via telehealth).	• Coordinate with Coastal Plains Integrated Health to create a process for live and in-person crisis assessments when there is a concern the person will not respond well to telehealth.
• There is a lack of family services to address generational issues. • The wait time for hospitalization is too long. • There is a lack of specialty courts for substance use treatment. • Reentry programs are not available.	• Expand the use of mental health bonds for people to go to treatment.

Gaps	Opportunities
• There is a lack of housing assistance for people upon release.	

Intercept 4 and Intercept 5



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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), non-profits, 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

Karnes and McMullen Counties Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
• There are limited mental health caseloads for probation. • There is a general lack of funding for Community Supervision and Corrections Department (CSCD) due to many probationers not paying fees. • There are limited resources to recruit and retain qualified CSCD staff.	• Utilize the nearby intermediate sanction facility as an option for people court-ordered to probation.

Gaps	Opportunities
• There are no available group homes for people with IDD.	• Explore other housing options for people with IDD.
• Limited support for accessing continuity of care mental health services in both counties for those in the reentry process that may not qualify for services with Camino Real. • There is a lack of mental health respite centers. • Services for transportation, housing, or for treating multi-generational trauma are limited. • There is a lack of additional resources for reentry, especially for long-term parolees. • There are limited SUD supports after reentry.	• Create a community workgroup on reentry. • Explore life skills programming to begin reentry planning in both jails (e.g., employment, identification, housing, community services). • Utilize the new Camino Real caseworker in McMullen County to support reentry from Live Oak Jail. • Improve identification of veterans and referral to resources. • Alamo Regional Transit can implement a fixed transportation rate with community partners if demand is sufficient.
• There is a lack of communication between agencies.	• Explore creating a memorandum of understanding (MOU) to help facilitate information sharing between agencies.

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 October 29, 2024. The top four priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	**Enhance information sharing per CCP Article 16.22.**	**14**
2	**Enhance reentry planning and reduce barriers to reentry (e.g., increase low barrier housing, transportation, and fair chance employment).**	**14**
3	**Expand specialized mental health response options (e.g., multidisciplinary response teams).**	**14**
4	**Expand mental health training for justice system stakeholders (e.g., dispatch, jail staff, probation officers, court officials, and attorneys).**	**14**
5	Increase community awareness of mental health resources.	13
6	Incorporate a mental health liaison for court and expand post-booking diversion options.	13
7	Expand jail-based mental health and SUD services.	10
8	Expand SUD treatment services.	9
9	Develop an adult community resource coordination group.	7
10	Expand early intervention and prevention services.	6
11	Establish a behavioral health leadership team and identify opportunities to enhance community collaboration.	5
12	Expand integrated behavioral health and primary care services.	3

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 Karnes and McMullen counties 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, Texas Health and Human Services Commission
- A Guide to Understanding the Mental Health System and Services in Texas, Hogg Foundation
- Texas Strategic Plan for Diversion, Community Integration and Forensic Services, Texas Statewide Behavioral Health Coordinating Council
- The Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Fourth Edition, Texas Judicial Commission on Mental Health (JCMH)
- Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals, Substance Abuse and Mental Health Services Administration

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 health care 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)

[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.

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.

Priority One: Enhance Information Sharing per CCP Article 16.22

Objective	Action Steps
Identify and document current CCP Article 16.22.	• Document the current CCP Article 16.22 notification and report process. • Review HHSC's Diversion and Competency Workflow to understand how CCP Article 16.22 fits and relates to other jail and legal processes. • Convene a workgroup with magistrates and stakeholders in the CCP Article 16.22 process.
Begin process improvement by collaborating on specific challenges.	• Update each county's diversion and competency workflow to reflect new changes intended to enhance CCP Article 16.22 process. • Take action on identified gaps, such as training jail staff to notify the appropriate magistrate judge of results from the suicide screening form and results from TLETS CCQ. • Consider implementing a task-specific email address to receive notifications from the jail to minimize retraining after a change in the judiciary. • Have a regular meeting with magistrates and stakeholders in the CCP Article 16.22 process to assess progress and solve any new issues. • Include the Atascosa Area Advocates Regional Public Defender's Office and other appointed defense attorneys in planning. • Consider training and technical assistance from JCMH.
Build the framework for ongoing collaboration.	• Continue meeting and look for ways to embed justice-involved and forensic work within a larger community structure (e.g., behavioral health leadership team). • Consider how CCP Article 16.22 reports can support other efforts like expanded diversion or helping make earlier referrals to specialty court.

Team Lead: Judge Roselee Bailey

Workgroup Members: Stephanie Esparza, Roxanne Lopez, Audrey Vasquez, Roselee Bailey, Steven Bailey, Anna Rodriguez, David Kunschik, Amanda Lopez, Desiree Hyatt, Trent Enriquez, Caroline Korzekwa, James Teal, Karin Swenson

Priority Two: Enhance Reentry Planning and Reduce Barriers to Reentry (e.g., Increase Low Barrier Housing, Transportation, and Fair Chance Employment)

Objective	Action Steps
Create a designated mental health officer within the Karnes County Jail.	The reentry workgroup aims to designate a mental health officer within the Karnes County Jail to bolster reentry efforts. Responsibilities would include communicating with community partners prior to a person's release, coordinating transportation to Camino Real for follow-up appointment, organizing in-jail resource presentations by community partners, and assisting with mental health medications upon release. The mental health officer will also serve as the primary coordinator for the reentry workgroup. Action Steps: • Pull together jail data to make a case for designating a full-time mental health officer within the Karnes County Jail (e.g., review Karnes County SIM community impact measures as a starting point). • Explore potential local, state, and federal funding sources for this position. • Begin documenting a formalized protocol for the order in which reentry begins at release in collaboration with community partners. • Identify and assign an officer inside the Karnes County Jail to act as a liaison in the interim.
Create resource presentations for people booked into the Karnes County Jail.	• Workforce Solutions and Camino Real will coordinate dates and times with jail mental health officers to come and give short presentations on their services. This will also give organizations an opportunity to build rapport with people prior to their release and establish presenters as specific points of contact for people returning to the community. • Develop a benefits presentation that includes topics such as housing, transportation, employment, childcare, skills development, and medication. • Consider whether other community providers beyond Camino Real and Workforce Solutions should be part of these

Objective	Action Steps
	engagements.
Create resource packages to give to people upon release.	• Work with community partners to compile resource flyers and business cards to receive upon release.
Establish monitoring processes to track data, outcomes and successes, and file meeting minutes for group.	• Explore MOUs to help facilitate information sharing across collaborating organizations. • Identify key data measures to assess the impact of reentry efforts. Develop a system to collect that data consistently over time. • Begin to share successes amongst workgroup members and continue to identify gaps in resources. • Use data to inform future grant funding opportunities as well as to present meaningful overview of reentry progress to additional community stakeholders.

Team Lead: Corrina Cortez-Ramirez, Stefanie Moore, Dylan Garza, Sheriff Dwayne Villanueva

Workgroup Members: Stefanie Moore, Monty Small, Dwayne Villanueva, Dylan Garza, Dario Gomez, Eloy Rodriguez, III, LVN, Elizabeth Tofani-Garcia, Robert Schales, Mary Jane Ximenez, Vanessa Garcia, Corrina Cortez-Ramirez, Ryan Longoria, Richard Anson III, Joseph Briones, Doris Martinez

Priority Three: Expand Specialized Mental Health Response Options (e.g., Multidisciplinary Response Teams)

Objective	Action Steps
Establish working agreements (e.g., business associate agreement or MOU) for collaboration.	• Identify key parties to include.
Develop protocols for dispatch.	• Develop forms and questionnaires for triage. • Set up protocols for outside agencies to refer or dispatch. • Complete a review of Avail Solutions guidelines. • Set up a Microsoft Teams account for interagency

Objective	Action Steps
	communications.
Organize training opportunities.	• Identify training needs for dispatch and first responders. • Set dates for trainings. • Facilitate cross-training for behavioral health staff.
Data collection for process improvement.	• Track and share key information. • Continue to adjust the process as needed.

Team Lead: Hildebrando Mireles III, Casey Ebrom

Workgroup Members: Veronica Sanchez, Hildebrando Mireles III, Doris Morales, Stephen Moore, Philomena Toomey, Melanie Trevino, Amber Ramos, Blake Sanches, John Botts, Clyde Keebaugh, Matthew Levine, Michael Padilla, Jason Cooper

Priority Four: Expand Mental Health Training for Justice System Stakeholders (e.g., Dispatch, Jail Staff, Probation Officers, Court Officials, and Attorneys)

Objective	Action Steps
Coordinate training for those working in the judicial system (e.g., district judges, magistrates, pretrial services).	• Facilitate overall training on rules and processes for mental health. ▸ Provide individual training for judges. • Schedule regular check-ins with local judges to fill training gaps.
Facilitate legal and behavioral health trainings for Camino Real staff.	• Choose topics on behavioral health and the law that are relevant to behavioral health staff. • Identify resources to provide trainings on behavioral health and the law for behavioral health staff. • Create a training schedule for identified behavioral health provider participants.
Complete a community training needs assessment.	• Survey community stakeholders on topics for behavioral health trainings. • Compile survey results to begin planning process.
Organize behavioral health trainings for	• Use a needs assessment to identify training topics.

Objective	Action Steps
the community.	• Create a draft training schedule. • Utilize outside and community-based resources (e.g., hospitals, nurses, school counselors for youth topics). • Identify stakeholders to participate. • Consider using existing webinars on relevant topics that can be shared with stakeholders.

Team Lead: Judge Janna Whatley, Valerie Campos

Workgroup Members: Deanne Pape, Ana Zamora, Mary Ortiz, Nora Garcia, Sarah Carbajal, Vincent Sowell

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. Karnes and McMullen 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. 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.

Enhance Information Sharing per CCP Article 16.22

Best Practices

- Treatment courts can by 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 mental illness and intellectual disabilities as well as on the procedures outlined in CCP Article 16.22.
- Build standardized mental health bond conditions.

Key Resources

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

Enhance Reentry Planning and Reduce Barriers to Reentry (e.g., Increase Low Barrier Housing, Transportation, and Fair Chance Employment)

Best Practices

- Transition planning should begin prior to release and include needs assessments focused on housing, transportation, health care, and rehabilitation. Using jail in-reach providers and peer reentry specialists, communities can develop collaborative, comprehensive case plans that ensure continuity of care. Coordination is strengthened through shared language across systems, reinstatement of Medicaid benefits, and referrals to programs like Projects for Assistance in Transition from Homelessness to support successful reintegration.
- Release planning should ensure that people are discharged during business hours with transportation arranged in advance, provided with medications and prescription access, and have pre-scheduled appointments with community mental health providers to support continuity of care.
- Effective data collection and information sharing should involve re-entry coalitions, MOUs between jails and treatment providers, use of standardized assessments, and clear data management protocols, with established impact measures (see Appendix D) specific to Intercept 4 to guide system improvement and accountability.

Key Resources

- Preparing People for Reentry: Checklist for Correctional Facilities from the Council of State Governments (CSG) Justice Center
- Building Second Chances: Tools for Local Reentry Coalitions from the National Reentry Resource Center
- National Reentry Resource Center from the CSG Justice Center
- Zero Returns to Homelessness Resource and Technical Assistance Guide from the CSG Justice Center

Expand Specialized Mental Health Response Options (e.g., Multidisciplinary Response Teams)

Best Practices

- Develop cross-system partnerships. Assemble a planning team or interagency workgroup with the LMHA or LBHA.
- Outline the program goals, policies and procedures with local partners.
- Inventory your community's services and needs. Establish under which situations or calls the team will be deployed, and determine which types of assessments, supports, and services the team will provide.
- Assess outcomes and performance to determine if changes are needed.

County Spotlights

- Galveston COAST program
- Tropical Texas Behavioral Health and Edinburg's Mental Health Unit
- Abilene Community Response Team
- Waco Police Department's Data Collection and Triage Approach to Mental Health Calls for Service

Key Resources

- Police-Mental Health Collaboration Toolkit from Bureau of Justice Assistance
- Developing and Implementing Your Co-Responder Program from the CSG Justice Center
- Telehealth Implementation Guide from the Harris County Sheriff's CIT program
- Multi-Disciplinary Response Teams from Meadows Mental Health Policy Institute
- Texas CIT Association

Expand Mental Health Training for Justice System Stakeholders (e.g., Dispatch, Jail Staff, Probation Officers, Court Officials, and Attorneys)

Best Practices

- Universal Mental Health Crisis Training: Provide consistent mental health crisis training, such as MHFA and general crisis intervention principles, across all justice stakeholders to ensure early identification, safe response, and reduced escalation for people experiencing behavioral health crises.
- Specialized Behavioral Health Training for Dispatch and 911 Call Takers: Provide dispatch and 911 call takers with specialized training in crisis recognition and suicide prevention, using programs like ASIST, AS+K, and Counseling on Access to Lethal Means, to improve early intervention and referral to mental health resources.
- Law Enforcement Mental Health Response and Prearrest Diversion Training: Expand law enforcement training to focus on mental health crisis response, suicide prevention, and prearrest diversion strategies through full CIT training and supplemental behavioral health modules.

Key Resources

- MHFA Training
- Managing Mental Illness in Jails from Police Executive Research Forum
- Standardized Clinically Based Competency Screening from HHSC
- Jail In-Reach Learning Collaborative resources from the TA Center
- Texas Department of Criminal Justice: Community Justice Assistance Division and Community Supervision Training Center

Quick Fixes

While most priorities identified during a SIM workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with minimal time or financial investment. Quick fixes can have a significant impact on the trajectories of people with MI, SUD, and/or IDD in the justice system.

- Magistrate can request the CCQ form from jail intake and jail intake can include the magistrate in their outgoing emails.
- Create a multidisciplinary staffing team (e.g., jail, LMHA, judiciary) for difficult cases, especially people currently being held in jail.
- Karnes County Police Department and Karnes County Sheriff's Office will contact Veterans Affairs, Healthcare for Homeless Veterans Program, when they respond to a veteran in crisis.
- McMullen County will coordinate with Live Oak Jail on a reentry case manager.
- Invite representatives from Live Oak Jail to participate in the suicide prevention coalition and attend community meetings.

Appendix A. Karnes and McMullen Counties SIM Workshop Agenda

Sequential Intercept Model Mapping Workshop:
Karnes and McMullen Counties
October 29-30, 2024
Karnes City Columbus Club, 517 E. Calvert Ave., Karnes City, TX 78118

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS and EXERCISES
8:15 a.m.	**Registration**	Coffee and snacks provided by ***Camino Real***
8:30 a.m.	**Opening Remarks**	Opening Remarks • *Veronica Sanchez, Executive Director, Camino Real* • *Scott Schalchlin, Deputy Executive Commissioner, Health and Specialty Care System (HSCS), HHSC* • *Jennie Simpson, Ph.D., Associate Commissioner and State Forensic Director, HSCS, HHSC*
8:45 a.m.	**Workshop Overview and Keys to Success**	Introduction to the Sequential Intercept Model (SIM) Overview of the Workshop and Keys to Success Polling
9:00 a.m.	**Presentation of Intercepts 0 and 1**	Overview of Intercepts 0 and 1 County Data Review Program Spotlights Panel • *Melanie Treviño, Director of Crisis Services, Camino Real* • *Michael Padilla, Emergency Management Coordinator, McMullen County* • *Chief Jason Cooper, Fire Chief, McMullen County* • *Chief Casey Ebrom, EMS Chief, Karnes County* • *Stephen Moore, Law Enforcement Liaison, Camino Real*
10:15 a.m.	**Break**	

10:30 a.m.	**Map Intercepts 0 and 1**	Map Intercepts 0 and 1 Examine Gaps and Opportunities
11:15 a.m.	**Lunch**	Lunch provided by ***Camino Real***
12:15 p.m.	**Presentation of Intercepts 2 and 3**	Overview of Intercepts 2 and 3 County Data Review Program Spotlights Panel • *Honorable James Teal, Judge, McMullen County* • *Honorable Wade Hedtke, Judge, Karnes County* • *Debora Garza, Justice of the Peace, McMullen County* • *Captain Peter Baldaramos, Assistant Jail Administrator, Karnes County* • *Eloy Rodriguez, III, LVN, Nurse, Karnes County Jail* • *Kimberly Kreider-Dusek, McMullen County Attorney* • *Karin Swenson, Legal Assistant and Victims Assistance Coordinator, McMullen County Attorney's Office* • *Audrey Vasquez, Assistant District Attorney, Karnes County* • *Bob Strause, Caseworker at Rio Grande Public Defender's Office and Executive Director of South Texas Recovery Foundation*
1:30 p.m.	**Map Intercepts 2 and 3**	Map Intercepts 2 and 3 Examine Gaps and Opportunities
2:30 p.m.	**Presentation of Intercepts 4 and 5**	Overview of Intercepts 4 and 5 County Data Review Program Spotlights Panel • *Jason Woods, Probation Director, McMullen County* • *Valerie Campos, Probation Director, Karnes County CSCD*
3:00 p.m.	**Break**	Refreshments to be provided by ***Tri-County Behavioral Healthcare***

3:15 p.m.	**Map Intercepts 4 and 5**	Map Intercepts 4 and 5 Examine Gaps and Opportunities
3:45 p.m.	**Summarize Opportunities, Gaps and Establish Priorities**	Establish a List of Top Priorities - Round Robin
4:15 p.m.	**Wrap Up**	Review the Day Homework
4:30 p.m.	**Closing Remarks**	*Trina Ita, M.A., LPC, Deputy Executive Commissioner, Behavioral Health Services, HHSC*

Sequential Intercept Model Mapping Workshop:
Karnes and McMullen Counties
October 29-30, 2024
Karnes City Columbus Club, 517 E. Calvert Ave., Karnes City, TX 78118

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS and EXERCISES
8:15 a.m.	**Registration**	Coffee and snacks to be provided by ***Camino Real***
8:30 a.m.	**Welcome**	Opening Remarks • *Hildebrando Mireles III, Chief Clinical Officer, Camino Real*
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**	
10:15 a.m.	**Finalize the Action Plan**	Group Work
10:30 a.m.	**Workgroup Report Outs**	Each Group Will Report Out on Action Plans
10:45 a.m.	**Next Steps and Summary**	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
11:15 a.m.	**Closing Remarks**	Closing Remarks • *Sheriff Dwayne Villanueva, Karnes County Sheriff's Office, Camino Real Ex-Officio Board Member*
11:30 a.m.	**Adjourn**	

Appendix B. Sequential Intercept Model Map for Karnes County, October 2024

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **Camino Real**: (210) 357-0300, local mental health authority and local intellectual and developmental disability authority
- **Camino Real - Atascosa and McMullen County Mental Health Clinic**: (830) 769-2704
- **Atascosa Health Center - Karnes Community Health Center**: (830) 780-3100
- **Camino Real - Karnes Mental Health and SUD Clinic**: (830) 583-9777

Recovery Supports:

- **Workforce Solutions Alamo - Kenedy Career Center**: (830) 583-3332
- **Alamo Regional Transit**: 1-866-889-7433, offers transportation for very low fees and partners with organizations to help transport people

Housing, Shelter, and Food:

- **Karnes County Food Bank**: (830) 780-3732 or (830) 254-0437, occurs once a month, schedule available by calling the county judge's office
- **Karnes City Housing Authority**: (830) 780-2396
- **Kenedy Housing Authority**: (830) 483-2321
- **Community Action Karnes County**: (830) 483-9985

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

Crisis Phone Lines:

- **Camino Real Crisis Hotline**: 1-800-543-5750; available 24/7
- **988 Suicide & Crisis Lifeline**: Call or text 988

Warmlines and Resource Lines:

- **OSAR**: (210) 261-3076, access to state funding for SUD treatment

Crisis Units:

- **Camino Real - Lytle Crisis Residential Unit**: EOU opening in 2025, 19981 FM 3175N, Lytle, TX 78052
- **Camino Real - Maverick Crisis Residential Unit**: 2644 Encino Park, Eagle Pass, TX 78852

  Both crisis units serve people with IDD.

Mobile Crisis Response Team and Co-Responder Units:

- Camino Real receives funding to implement a co-responder model with Karnes County.
- Karnes County deputies use an iPad to consult with Camino Real.
- All officers receive mandatory 40-hour CIT training and 16-hour annual refresher course.

Veterans Services:

- **Karnes County Veteran Services**: (830) 780-3925

Indigent Health Care:

- **Atascosa Health Center - Karnes Community Health Center**: (830) 780-3100

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch and Emergency Communications:

- **Karnes County 911 Dispatch**

Law Enforcement:

- **Karnes County Sheriff's Office**
- **Karnes City Police Department**
- **Kenedy Police Department**
- **Texas Department of Public Safety**

Hospitals:

- **Otto Kaiser Memorial Hospital**: Emergency department, 3349 US 181, Kenedy, TX 78119
- **Methodist Hospital Atascosa**: Emergency department, medically managed withdrawal, 1905 Hwy 97 East, Jourdanton, TX 78026

Emergency Medical Services:

- **Karnes County EMS**

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

- **Karnes County Jail**

Booking:

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

Initial Court Appearance Locations:

- **Pre-Trial Services**: Karnes County CSCD

Intercept 3: Jails and Courts

Courts:

In Karnes County, there are two district courts shared between several adjoining counties, one county court, and four justice of the peace courts.

- **81st District Court**: Judge Jennifer M. Dillingham
- **218th District Court**: Judge Russell H. Wilson
- **County Court**: Judge Wade J. Hedtke
- **Justice of the Peace Courts**:
    - **Precinct 1**: Judge Rachel V. Garcia
    - **Precinct 2**: Judge Caroline Korzekwa
    - **Precinct 3**: Judge Trent Enriquez
    - **Precinct 4**: Judge David Sotelo

Jail:

- **Karnes County Jail**: 500 E. Wall St., Karnes City, TX 78118
- **Health Services**:
    - **Mental Health Provider**: Karnes Community Health Center
    - **Medical Provider**: Dr. Joel Saldaña

Intercept 4: Reentry

Jail Reentry:

- **Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)**: Camino Real operates a TCOOMMI program that provides intensive case management services to people on probation or parole.

Intercept 5: Community Corrections and Community Supports

Probation:

- **Karnes County CSCD**: (830) 780-3394, 210 W. Calvert St., Suite 170, Karnes City, TX 78118

Parole:

- **Seguin District Parole Office**: (830) 303-4906, 11010 FM 725, Seguin, TX 78155

Appendix C. Sequential Intercept Model Map for McMullen County, October 2024

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **Camino Real**: (210) 357-0300, local mental health authority and local intellectual and developmental disability authority
- **Camino Real - Atascosa and McMullen County Mental Health Clinic**: (830) 769-2704
- **Atascosa Health Center - McMullen Community Health Center**: (361) 274-3690

Recovery Supports:

- **Atascosa and McMullen County IDD Work Center**: (830) 276-8578
- **Alamo Regional Transit**: 1-866-889-7433, offers transportation for very low fees and partners with organizations to help transport people

Housing, Shelter and Basic Needs:

- **Tilden Baptist Church Food Pantry**: 200 Water St., Tilden, TX 78072, available the third Wednesday of each month, applications are available at the church office

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

Crisis Phone Lines:

- **Camino Real Crisis Hotline**: 1-800-543-5750; available 24/7
- **988 Suicide & Crisis Lifeline**: Call or text 988

Warmlines and Resource Lines:

- **OSAR**: 1-800-813-1233, access to state funding for SUD treatment

Crisis Units:

- **Camino Real - Lytle Crisis Residential Unit**: EOU opening in 2025, 19981 FM 3175N, Lytle, TX 78052
- **Camino Real - Maverick Crisis Residential Unit**: 2644 Encino Park, Eagle Pass, TX 78852

  Both crisis units serve people with IDD.

Mobile Crisis Response Team and Co-Responder Units:

There is no specialty mental health response, but all officers receive mandatory mental health training.

Veterans Services:

- **McMullen County Veteran Services Officer**: (830) 769-2349

Indigent Health Care:

- **Atascosa Health Center - Karnes Community Health Center**: (830) 780-3100

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch and Emergency Communications:

- **McMullen County Emergency Management**

Law Enforcement:

- **McMullen County Sheriff's Office**
- **Texas Department of Public Safety**

Hospitals:

- **Methodist Hospital Atascosa**: Emergency department, medically managed withdrawal, 1905 Hwy 97 East, Jourdanton, TX 78026
- **CHRISTUS Spohn Hospital - Beeville**: 1500 E. Houston St., Beeville, TX 78102

Emergency Medical Services:

- **McMullen County EMS**

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

- **Live Oak County Jail**

Booking:

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

Initial Court Appearance Locations:

- **Pre-Trial Services**: Coastal Bend CSCD, (361) 449-2733, Live Oak County Courthouse, Room 108, 301 Houston St., George West, TX 78022

Intercept 3: Jails and Courts

Courts:

In McMullen County, there are three district courts shared between several adjoining counties, one county court, and one justice of the peace court.

- **36th District Court**: Judge Starr Bauer
- **156th District Court**: Judge Patrick Flanigan
- **343rd District Court**: Judge Janna Whatley

- **County Court**: Judge James E. Teal
- **Justice of the Peace Court**: Judge Debora L. Garza

Jail:

- **Live Oak County Jail**: 200 Larry R. Busby Dr., George West, TX 78022
- **Health Services**:
    - **MH Provider**: Coastal Plains Integrated Health
    - **Medical Provider**: Dr. Joel Saldaña

Intercept 4: Reentry

Jail Reentry:

- **TCOOMMI**: Camino Real operates a TCOOMMI program that provides intensive case management services to people on probation or parole.

Intercept 5: Community Corrections and Community Supports

Probation:

- **Coastal Bend CSCD**: (361) 449-2733, Live Oak County Courthouse, Room 108, 301 Houston St., George West, TX 78022

Parole:

- **Corpus Christi District Parole Office**: (361) 888-5698, 422 Sun Belt Dr., Corpus Christi, TX 78408

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, CSU)	Intercept 0	Crisis Center
9	Designated mental health officers (e.g., mental health deputies, CIT 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)
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

Item	Measure	Intercept	Category
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 SUD receiving reentry coordination prior to jail release	Intercept 4	Reentry
27	People with mental illness or SUD receiving benefit coordination prior to jail release	Intercept 4	Reentry
28	People with mental illness receiving a short-term psychotropic medication fill 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.

SUD 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 Program[4]

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;
    - IST 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 IST 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.

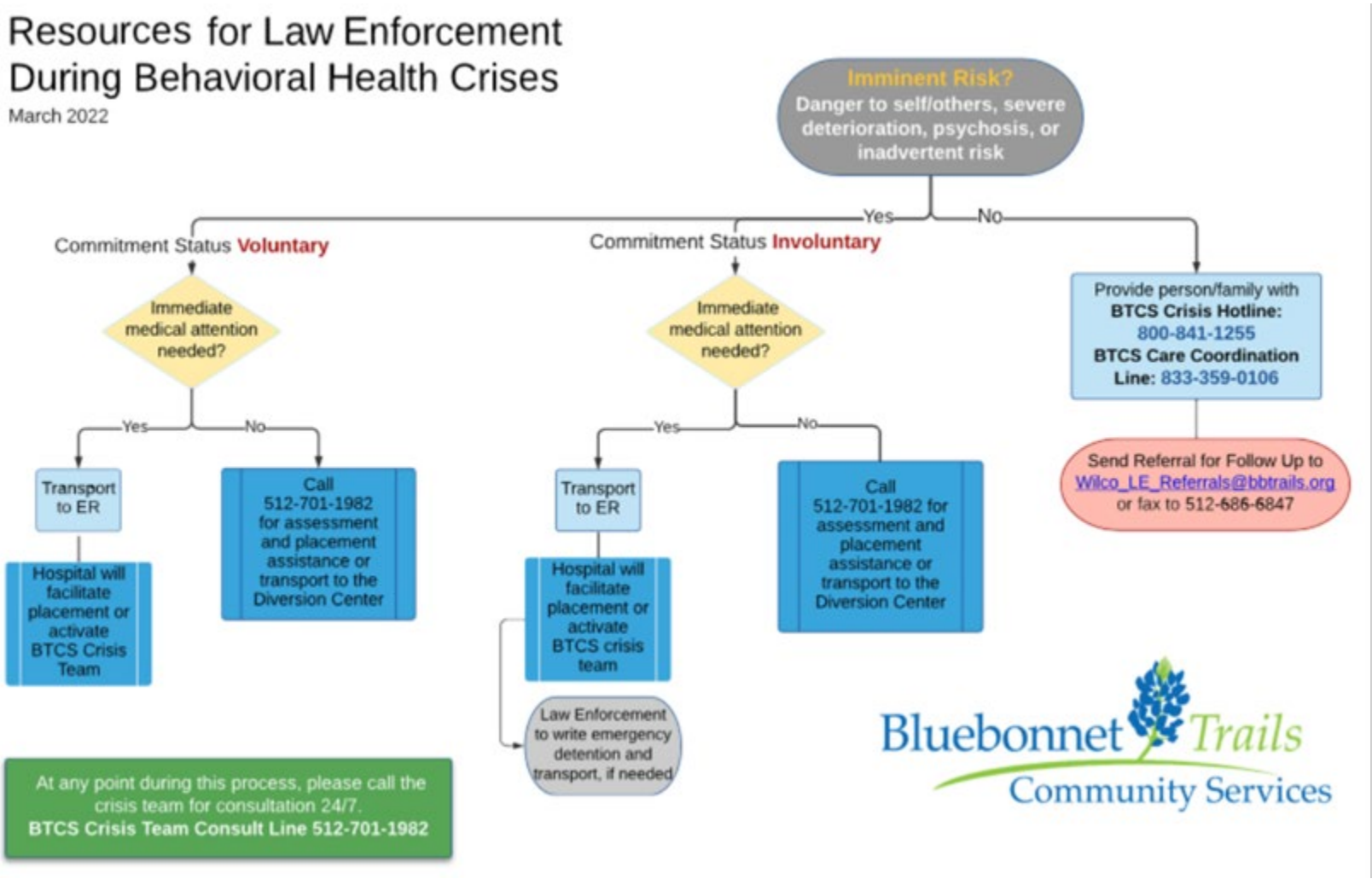
5. Coordinate regular waitlist monitoring meetings:

- 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 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 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	Title
Amanda Lopez	Kenedy Police Department	Lieutenant
Amber Ramos	Camino Real Community Services	Veterans Peer Service Coordinator
Ana Zamora	Camino Real Community Services	Associate Mental Health Director
Anna Rodriguez	Karnes County Sheriff's Office	Dispatch
Ashleigh Walton	Texas Health and Human Services Commission	Director
Audrey Vasquez	81st Judicial District Attorney's Office	Assistant District Attorney
Blake Sanches	Karnes County	Veteran Service Officer
Bob Strause	South Texas Recovery Foundation	Executive Director
Brandi Cummings	McMullen County Justice of the Peace	Civil Financial Clerk
Caroline Korzekwa	Karnes County	Justice of the Peace, Precinct 2
Casey Ebrom	Karnes County Emergency Medical Services	Chief
Clyde Keebaugh	The Center for Healthcare Services	Clinic Administrator
Corrina Cortez-Ramirez	Camino Real Community Services	Adult Mental Health Director
Dario Gomez	McMullen County Community Supervision and Corrections Department	Community Supervision Officer
David Kunschik	Karnes County	Constable, Precinct 3
DeAnn Gutierrez	Karnes County Attorney's Office	Victim Services Coordinator
Deanne Pape	Camino Real Community Services	Director of Mental Health Services
Debora Garza	McMullen County	Justice of the Peace

Name	Agency	Title
Desiree Hyatt	Karnes County Sheriff's Office	Dispatch Administrator
Doris Martinez	Alamo Regional Transit, Alamo Area Council of Governments	Mobility Coordinator
Doris Morales	Camino Real Community Services	MCOT Team Manager
Dwayne Villanueva	Karnes County Sheriff’s Office	Sheriff
Dylan Garza	Karnes County Sheriff’s Office	Jailer
Elizabeth Tofani-Garcia	Atascosa Health Center	Director of Behavioral Health Services
Eloy Rodriguez III	Karnes County Sheriff’s Office	Licensed Vocational Nurse
Emmett Shelton	McMullen County Sheriff’s Office	Sheriff
Gabriel Corona	Department of Public Safety	Trooper
Hildebrando Mireles III	Camino Real Community Services	Chief Clinical Officer
James Teal	McMullen County	County Judge
Janna Whatley	343rd Judicial District Court	Judge
Jason Cooper	McMullen County Volunteer Fire Department	Fire Chief
Jason Woods	Coastal Bend Community Supervision and Corrections Department	Director
John Botts	Veterans Affairs, Health Care for Homeless Veterans Program	Outreach Social Worker
John Noone	Karnes County Honor Guard	Vice Commander
Joseph Briones	Alamo Area Council of Governments	Outreach Specialist
Karin Swenson	McMullen County Attorney’s Office	Legal Assistant and Victims Assistance Coordinator
Mary Jane Ximenez	Camino Real Community Services	Quality Management Director

Name	Agency	Title
Mary Ortiz	Camino Real Community Services	Director of Special Programs
Matthew A. Levine	Tropical Texas Behavioral Health	OSAR Region 11 Supervisor
Melanie Trevino	Camino Real Community Services	Director of Crisis Services
Michael Padilla	McMullen County	Emergency Management Coordinator
Michelle Collins	Texas Health and Human Services Commission	Manager
Monty Small	Atascosa Health Center	Chief Executive Officer
Nora Garcia	Camino Real Community Services	Director
Peter Allen Baldaramos, Jr.	Karnes County Sheriff's Office	Jail Administrative Assistant
Philomena Toomey	Camino Real Community Services	Licensed Professional Counselor, Licensed Chemical Dependency Counselor
Rachel Garcia	Karnes County	Justice of the Peace, Precinct 1
Richard B. Anson III	Camino Real Community Services	Director of IDD Crisis
Robert Schales	Camino Real Community Services	Behavioral Health Consultant
Roel E. Salas	Karnes City Police Department	Chief of Police
Roselee Bailey	Karnes City Municipal Court	Judge
Roxanne Lopez	Atascosa Area Public Defender Office	Caseworker
Ryan Longoria	Camino Real Community Services	TCOOMMI, Program Director
Sarah Carbajal	Camino Real Community Services	Karnes City Clinic Director
Scott Schalchlin	Texas Health and Human Services Commission	Deputy Executive Commissioner
Sean O'Brien	Karnes County American Legion Post 415	Chaplain

Name	Agency	Title
Stefanie Moore	Workforce Solutions Alamo	Rural Services Coordinator
Stephanie Esparza	Atascosa Area Public Defender Office	Assistant Chief Public Defender
Stephanie R. Brown	Atascosa Area Public Defender Office	Chief Public Defender
Stephen Moore	Camino Real Community Services	Law Enforcement Liaison
Steven Bailey	Karnes County	Sheriff
Trent Enriquez	Karnes County	Justice of the Peace, Precinct 3
Trina Ita	Texas Health and Human Services Commission	Deputy Executive Commissioner
Valerie Campos	Karnes County Community Supervision and Corrections Department	Probation Director
Vanessa Garcia	Workforce Solutions Alamo	Workforce Specialist
Veronica Martinez	Texas Health and Human Services Commission	Director
Veronica Sanchez	Camino Real Community Services	Executive Director
Vincent Sowell	Otto Kaiser Memorial Hospital	Chief Nursing Officer

Appendix I. List of Acronyms and Initialisms

Acronym	Full Name
AS+K	Assess, Support, Know
ASIST	Applied Suicide Intervention Skills Training
CCP	Code of Criminal Procedure
CCQ	Continuity of Care Query
CIT	Crisis Intervention Team
Camino Real	Camino Real Community Services
CSCD	Community Supervision and Corrections Department
CSG	The Council of State Governments
CSU	Crisis Stabilization Unit
EMS	Emergency Medical Services
EOU	Extended Observation Unit
HHSC	Texas Health and Human Services Commission
HSCS	Health and Specialty Care System
IDD	Intellectual and Developmental Disabilities
IST	Incompetent to Stand Trial
JCMH	Judicial Commission on Mental Health
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCOT	Mobile Crisis Outreach Team
MHFA	Mental Health First Aid
MI	Mental Illness
MOU	Memorandum of Understanding
OSAR	Outreach, Screening, Assessment and Referral
SIM	Sequential Intercept Model
SUD	Substance Use Disorder
TA Center	Texas Behavioral Health and Justice Technical Assistance Center
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TIEMH	Texas Institute for Excellence in Mental Health

Acronym	Full Name
TLETS	Texas Law Enforcement Telecommunications System