



# Sequential Intercept Model Mapping Report: Executive Summary

## Brown County Roadmap

Community stakeholders can consider the following steps as a roadmap to reduce justice involvement for people with a mental illness (MI), substance use disorder (SUD), and/or intellectual and developmental disability (IDD). For more information and resources, review the Brown County Sequential Intercept Model (SIM) Report.

### Invest in Strategic Priorities

**Priority One:** Plan for a diversion center.

**Priority Two:** Implement Texas Code of Criminal Procedure (CCP) Article 16.22 process.

**Priority Three:** Expand housing options for people who are justice-involved.

**Priority Four:** Develop an interagency community resource directory.

### Support Local Planning, Partnership, and Education

#### Coordinate

- Strengthen behavioral health and justice partnerships through regular leadership team meetings.
- Establish subcommittees dedicated to implementing action plans.

---

## Partner

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

## Train

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

## Build Upon Existing Efforts

- Leverage the newly established Brown County Jail and the Center for Life Resources (CFLR) Reentry Program (2025) to create stronger connections between jail discharge planning, community providers, and peer-led support services to ensure continuity of care for people after incarceration.
- Expand upon existing partnerships with CFLR, AccelHealth, and local faith-based organizations to build multi-sector coalitions addressing housing, employment, and behavioral health needs for people who are justice-involved.
- Utilize the behavioral health leadership team concept discussed during SIM workshop action planning to formalize a county-level behavioral health coordinating body capable of guiding implementation efforts across justice, health, and social service systems.

---

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

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"><li>• Brown County lacks critical infrastructure for behavioral health treatment, including inpatient psychiatric and SUD care, detoxification options, and a designated diversion center.</li><li>• Persistent shortage of trained personnel across sectors, especially in jail-based mental health response, behavioral health crisis identification, and 911 dispatch and emergency medical services (EMS) capacity.</li><li>• Limited transportation resources and unclear implementation of CCP Article 16.22 create delays in psychiatric evaluation and access to appropriate services.</li></ul>	<ul style="list-style-type: none"><li>• Initiate a capital campaign and regional partnerships to build or enhance inpatient psychiatric, detoxification, and crisis diversion services locally, including the potential development of a crisis response team or 24/7 drop-off center.</li><li>• Invest in interdisciplinary training for first responders, justice professionals, dispatch, and EMS, including topics like MI, SUD, IDD, and trauma-informed care.</li><li>• Develop a transportation coordination plan, enhance field-based psychiatric consultation (e.g., telehealth), and formalize CCP Article 16.22 implementation.</li></ul>	<ul style="list-style-type: none"><li>• Crisis diversion facilities as part of a community's crisis care continuum working alongside co-responder models, crisis lines, and walk-in services</li><li>• Crisis Intervention Team training, Mental Health First Aid, and Applied Suicide Intervention Skills Training</li><li>• Mobile crisis outreach teams and field-based telepsychiatry models to provide rapid assessment and early stabilization</li></ul>

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

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"><li>• Brown County lacks formal post-booking and pre-trial diversion programs.</li><li>• There are long delays for inpatient competency restoration; current processes do not</li></ul>	<ul style="list-style-type: none"><li>• Implement the CCP Article 16.22 process consistently and expand jail-based behavioral health services including therapy and telehealth.</li><li>• Expand mental health and SUD services in jail</li></ul>	<ul style="list-style-type: none"><li>• Foster interagency collaboration with protocols for timely information sharing among sheriffs, magistrates, local mental health authorities, and other stakeholders.</li></ul>

Selected Gaps	Opportunities	Best Practices
<p>adequately address mental health post-restoration.</p> <ul style="list-style-type: none"> <li>Behavioral health services in jail are often limited to screening and crisis assessment with few treatment options during incarceration.</li> <li>Court stakeholders lack adequate training in mental health legal processes.</li> </ul>	<ul style="list-style-type: none"> <li>to include inpatient treatment, detoxification, medication-assisted treatment, and peer support.</li> <li>Expand training for prosecutors and defense counsel on behavioral health, CCP Article 16.22 implementation, and emergency detention policies.</li> </ul>	<ul style="list-style-type: none"> <li>Jail-based partnerships with community behavioral health providers offering treatment, detoxification, and peer supports during incarceration</li> <li>Provide targeted training for law enforcement and judicial personnel on recognizing signs of MI and IDD, and related legal procedures.</li> </ul>

## Intercepts 4 and 5: Reentry and Community Corrections

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"> <li>People returning from incarceration often lack reentry support and continuity of care.</li> <li>Housing instability continues to be a barrier, especially for people with IDD and those re-entering the community after incarceration.</li> <li>Communication between parole, probation, and providers is limited.</li> <li>Families and caregivers lack training, support, and resources for navigating reentry and long-term care.</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate peers into reentry programs and expand community support services post-release.</li> <li>Expand transitional and community-based supportive housing options, including partnerships with non-traditional housing stakeholders.</li> <li>Increase information sharing and routine stakeholder meetings to align supervision and service efforts.</li> <li>Promote caregiver education, training on relationship skills, and access to adult-based family partner programs.</li> </ul>	<ul style="list-style-type: none"> <li>Begin reentry planning at intake with peer support and scheduled appointments rather than simple referrals upon release.</li> <li>Prioritize access to permanent supportive housing without requiring sobriety, treatment compliance, or criminal supervision as preconditions.</li> <li>Engage in frequent communication between behavioral health providers and probation officers to coordinate service access and monitoring.</li> <li>Engage community partners to serve as positive role models and provide peer-driven family support services.</li> </ul>