



Sequential Intercept Model Mapping Report: Executive Summary

Karnes and McMullen Counties Roadmap

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

Invest in Strategic Priorities

Priority One: Enhance information sharing per Texas Code of Criminal Procedure (CCP) Article 16.22.

Priority Two: Enhance reentry planning and reduce barriers to reentry.

Priority Three: Expand specialized mental health response options.

Priority Four: Expand mental health training for justice system stakeholders.

Support Local Planning, Partnership, and Education

Coordinate

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

Partner

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

Train

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

Build Upon Existing Efforts

- Review process models from across the state on how other communities enhance information sharing regarding CCP Article 16.22.
- Review and analyze reentry programs across the state and nation to adopt best practices from other programs for implementation in the Karnes and McMullen counties reentry program.
- Leverage community stakeholder expertise to plan relevant mental health trainings for other stakeholders (e.g., dispatch, jailers, court officials, attorneys).
- Leverage organizational connections and relationships to explore solutions to issues directly (i.e., working with mobile crisis outreach team (MCOT) and Avail Solutions, the entity that operates the crisis hotline, to address mental health crisis calls to 911 call center).

Karnes and McMullen Counties Gaps, Opportunities, and Best Practices

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

Selected Gaps	Opportunities	Best Practices
• Lack of knowledge about mental health warrants • Lack of options for mental health transport • Coding of law enforcement and mental health crisis calls in McMullen County • Lack of services for people with neurocognitive disorders (e.g., dementia). Family members are overwhelmed due to lack of services	• Training on mental health warrants for providers and community members • Regional partnership for transportation • Training for 911 dispatch and law enforcement on what services are available and to whom they can refer mental health calls other than MCOT • MCOT to begin pre-admission screenings for people with suspected dementia	• Mental health training for law enforcement and 911 dispatch • Police referrals to treatment • Police coding of mental health calls • Support groups for families of loved ones living with neurocognitive disorders, MI or SUD

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

Selected Gaps	Opportunities	Best Practices
• Lack of data sharing with public defender's office when a person is booked into Karnes County Jail (i.e., CCP 16.22 and mental health screening) • Lack of court-ordered medications in both county jails	• Solidify informal process for sharing information with public defenders and create formal process for Karnes County Jail to share screening information with public defenders. • Leverage existing groups to create a behavioral health leadership team for sub-working groups who will meet regularly	• Establish a formal data sharing protocol. Create agreements (e.g., memorandum of understanding) between the jail and the public defender's office to share mental health and SUD data in compliance with laws such as CCP, Article 16.22.

Selected Gaps	Opportunities	Best Practices
	to address issues (e.g., crisis continuum, data sharing and transportation).	

Intercepts 4 and 5: Reentry and Community Corrections

Selected Gaps	Opportunities	Best Practices
• Lack of reentry program and support for people released from jail • Limited mental health and other specialized probation caseloads due to short staffing • No group homes for people with IDD and few wraparound services	• Coordinate with organizations in the community to begin addressing reentry needs before release and improved follow up after release. • Leverage state and federal grants. Apply for funding to support specialized caseload officers, ensuring sustained and impactful operations. • Leverage existing IDD services from providers in the two counties and begin building out framework to incorporate more IDD services.	• Wraparound services for those being released from jail (e.g., mental health services, transportation assistance, job training). • Cross-system collaboration: promote partnerships between IDD service providers, behavioral health systems and community organizations to ensure wraparound service.