

# McLennan Region Roadmap

Community stakeholders can consider the following next steps 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 McLennan Region SIM Report.

## Invest in Strategic Priorities

1. **Fund flexible diversion beds for pre-booking jail diversion.**

2. **Develop regional plan for the Mental Health Grant Program for Justice Involved Individuals (S.B. 292).**

## Support Local Planning, Partnership and Education

### 1. Coordinate

- Strengthen behavioral health and justice partnerships through regular convening of a leadership team.
- Establish a taskforce to support data-driven action plan implementation.

### 2. Partner

- Identify opportunities to strengthen relationships with rural stakeholders (i.e. LE and LMHA).
- Learn from other similar sized counties and LMHA regions. implementing best practice models.

### 3. Train

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

## Build Upon Existing Efforts

**Expand utilization of S.B. 292, LE and MH Co-Responder Model.**

**Increase HOTBHN Crisis Triage Center utilization through education and expansion of services.**

**Streamline sharing of 16.22 forms across court and judicial stakeholders.**

**Expand the HOTBHN reintegration program to further support reentry from rural county jails.**

**Increase use of alternatives to Inpatient Competency Restoration (i.e. OCR).**

# McLennan Region: Gaps, Opportunities and Best Practices

Participating Counties: McLennan, Bosque, Hill, Limestone, Falls and Freestone

## Intercepts 0&1

Community Services, Crisis Services & Law Enforcement

### Selected Gaps:

- Screening and coding for mental health (MH) crisis at 911 dispatch
- MH training for 911 dispatch and law enforcement (LE)
- Low utilization of crisis lines and MCOT in rural counties
- Limited affordable housing options for justice involved individuals
- Opportunities for LE drop off

### Opportunities:

- Collect data on MH calls for service and identify opportunities to flag frequent callers
- Educate LE on crisis triage center and expand non-hospital medical clearance options
- Provide additional training on MH and intellectual and developmental disabilities (IDD) to 911 dispatch and LE
- Increase number of affordable housing options through landlord outreach

## Intercepts 2&3

Initial Detention, Jails, & Courts

### Selected Gaps:

- MH information obtained at booking is not shared across justice system stakeholders
- Substance use disorder (SUD) and MH services in rural county jails
- Long wait times for inpatient competency restoration services and under utilization of OCR
- Limited pre-trial services available
- Inconsistent use of CCP 16.22 process

### Opportunities:

- Establish clear data sharing agreements between MH and justice stakeholders
- Consider telehealth opportunities to offer SUD and MH treatment in rural jails
- Provide training to court on alternatives to inpatient competency restoration and active forensic waitlist monitoring
- Use valid risk assessment to determine eligibility for pre-trial services

## Intercepts 4&5

Reentry & Community Corrections

### Selected Gaps:

- Case-management and re-entry planning in jail prior to an individuals release
- Staffing shortages for S.B. 292 co-responder program
- Limited amount of medications provided to individuals discharging from jail
- Limited space on specialized probation and parole caseloads

### Opportunities:

- Provide reentry support to individuals prior to release
- Utilize peers to support community reentry
- Collaborate with rural stakeholders to plan for S.B. 292 and recruit staff
- Increase MH provider and probation coordination to improve delivery of community-based MH services

## Best Practices at Each Intercept

### Intercepts 0&1

MH Training for LE and 911 Dispatch

Police Coding of MH Calls

Police Referrals to Treatment

MH Diversion Centers

### Intercepts 2&3

Jail-based SUD and MH Services

Active Forensic Waitlist Monitoring

Pre-trial Supervision and Diversion Programs

### Intercepts 4&5

Robust in-reach reentry planning (psych medications, benefits coordination, peer-support)

Specialized MI, IDD and SUD Caseloads