

Sequential Intercept Model Mapping Report: Montgomery and Walker Counties

Texas Health and Human Services
June 2024



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Background

Acknowledgements

This report was prepared by the Texas Health and Human Services Commission (HHSC). The workshop was convened by Tri-County Behavioral Healthcare (Tri-County BH). The planning committee members included:

- Stephanie Ward, Director of Adult Behavioral Health, Tri-County BH
- Evan Roberson, Executive Director, Tri-County BH
- Judge Wayne Mack, Justice of the Peace, Precinct 1, Montgomery County
- Judge Echo Hutson, County Court at Law 4, Montgomery County
- Judge Tracy Sorensen, County Court at Law, Walker County and Tri-County BH Trustee
- Dr. Brenda LaVar, President, National Alliance on Mental Illness Greater Houston (NAMI Greater Houston)
- Laurie Frankenfield, Probation Director, Montgomery County

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

The facilitators for this workshop were Catherine Bialick, MPAff; Paul Boston, LCSW; Dr. Jennie Simpson, PhD; and Matthew Lovitt, MSW.

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.

Recommended Citation

Texas Health and Human Services Commission. (2024). *Sequential intercept model mapping report for Montgomery and Walker Counties*. Austin, TX: Texas Health and Human Services Commission.

Introduction

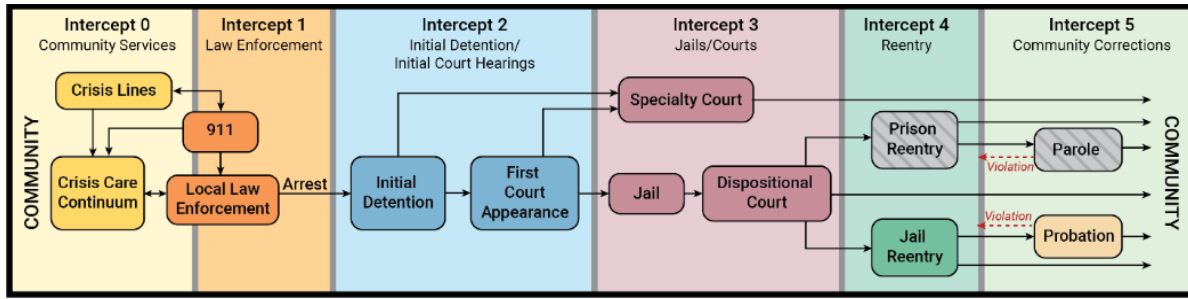
The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change.¹ These activities are best accomplished by a 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 SUDs move through the justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps and opportunities at each intercept for people in the target population.
3. Development of strategic priorities for activities designed to improve system and service level responses for people in the target population.

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



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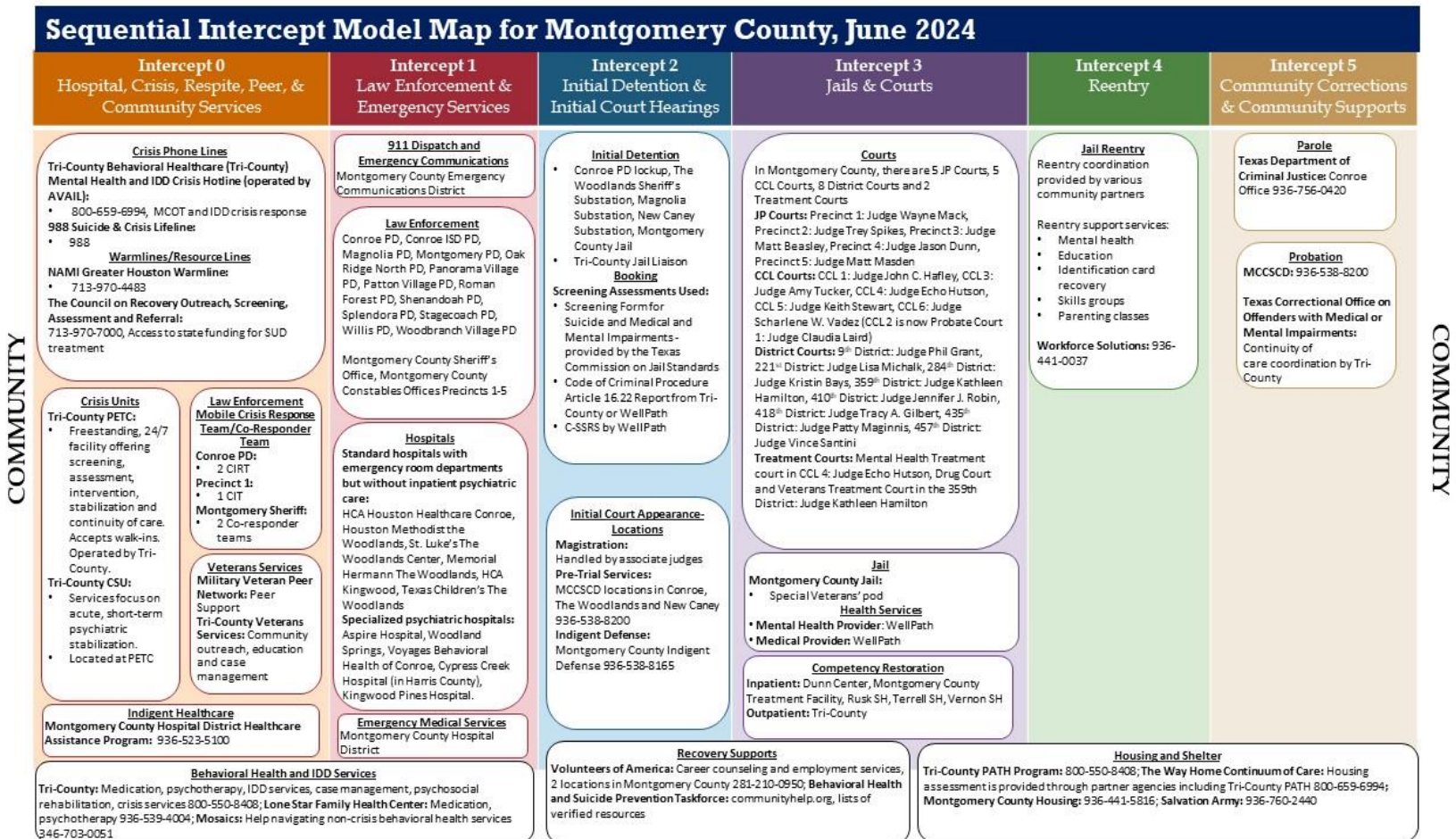
In 2024, Montgomery and Walker Counties conducted a SIM mapping workshop to foster behavioral health and justice collaborations and to improve diversion efforts for people with MI, SUD, and/or IDD. The SIM workshop was divided into three sessions: 1) Introductions and overview of the SIM; 2) Developing the local map; and 3) Action planning. The workshop took place on June 12-13, 2024 in Conroe, 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 June 2024 Montgomery and Walker Counties SIM mapping workshop. Report authors aim to capture a robust

picture of services offered in Montgomery and Walker 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 Montgomery County

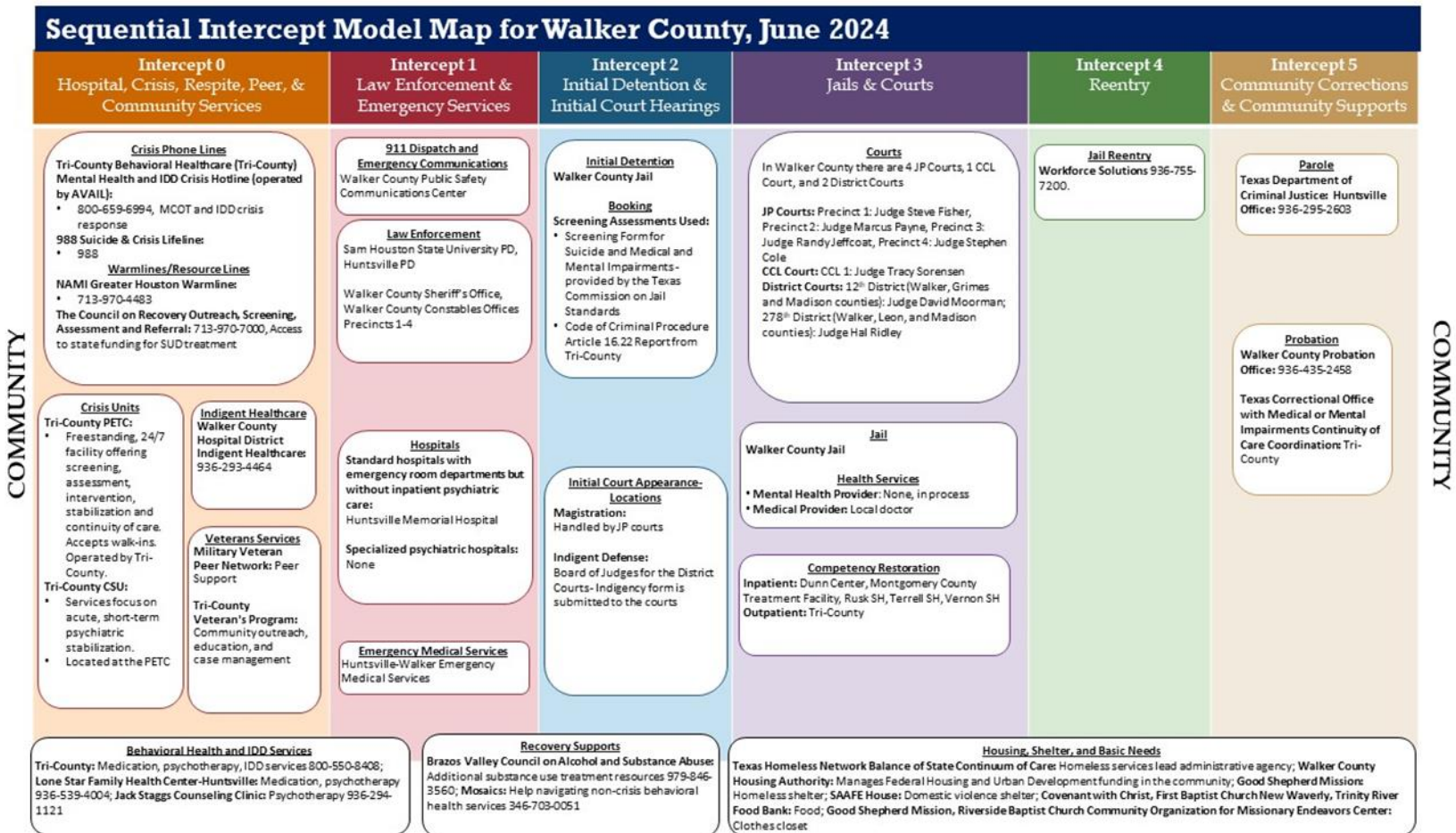


COMMUNITY

COMMUNITY

See [Appendix B](#) for detailed description.

Sequential Intercept Model Map for Walker County



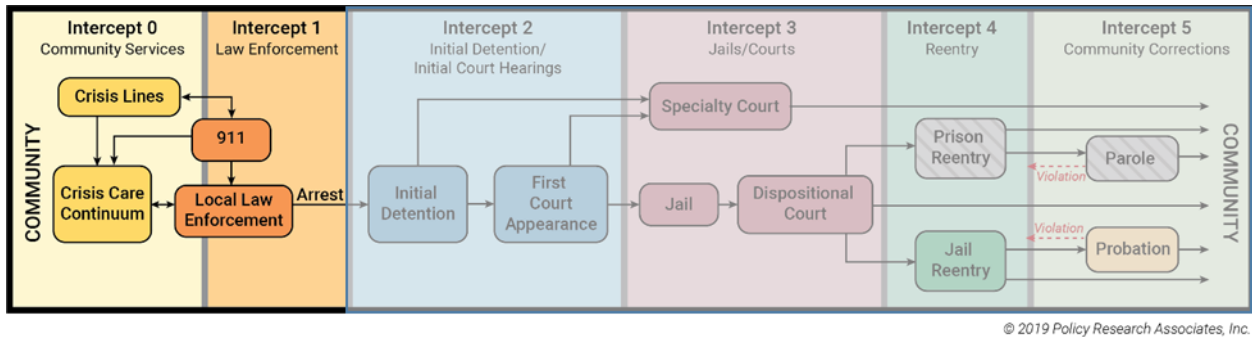
See [Appendix C](#) for detailed description.

Opportunities and Gaps at Each Intercept

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



Intercept 0 and Intercept 1



Overview: Intercepts 0 and 1

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

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

National and State Best Practices

Someone to Call

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

A Place to Go

- Crisis respite units and peer run respite
- Extended observation units and crisis stabilization units (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 trainings
- Applied Suicide Intervention Skills Training (ASIST)
- Assess, Support, Know (AS+K): Suicide Training

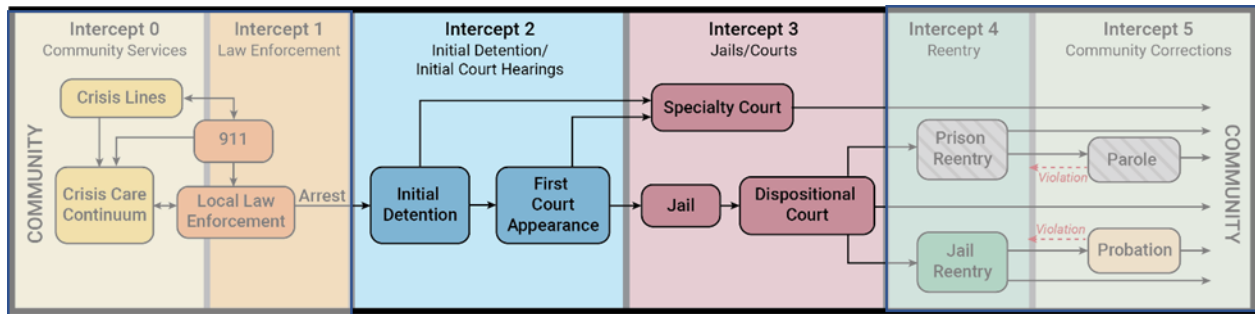
- Trainings for law enforcement, dispatchers, and behavioral health professionals

Montgomery and Walker Counties Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • There is limited call transfer capability by 911 to the Tri-County BH Crisis Hotline. • Mental health clinicians are not embedded in the 911 call center in either county. • Walker County does not have a multi-disciplinary response team (MDRT) for mental health crises. The community’s knowledge around non-911 mental health crisis response is limited which causes an over-reliance on 911 when other options exist. • There is a high volume of 911 calls from unregulated group homes regarding residents with MI and IDD. • Capacity challenges for emergency services in rural communities exist due to low staffing minimums (e.g., law enforcement is unable to respond to safety issues in the community while they are transporting a person to treatment out of county). 	<ul style="list-style-type: none"> • Explore opportunities to allow call transferring between 911 and the Tri-County BH Crisis Hotline. • Explore opportunities to embed a mental health professional in 911 dispatch. • Partner with local mental health nonprofits like NAMI Greater Houston and Tri-County BH to enhance mental health trainings for 911. • Build awareness of non-acute behavioral health navigational services like Mosaics. • Develop a behavioral health leadership team (BHLT) in Walker County to organize help applying for funds to implement MDRT. • Explore a variety of crisis response models for Walker County, including community paramedics. • Create shared training opportunities between law enforcement and mental health care providers. • Identify partners for a public education campaign about non-911 mental health resources and appropriate use of 911. • Provide mental health crisis training opportunities for law enforcement and group home operators.
<ul style="list-style-type: none"> • Mental health crisis data is not available for people with private insurance who do not access services through Tri-County BH. • Inconsistent coding of mental health 911 crisis calls makes it difficult to quantify the volume of crisis calls within Montgomery County and difficult to perform analysis relative to other 	<ul style="list-style-type: none"> • Inquire with local institutions of higher education that may have the capacity to assist with data collection and interpretation. • Seek additional funds to expand dispatch and law enforcement training and align dispatch coding of mental health codes across agencies.

Gaps	Opportunities
<p>counties.</p> <ul style="list-style-type: none"> Tracking crisis call dispositions is inconsistent. Incomplete information sharing with Tri-County BH about emergency detentions. At the time of this SIM mapping workshop, local emergency department data was not available. 	<ul style="list-style-type: none"> Leverage the Montgomery County Crisis Collaborative to collect and integrate crisis data from Tri-County BH, law enforcement, hospitals, etc.
<ul style="list-style-type: none"> Long travel distances contribute to prolonged MCOT response times in rural parts of the Tri-County BH local service area. MCOT response dispatch protocol limits response to people who self-report a crisis. 988 Suicide and Crisis Lifeline does not share crisis call data with Tri-County BH or law enforcement. 	<ul style="list-style-type: none"> Consider a public education campaign about MCOT and the program's potential to divert people from jail. Apply for grants to expand MCOT capacity. Upcoming Youth Crisis Outreach Team program will increase MCOT's response capacity.
<ul style="list-style-type: none"> There is a lack of lower-intensity diversion options (e.g., peer-run respite). The existing CSU is not designed to serve people with high acuity or severe symptoms, limiting its diversionary potential. Limited SUD treatment options exist in the community, including for substances other than alcohol. Local options for residential co-occurring mental health and substance use treatment are not available. There is insufficient medically managed withdrawal (detox) across both counties. A sobering center is not available in either county. There are few options to mandate mental health treatment. IDD services are "underfunded." 	<ul style="list-style-type: none"> Continue improving the relationship between the CSU and emergency medical services (EMS) in Walker County. Apply for funding for a diversion center to serve the Tri-County BH local service area. Apply for funding to improve community SUD services (e.g., Substance Abuse and Mental Health Services Administration (SAMHSA) grants). Raise public awareness of probate courts and the civil commitment for mental health treatment process. Ensure IDD advocates and IDD service providers are part of the Behavioral Health and Suicide Prevention (BHSP) Taskforce and other community workgroups related to policing and behavioral health.

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 Continuity of Care Query
- 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 competency restoration best practices.

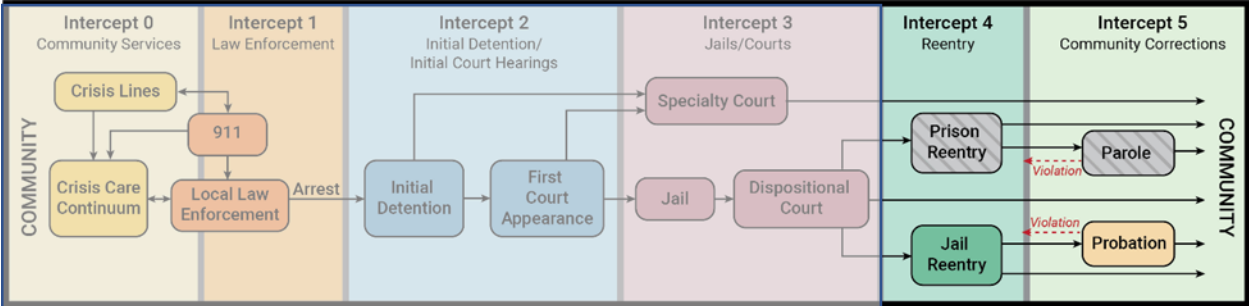
Montgomery and Walker Counties Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none">• Walker County does not have a county forensic team to discuss the needs of people who have been found IST who	<ul style="list-style-type: none">• Establish a county forensic team in Walker County as described in Six Steps to Establishing a Jail In-Reach Program.

Gaps	Opportunities
<p>are on the state hospital competency restoration waitlist.</p> <ul style="list-style-type: none"> • A jail-based competency restoration (JBCR) program is not available in both counties. • There is limited support for people who return from state hospital competency restoration to maintain competency and prevent mental health decompensation. • A court-ordered medications process is not available in Montgomery or Walker County Jails. • Pre-trial services from Walker County Community Supervision and Corrections Department (CSCD) are not available. 	<ul style="list-style-type: none"> • Walker County can use peer knowledge from Montgomery County or technical assistance from HHSC to begin utilizing the Maximum-Security Unit waiver process for people found IST. • Identify the steps necessary to implement a JBCR program in Montgomery County. • Explore training and technical assistance opportunities designed to support implementation of court-ordered medications process in Montgomery and Walker County Jails. • Consider training and technical assistance opportunities to access Continuity of Care for 46B Defendants funding to continue state hospital medications when the person returns to county jail from competency restoration. • Establish a working group to ensure that the jail prescription medication formulary aligns to the Tri-County BH and state hospital formularies. • Seek support from the Office of Forensic Services and Coordination Jail In-Reach Program.
<ul style="list-style-type: none"> • There is limited sharing of CCP Article 16.22 reports in Walker County. • Montgomery County does not have centralized data collection and storage for CCP Article 16.22 reports and competency restoration history. 	<ul style="list-style-type: none"> • Continue exploring record-keeping systems in Montgomery County that will allow for mental health history to be saved to a person’s unique identifier, not a case number. • Provide CCP Article 16.22 and mental health training for judges, jail, and court staff in Walker County. • Convene a working group in Walker County to create and document a CCP Article 16.22 workflow.
<ul style="list-style-type: none"> • Limited mental health training for corrections officers; existing mental health training for corrections officers is only available online. • Montgomery County does not have a specialty mental health public defender. 	<ul style="list-style-type: none"> • Enhance mental health training for jail staff including more role play and “practical” scenarios. • Consider options to explore trainings for jail staff on traumatic brain injury and neurocognitive disorders.

Gaps	Opportunities
<ul style="list-style-type: none"> Support for people with IDD is limited in both Montgomery and Walker County Jails. 	<ul style="list-style-type: none"> Explore implementing a Managed Assigned Council or specialized list of mental health defense attorneys in Montgomery County. Commissioner’s Court in Montgomery County will fund another staff position to support specialty courts and diversion. Consider implementing an Assisted Outpatient Treatment court. Continue planning between Tri-County BH and Walker County to add a qualified mental health professional (QMHP) into the Walker County Jail.
<ul style="list-style-type: none"> Walker County does not have documented systems and processes as it is in a period of growth and adjustment from being a rural county with informal systems to a more populous and urban county. Limited partnerships exist between community-based providers and organizations and Walker County Jail. 	<ul style="list-style-type: none"> Identify opportunities for cross-county collaborations between Montgomery and Walker County Jails and their respective courts’ staff. Walker County can benefit from lessons-learned from Montgomery County’s rapid growth. Conduct outreach to community agencies that may be able to provide supportive services in Walker County Jail.

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

Montgomery and Walker Counties Intercepts 4 and 5 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • There is limited affordable housing in both counties due to rapid growth and student population in Walker County <ul style="list-style-type: none"> ▶ Limited capacity in existing affordable housing, such as Tri-County BH’s Section 811 housing programs. ▶ Lack of low-barrier housing across both counties for people with past justice involvement. • The limited emergency shelter bedspace is consistently at capacity. • There is only one licensed group home across both counties for people with mental illness. 	<ul style="list-style-type: none"> • Explore novel options like tiny homes for people exiting homelessness. • Consider current partnerships for housing and initiate an organized effort across housing partners to apply for additional housing funds. • Explore options to expand currently existing Section 811 housing for people with mental illness.
<ul style="list-style-type: none"> • Perceived difficulty in meeting conditions of release causes some people with mental illness who are facing criminal charges to forego probation due to fear of revocation. • Lack of high-speed internet in rural parts of Montgomery and Walker Counties exclude many people from engaging in online court-ordered programming or telehealth appointments. • Walker County has limited access to specialized community supervision caseloads. 	<ul style="list-style-type: none"> • Identify other providers or resources who can expand the options for specialty court or other diversionary programming in Walker County. • Develop strategies to overcome common barriers like lack of transportation or lack of high-speed internet. • Ensure that probation terms are tailored to the person and include provisions to overcome identified barriers.
<ul style="list-style-type: none"> • Walker County Jail has limited reentry coordination. <ul style="list-style-type: none"> ▶ Lack of reentry coordination and rapport building means that people decline or do not follow 	<ul style="list-style-type: none"> • Explore future reentry learning opportunities through TA Center. • Develop a partnership between Tri-County BH and Walker County to place a mental health professional or reentry

Gaps	Opportunities
<p>through with mental health continuity of care services in the community.</p> <ul style="list-style-type: none"> • Few reentry supports for non-veterans exist in Montgomery County Jail. • Neither counties have peer reentry supports. • Discharge medication is ordered for people leaving the jail but is not provided to the person directly upon release. 	<p>case manager in the jail.</p> <ul style="list-style-type: none"> • Explore opportunities to provide peer reentry support in both counties. • Explore options to extend Lone Star Community College program to Walker County CSCD. • Set a meeting between Walker County CSCD and the Brazos Transit District to identify opportunities to ensure people on parole and probation can make mandatory appointments. • Explore how service providers in Walker County can make use of CSCD and county offices to provide mandated services in one location. • Consider strategies to improve medication access to people with mental illness during jail release without requiring a separate doctor or pharmacy visit.
<ul style="list-style-type: none"> • There is a lack of assistance in navigating fragmented social services. • There are insufficient low-barrier employment and vocational rehabilitation services in both counties. • Public transportation is limited across both counties. • SUD services are difficult to access in rural parts of Montgomery and Walker Counties. 	<ul style="list-style-type: none"> • Expand the utilization of services from Mosaics in Walker County. • Work with leadership in Montgomery County to expand the reach of the Conroe shuttle. • Explore opportunities to build a working group to address the deficit in SUD services as part of the larger BHLTs I Montgomery and Walker Counties. • Meet with Workforce Solutions to explore how the Partners for Reentry Opportunities in Workforce Development Grant funding is implemented in Montgomery and Walker Counties.

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 June 12, 2024. The top three priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	Plan for a regional diversion center	19
2	Expand training and specialized responses (combination of two similar priorities)	21
3	Expand and enhance jail mental health and substance use treatment services (combination of two similar priorities)	23
4	Expand housing options and enhance the housing continuum	12
5	Increase data collection and information sharing across the SIM	6
6	Expand transportation options	6
7	Expand diversion options at intercepts 1, 2, and 3	1

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 Montgomery and Walker County stakeholder workgroups, as well as additional considerations from HHSC on resources and best practices that could help inform implementation of each action plan. The following publications are also helpful resources to consider when addressing issues at the intersection of behavioral health and justice in Texas:

- [All Texas Access Report](#), 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, Judicial Commission on Mental Health
- SAMHSA's publication, [Principles for Community-Based Behavioral Health Services for Justice-Involved Individuals](#).

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) Realizing the prevalence of trauma; 2) Recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce;

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.

and 3) Responding by putting this knowledge into practice. See [Trauma-Informed Care in Behavioral Health Services](#).

Priority One: Plan for a Regional Diversion Center

Objective	Action Steps
<p>Explore models from across Texas and the country.</p>	<ul style="list-style-type: none"> • Learn from diversion centers in Texas and across the country. • Explore well-known models outside of Texas, including: <ul style="list-style-type: none"> ▶ Central City Concern, Portland Oregon ▶ Be Well OC, Orange County, California <ul style="list-style-type: none"> ◇ Dr. LaVar to share detailed plans from Be Well OC ▶ Utah’s Receiving Centers ▶ Crisis Response Center, Tucson, Arizona ▶ Care Campus, Pennington County, South Dakota ▶ McNabb Center, Knoxville, Tennessee • Reach out to other Texas community centers and learn more about their diversion center programs. Plan site visits to diversion centers in Texas counties with similar communities and financial structures as Montgomery and Walker Counties, such as: <ul style="list-style-type: none"> ▶ Bell County Diversion Center, Bell County (opening fall 2024) ▶ Crisis Receiving Jail Diversion Center, Howard County ▶ Judge Ed Emmett Mental Health Diversion Center, Harris County ▶ Williamson County Diversion Center, Williamson County
<p>Assess current programs and collect data to support program expansion.</p>	<ul style="list-style-type: none"> • Use data to make a case for expanding diversion programming. Explore psychiatric emergency treatment center, law enforcement, hospital, jail, and MCOT data for Walker and Montgomery Counties. • Quantify costs of existing programs. • Identify where the current services reduce costs incurred by other system stakeholders like the county jail, private hospitals, and the public hospital district.
<p>Identify a location and service spectrum for the regional diversion center.</p>	<ul style="list-style-type: none"> • Identify a central location in the local services area for the proposed diversion center, considering the current population distribution and areas of anticipated growth. • Map out how the diversion center will be integrated into the diversion plan for each county and law enforcement entity. • Consider what services are needed at the center, considering

Objective	Action Steps
	<p>community needs for mental health treatment, substance use treatment, and crisis stabilization.</p> <ul style="list-style-type: none"> Consider how trauma-informed care can be integrated into each step of the crisis process.
<p>Leverage service utilization and cost data to expand community partnerships for diversion.</p>	<ul style="list-style-type: none"> Starting with the existing Tri-County BH Community Crisis Collaborative, identify which existing community partners have an interest in expanding mental health and substance use diversion. Determine what data current partners are collecting or have access to that could help make the case for expanding the Psychiatric Emergency Treatment Center (PETC) into a more comprehensive diversion center.

Team Lead: Evan Roberson

Workgroup Members: Dr. Brenda LaVar, Robert Michael “Mike” Shirley, Judge Echo Hutson, Judge Colt Christian, Judge Wayne Mack, Chris Buck, Toni Rogers, Lori Durland, Heather Ryan, Erica Ortega

Priority Two: Expand Training and Specialized Response

Objective	Action Steps
<p>Identify models and tools to enhance existing crisis response.</p>	<ul style="list-style-type: none"> Explore specialized response programs and consider which might best meet the current needs of Walker and Montgomery Counties. Consider multi-disciplinary response teams, co-responder teams, remote co-response, embedded clinicians at dispatch, and opportunities to divert calls from 911 to the mental health crisis line. Reach out to stakeholders in communities that have implemented these programs to learn more about the virtual co-response program (e.g., Harris County). Build a data collection, analysis, and communication plan to help quantify the crisis intervention need in Montgomery County as well as neighboring rural counties.
<p>Meet with leadership in Walker and other rural counties to discuss expanding CIT.</p>	<ul style="list-style-type: none"> Identify necessary stakeholders in Walker County and other close rural counties to discuss how to expand mental health crisis co-response into more rural counties. Initiate a working group across leadership to plan for expanding CIT programs and integrate dispatch into the mental health crisis continuum.

Objective	Action Steps
	<ul style="list-style-type: none"> • Hold regular workgroup meetings with county leadership and Tri-County BH to explore options for expanding co-response.
<p>Create a regional workgroup on crisis co-response.</p>	<ul style="list-style-type: none"> • Identify leaders from across the counties that wish to enhance their mental health crisis response. • Establish a working group to engage in strategic planning to enhance crisis response across the area. • Identify and apply for state and federal funding as well as making a case for local funding using newly collected data.
<p>Identify the most appropriate recipients of trainings around mental health and law enforcement.</p>	<ul style="list-style-type: none"> • Inventory existing mental health trainings available in Montgomery and Walker Counties. Collaborate with Tri-County BH, local social services agencies, and law enforcement to explore MHFA training, CIT training, etc. • Identify stakeholders who could benefit from additional mental health training. <ul style="list-style-type: none"> ▶ Consider 911 dispatchers, law enforcement, families, jailers, judges, prosecutors and defense attorneys, mental health professionals, other human services agencies (e.g., libraries, nonprofit agencies, veterans services, shelters, group homes), IDD service providers, eldercare agencies, clergy, and hospital personnel. • Develop a training implementation strategy and initiate roll out to identified stakeholders.

Team Lead: Beth Dalman

Workgroup Members: Gayle Y. Fisher, Peggy Dunning, Lisa Bradt, Sergeant Mike Evans, Courtney Frost-Tadlock

Priority Three: Expand and Enhance Jail Mental Health and Substance Use Treatment Services

Objective	Action Steps
<p>Increase communication between mental health and custody staff in Montgomery County Jail.</p>	<ul style="list-style-type: none"> • Create an email group of relevant jail staff to receive resource updates. • Develop a workgroup of mental health and correctional officer staff to collaborate on policies and share information. • Identify opportunities for mental health and correctional staff to jointly participant in training and professional development.
<p>Reintroduce</p>	<ul style="list-style-type: none"> • Consider the number and frequency of SUD groups that would

Objective	Action Steps
<p>substance use classes in Montgomery County Jail.</p>	<p>be needed in the jail.</p> <ul style="list-style-type: none"> • Explore various options to staff additional services in the jail, including: <ul style="list-style-type: none"> ▶ An internship placement through Wellpath or Tri-County BH; ▶ Tri-County BH clinicians; and ▶ Virtual sessions held through Texas A&M. • Identify evidence-based curricula. • Research options to introduce peer-led services in the jail.
<p>Expand training options for jail and probation staff.</p>	<ul style="list-style-type: none"> • Partner with Tri-County BH and NAMI Greater Houston to catalog existing mental health trainings that can be modified for correctional officers. • Explore other trainings through CIT Texas and Texas Commission on Law Enforcement that might inform tailored curricula. • Work with the Montgomery County Sheriff’s Office, Montgomery County Probation Department, Walker County Sheriff’s Office, and Walker County Probation Department to identify which trainings might best support staff in serving people with behavioral health needs.
<p>Start specialized coping skills classes in Montgomery County Jail focused on reentry to the community and transfer to Texas Department of Criminal Justice.</p>	<ul style="list-style-type: none"> • Explore the curricula used in other counties to support people on specialized caseloads. • Contact Texas Department of Criminal Justice to collaborate on guest speakers and content. • Identify space to hold the classes in Montgomery and Walker County Jails. • Identify opportunities to include peers.
<p>Provide mental health and SUD services in Walker County Jail.</p>	<ul style="list-style-type: none"> • Review current services and resources in Walker County Jail. Identify potential community social service providers to bring into the jail, consulting with Walker County stakeholders and the Montgomery County Sheriff’s Office. • Explore opportunities to implement practicum and internship for students at Sam Houston State University in the Walker County Jail. • Facilitate a tour of the jail for Tri-County BH and other local service providers to assess space, needs, and available technology. • Develop a working group consisting of Walker County stakeholders, Tri-County BH, and others to develop plans to increase access to behavioral health care and other support

Objective	Action Steps
	services in the Walker County Jail.

Team Lead: Kimberly Anderson, Kimberly Davis (Montgomery County), Stephanie Ward (Walker County)

Workgroup Members: Olivia Baze, Lieutenant Jake-Paul Gonzales, Jay Conley, Kevin Adams, Judge Tracy Sorensen, Malori Martin, Keith DeHart

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. Montgomery and Walker County stakeholders may consider these as they implement action plans developed during the SIM workshop.

Task Force and Networking

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

Communication and Information Sharing

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

Boundary Spanner

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

Local Champions

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

Ability to Measure Outcomes

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

Peer Involvement

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

Behavioral Health Leadership Teams

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

Plan for a Regional Diversion Center

Best Practices

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

County Spotlights

- [Bell County’s Diversion Center Planning Process](#)
- [Travis County’s Sobering Center](#)
- [Harris County’s Judge Ed Emmett Mental Health Diversion Center](#)
- [Tarrant County Mental Health Diversion Center](#)
- [West Texas’ Centers Collaborative Jail Diversion Program](#)
- [Williamson County Diversion Center](#)

Key Resources

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

Expand Training and Specialized Responses

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' 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 Council of State Governments Justice Center
- [Telehealth Implementation Guide](#) from the Harris County Sheriff's CIT program
- [Multi-Disciplinary Response Teams](#) from Meadows Mental Health Policy Institute
- [Expanding First Response](#) from the Council on State Governments
- [Texas CIT Association](#)

Expand and Enhance Jail Mental Health and Substance Use Treatment Services

Best Practices

- Document diversion and competency workflows as well as clear diversion criteria.
- Comprehensive use of evidence-based screenings and assessments helps ensure people with suspected MI, SUD, and/or IDD are identified and provided appropriate care.
- Convene regular forensic or jail team meetings to review mental health information and ensure all people with suspected mental illness are appropriately evaluated per CCP Article 16.22 and Chapter 46B.

County Spotlights

- [Abilene Police Department, Taylor County and Betty Hardwick Center's Jail Navigator Program](#)
- [Harris County's Women's Center Jail](#)

Key Resources

- [Six Steps to Establishing a Jail In-Reach Program](#) from HHSC
- [Managing Mental Illness in Jails](#) from the Police Executive Research Forum
- [Sheriffs Addressing the Mental Health Crisis in the Community and in Jails](#) from Community oriented Policing Services and the U.S. Department of Justice
- [Preparing People for Reentry: Checklist for Correctional Facilities](#) from Council of State Governments
- [The Stepping Up Initiative](#)

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 only a 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.

- Wellpath can implement shared learning experiences (hands-on scenario-based training) in Montgomery County Jail.
- NAMI Greater Houston can distribute crisis cards to dispatch and develop a mental health training for call takers and dispatch in Montgomery County.
- Tri-County BH can partner with law enforcement to enhance mental health training for law enforcement in both Walker and Montgomery Counties.

Appendix A. Montgomery and Walker Counties SIM Workshop Agenda

Sequential Intercept Model Mapping Workshop: Montgomery and Walker Counties

June 12-13, 2024

Lone Star Convention Center, 9055 Airport Rd., Conroe, TX 77303

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and snacks provided by <i>Tri-County Behavioral Healthcare</i>
8:30 a.m.	Opening Remarks	Opening Remarks <ul style="list-style-type: none"> • <i>Lee Johnson, Chief Executive Officer, Texas Council of Community Centers</i> • <i>Dr. Brenda LaVar, President, NAMI Greater Houston and Community Relations Administrator, Recovery Solutions</i> • <i>Dr. Jennie Simpson, Associate Commissioner and State Forensic Director, Texas Health and Human Services Commission</i>
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 <ul style="list-style-type: none"> • <i>Beth Dalman, Director of Crisis Access, Tri-County Behavioral Healthcare</i> • <i>Dana Futrell, Crisis Intervention Response Team (CIRT), Tri-County Behavioral Healthcare</i> • <i>Rachel Parker, Director, Walker Co. EMS</i>
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 Tri-County Behavioral Healthcare
12:15 p.m.	Presentation of Intercepts 2 and 3	<p>Overview of Intercepts 2 and 3 County Data Review Program Spotlights Panel</p> <ul style="list-style-type: none"> • <i>Judge Echo Hutson, Judge, County Court at Law #4 Montgomery County</i> • <i>Robert Michael "Mike" Shirley, Assistant District Attorney, Montgomery County District Attorney's Office</i> • <i>Sgt. Kimberly Davis, Jail Sergeant, Montgomery County Sheriff's Office</i> • <i>Lt. Keith Dehart, Jail Lieutenant, Walker County Sheriff's Office</i> • <i>Capt. John Davila, Jail Captain, Walker County Sheriff's Office</i> • <i>Judge Tracy Sorensen, Judge, Walker County Court at Law</i> • <i>Jay Conley, Jail Liaison, Tri-County Behavioral Health</i> • <i>Dr. Olivia Baze, Doctor in Montgomery County Jail, Wellpath</i>
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	<p>Overview of Intercepts 4 and 5 County Data Review Program Spotlights Panel</p> <ul style="list-style-type: none"> • <i>Laurie Frankenfield, Director, Montgomery County Community Supervision and Corrections Department</i> • <i>Lisa Bradt, Criminal Justice Services and Texas Correctional Office on Offenders with Medical or Mental Impairments Administrator, Tri-County Behavioral Health</i> • <i>Jay Conley, Jail Liaison, Tri-County Behavioral Health</i>
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 & Establish Priorities	Establish a List of Top Priorities - Round Robin
4:15 p.m.	Wrap Up	Review the Day Homework
4:30 p.m.	Adjourn	

**Sequential Intercept Model Mapping Workshop:
Montgomery and Walker Counties**

June 12-13, 2024

Lone Star Convention Center, 9055 Airport Rd., Conroe, TX 77303

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and snacks to be provided by <i>Tri-County Behavioral Healthcare</i>
8:30 a.m.	Welcome	Opening Remarks <ul style="list-style-type: none"> • <i>Judge Tracy Sorensen, Judge, Walker Co. Court at Law</i>
8:40 a.m.	Preview & 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 & 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, <ul style="list-style-type: none"> • <i>Judge Wayne Mack, Justice of the Peace, Precinct 1 Montgomery County</i> • <i>Evan Roberson, Executive Director, Tri-County Behavioral Healthcare</i>
11:30 a.m.	Adjourn	

Appendix B. Sequential Intercept Model Map for Montgomery County, June 2024

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **Tri-County BH:** 800-550-8408, medication, psychotherapy, IDD services, case management, psychosocial rehabilitation, crisis services
- **Lone Star Family Health Center:** 936-539-4004, medication, psychotherapy
- **Mosaics:** 346-703-0051, help navigating non-crisis behavioral health services

Recovery Supports:

- **Volunteers of America:** 281-210-0950, career counseling and employment services, two locations in Montgomery County
- **Behavioral Health and Suicide Prevention Taskforce:** communityhelp.org, lists of verified resources

Housing and Shelter:

- **Tri-County BH Programs for Assistance in the Transition from Homelessness (PATH) Program:** 800-550-8408
- **The Way Home Continuum of Care:** 800-659-6994, Housing assessments are provided through partner agencies including the Tri-County BH PATH program
- **Montgomery County Housing:** 936-441-5816
- **Salvation Army:** 936-760-2440

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

Crisis Phone Lines:

- **Tri-County BH Mental Health and IDD Crisis Hotline (operated by AVAIL):** 800-659-6994, MCOT and IDD crisis response
- **988 Suicide & Crisis Lifeline:** 988

Warmlines and Resource Lines:

- **NAMI Greater Houston Warmline:** 713-970-4483
- **The Council on Recovery Outreach, Screening, Assessment and Referral:** 713-970-7000, access to state funding for SUD treatment

Crisis Units:

- **Tri-County BH PETC:** Freestanding, 24/7 facility offering screening, assessment, intervention, stabilization and continuity of care. Accepts walk-ins. Operated by Tri-County BH.
- **Tri-County BH CSU:** Services focus on acute, short-term psychiatric stabilization. Located at Tri-County PETC.

Law Enforcement MCOT/Co-Responder Teams:

- **Conroe Police Department (PD):** Two CIRT
- **Precinct 1:** One CIT
- **Montgomery County Sheriff:** Two co-responder teams

Veterans Services:

- **Military Veteran Peer Network:** Peer support
- **Tri-County BH Veterans Services:** Community outreach, education and case management

Indigent Healthcare:

- **Montgomery County Hospital District Healthcare Assistance Program:** 936-523-5100

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch and Emergency Communications:

- **Montgomery County Emergency Communications District:** Provides the administration of the communications and technology infrastructure of the 911 system

Law Enforcement:

- **Police Departments:** Conroe PD, Conroe Independent School District PD, Magnolia PD, Montgomery PD, Oak Ridge North PD, Panorama Village PD, Patton Village PD, Roman Forest PD, Shenandoah PD, Splendora PD, Stagecoach PD, Willis PD, Woodbranch Village PD
- **Montgomery County Sheriff's Office**
- **Montgomery County Constables Offices Precincts 1-5**

Hospitals:

- **Standard hospitals with emergency room departments but without inpatient psychiatric care:** Hospital Corporation of America (HCA) Houston Healthcare Conroe, Houston Methodist - The Woodlands, St. Luke's - The Woodlands Center, Memorial Hermann - The Woodlands, HCA - Kingwood, Texas Children's - The Woodlands
- **Specialized psychiatric hospitals:** Aspire Hospital, Woodland Springs, Voyages Behavioral Health of Conroe, Cypress Creek Hospital (in Harris County), Kingwood Pines Hospital

Emergency Medical Services:

- **Montgomery County Hospital District**

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

Conroe PD lockup, The Woodlands Sheriff's Substation, Magnolia Substation, New Caney Substation, Montgomery County Jail

Tri-County BH jail liaison

Booking:

Screening assessments used:

- **Screening Form for Suicide and Medical and Mental Impairments:** provided by the Texas Commission on Jail Standards
- **CCP Article 16.22 Report:** from Tri County BH or Wellpath
- **Columbia-Suicide Severity Ratings Scale:** by Wellpath

Initial Court Appearance Locations:

- **Magistration:** Handled by associate judges
- **Pre-Trial Services:** 936-538-8200, Montgomery County CSCD locations in Conroe, The Woodlands and New Caney
- **Indigent Defense:** 936-538-8165, Montgomery County Indigent Defense

Intercept 3: Jails and Courts

Courts:

In Montgomery County, there are 5 Justice of the Peace (JP) Courts, 5 County Court at Law (CCL) Courts, 8 District Courts and 2 Treatment Courts

- **JP Courts:** Precinct 1: Judge Wayne Mack, Precinct 2: Judge Trey Spikes, Precinct 3: Judge Matt Beasley, Precinct 4: Judge Jason Dunn, Precinct 5: Judge Matt Masden

- **CCL Courts:** CCL 1: Judge John C. Hafley, CCL 3: Judge Amy Tucker, CCL 4: Judge Echo Hutson, CCL 5: Judge Keith Stewart, CCL 6: Judge Scharlene W. Vadez (CCL 2 is now Probate Court 1: Judge Claudia Laird)
- **District Courts:** 9th District: Judge Phil Grant, 221st District: Judge Lisa Michalk, 284th District: Judge Kristin Bays, 359th District: Judge Kathleen Hamilton, 410th District: Judge Jennifer J. Robin, 418th District: Judge Tracy A. Gilbert, 435th District: Judge Patty Maginnis, 457th District: Judge Vince Santini
- **Treatment Courts:** Mental health treatment court in CCL 4: Judge Echo Hutson, drug court and veterans treatment court in the 359th District: Judge Kathleen Hamilton

Jail:

- **Montgomery County Jail:** Special veterans pod, mental health and medical provider is Wellpath

Competency Restoration:

- **Inpatient:** Dunn Center, Montgomery County Treatment Facility, Rusk State Hospital, Terrell State Hospital, Vernon State Hospital
- **Outpatient:** Tri-County BH

Intercept 4: Reentry

Jail Reentry:

Reentry coordination provided by various community partners. Reentry support services include: mental health, education, identification card recovery, skills groups, and parenting classes.

- **Workforce Solutions:** 936-441-0037

Intercept 5: Community Corrections and Community Supports

Parole:

- **Texas Department of Criminal Justice, Conroe Office:** 936-756-0420

Probation:

- **Montgomery County CSCD:** 936-538-8200
- **Texas Correctional Office on Offenders with Medical or Mental Impairments:** Continuity of care coordination by Tri-County BH

Appendix C. Sequential Intercept Model Map for Walker County, June 2024

Community Public Health and Support Services

Behavioral Health and IDD Services:

- **Tri-County BH:** 800-550-8408, Medication, psychotherapy, IDD services
- **Lone Star Family Health Center:** 936-539-4004, Medication, psychotherapy
- **Jack Staggs Counseling Clinic:** 936-294-1121, Psychotherapy
- **Mosaics:** 346-703-0051, Help navigating non-crisis behavioral health services

Recovery Supports:

- **Brazos Valley Council on Alcohol and Substance Abuse:** 979-846-3560, Additional substance use treatment resources

Housing, Shelter and Basic Needs:

- **Texas Homeless Network Balance of State Continuum of Care:** Lead administrative agency of homeless services
- **Walker County Housing Authority:** Manages federal housing and urban development funding in the community
- **Good Shepherd Mission:** Homeless shelter
- **SAAFE House:** Domestic violence shelter
- **Covenant with Christ, First Baptist Church New Waverly, Trinity River Food Bank:** Food
- **Good Shepherd Mission, Riverside Baptist Church Community Organization for Missionary Endeavors Center:** Clothing closet

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

Crisis Phone Lines:

- **Tri-County BH Mental Health and IDD Crisis Hotline (operated by AVAIL):** 800-659-6994, MCOT and IDD crisis response
- **988 Suicide & Crisis Lifeline:** 988

Warmlines and Resource Lines:

- **NAMI Greater Houston Warmline:** 713-970-4483
- **The Council on Recovery Outreach, Screening, Assessment and Referral:** 713-970-7000, access to state funding for SUD treatment

Crisis Units:

- **Tri-County BH PETC:** Freestanding, 24/7 facility offering screening, assessment, intervention, stabilization and continuity of care. Accepts walk-ins. Operated by Tri-County BH.
- **Tri-County BH CSU:** Services focus on acute, short-term psychiatric stabilization. Located at Tri-County PETC.

Indigent Healthcare:

- **Montgomery County Hospital District Healthcare Assistance Program:** 936-523-5100

Veterans Services:

- **Military Veteran Peer Network:** Peer support
- **Tri-County BH Veterans Services:** Community outreach, education and case management

Intercept 1: Law Enforcement and Emergency Services

911 Dispatch and Emergency Communications:

- **Walker County Public Safety Communications Center:** Provides dispatch services to all law enforcement, fire and EMS for Walker County

Law Enforcement:

- **Police Departments:** Sam Houston State University PD, Huntsville PD
- **Walker County Sheriff's Office**
- **Walker County Constables Offices Precincts 1-4**

Hospitals:

- **Standard hospitals with emergency room departments but without inpatient psychiatric care:** Huntsville Memorial Hospital
- **Specialized psychiatric hospitals:** None

Emergency Medical Services:

- **Huntsville-Walker Emergency Medical Services**

Intercept 2: Initial Detention and Initial Court Hearings

Initial Detention:

Walker County Jail

Booking:

Screening assessments used:

- **Screening Form for Suicide and Medical and Mental Impairments:** provided by the Texas Commission on Jail Standards
- **CCP Article 16.22 Report:** from Tri County BH

Initial Court Appearance Locations:

- **Magistration:** Handled by JP courts
- **Indigent Defense:** Board of Judges for the District Courts – indigency form is submitted to the courts

Intercept 3: Jails and Courts

Courts:

In Walker County, there are 4 JP Courts, 1 CCL Court, 8 District Courts and 2 District Courts

- **JP Courts:** Precinct 1: Judge Steve Fisher, Precinct 2: Judge Marcus Payne, Precinct 3: Judge Randy Jeffcoat, Precinct 4: Judge Stephen Cole
- **CCL Courts:** CCL 1: Judge Tracy Sorensen
- **District Courts:** 12th District (Walker, Grimes and Madison counties): Judge David Moorman; 278th District (Walker, Leon, and Madison counties): Judge Hal Ridley

Jail:

- **Walker County Jail:** Medical provider is a local doctor, no mental health provider at this time (in process)

Competency Restoration:

- **Inpatient:** Dunn Center, Montgomery County Treatment Facility, Rusk State Hospital, Terrell State Hospital, Vernon State Hospital
- **Outpatient:** Tri-County BH

Intercept 4: Reentry

Jail Reentry:

- **Workforce Solutions:** 936-755-7200

Intercept 5: Community Corrections and Community Supports

Parole:

- **Texas Department of Criminal Justice, Huntsville Office:** 936-295-2603

Probation:

- **Montgomery County CSCD:** 936-538-8200
- **Texas Correctional Office on Offenders with Medical or Mental Impairments:** Continuity of care coordination by Tri-County BH

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 SUDs receiving reentry coordination prior to jail release	Intercept 4	Reentry
27	People with mental illness or SUDs 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 February 3, 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. National and State Best Practices: Competency Restoration

Establish a county forensic team:

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

Review local waitlist data:

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

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
 - Civil commitment

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.

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

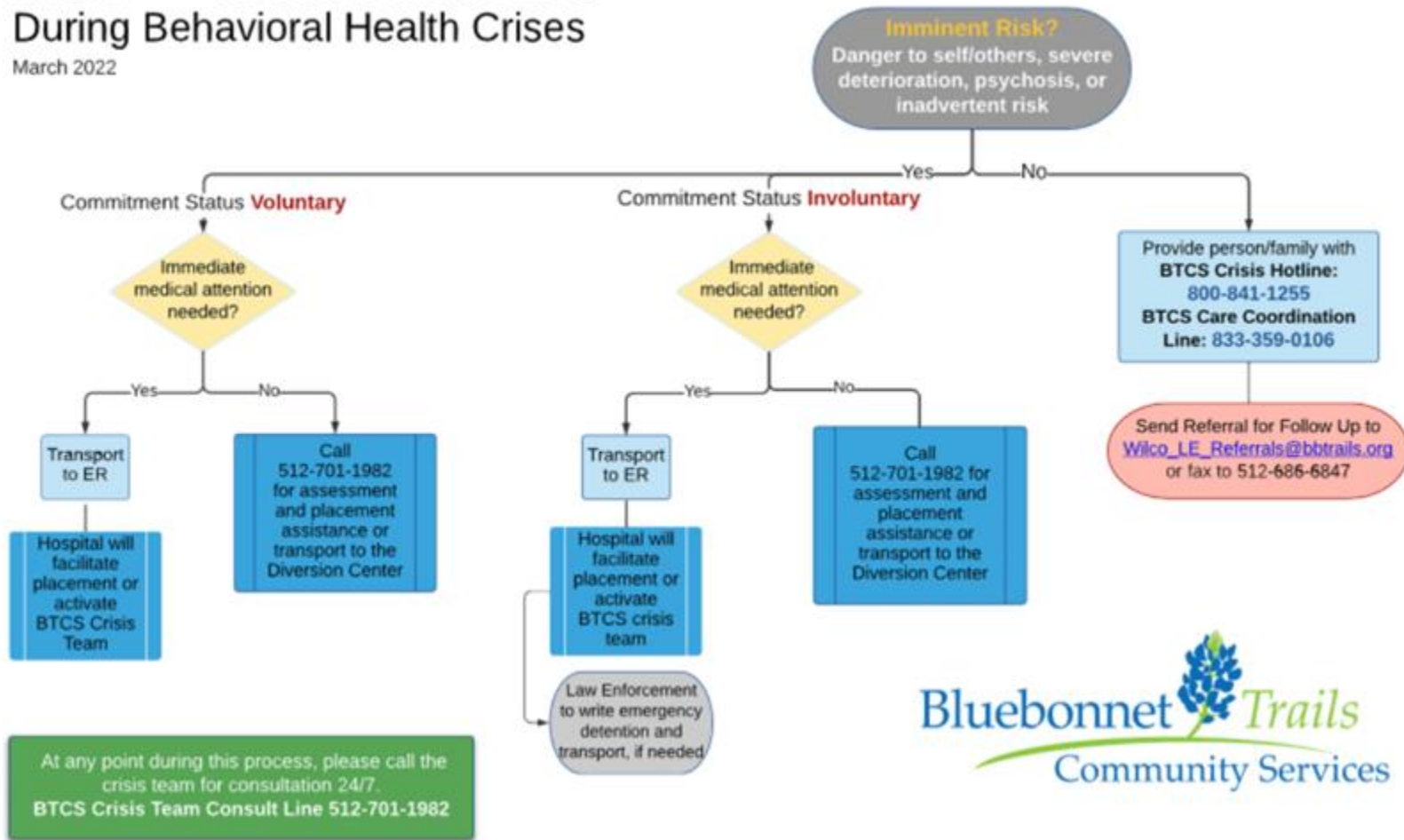
Explore competency restoration options:

- Inpatient competency restoration
- Outpatient competency restoration
- JBCR

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

Resources for Law Enforcement During Behavioral Health Crises

March 2022



Resources for Law Enforcement During a Behavioral Health Crisis

Bluebonnet Trails Community Services (BTCS)

1. Is there an imminent risk?

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

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

a. Commitment Status: **Involuntary**

(1) Is immediate medical attention needed?

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

(a) Transport to emergency room

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

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

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

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

b. Commitment Status: **Voluntary**

(1) Is immediate medical attention needed?

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

(a) Transport to emergency room

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

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

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

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

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

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

Appendix H. SIM Mapping Workshop Participant List

Name	Agency	Title
Andrew Lupnitz	Conroe PD	Police
Axel Vernon	Tri-County BH	Mobile Crisis Intervention Specialist
Beth Dalman	Tri-County BH	Director of Crisis Access
Brenda LaVar	Wellpath Recovery Solutions/NAMI Greater Houston	Community Relations/President of the Board
Chris Buck	Walker County Sheriff's Office	Lieutenant
Clarise Watson	Mental Health Treatment	Director
Colt Christian	Walker County	County Judge
Courtney Frost-Tadlock	Mosaics	Director of Development
Dana Futrell	Tri-County BH	CIRT clinician
Echo Hutson	County Court at Law 4	Judge
Elizabeth Curry	Montgomery County Sheriff's Office	Communications Supervisor
Erica Ortega	District Attorney's Office	Assistant District Attorney
Erick Marquez	Montgomery County Constable Precinct One	Deputy
Evan Roberson	Tri-County BH	Executive Director
Gayle Y. Fisher	BHSP, NAMI Greater Houston, GettingSorted.com	M.Ed., Ed. Tech.
Heather Ryan	Montgomery County Mental Health Treatment Court	Clinical Supervisor
Howard Wood	City of Conroe	Councilman
Jake-Paul Gonzales	Montgomery County Sheriff's Office	Lieutenant
Jay Conley	Tri-County BH	Jail Liaison
Jennifer Hogan	Conroe PD	Communications Officer
Judge Wayne Mack	Montgomery County, Justice Court 1	Judge

Name	Agency	Title
Keith DeHart	Walker County Sheriff	Assistant Jail Administrator
Kevin Adams	Montgomery County Sheriff's Office	Detention Officer
Kimberly Anderson	Montgomery County Sheriff's Office	Detention Sergeant – Inmate Programs
Kimberly Davis	Montgomery County Sheriff's Office	Detention Sergeant
Laurie Frankenfield	Montgomery County Adult Probation	Director
Lisa Bradt	Tri-County BH	Criminal Justice Services Administrator
Lori Durland	NAMI Greater Houston	Executive Board Member
Malori Martin	Walker County District Attorney's Office	Assistant District Attorney
Mike Evans	Montgomery County Sheriff's Office	Sergeant
Olivia Baze, Psy.D.	Montgomery County Jail	Mental Health Coordinator
Peggy Dunning	Tri-County BH	IDD Crisis Intervention Specialist
Rachel Parker	Walker County EMS	EMS Chief
Robert Michael Shirley	Montgomery County District Attorney's Office	Chief Diversion Courts
Shannon Thomas	Woodlands Church	Licensed Professional Counselor/Pastor
Shelia Hugo	Walker County CSCD	Deputy Director
Stephanie Ward	Tri-County BH	Director of Adult Behavioral Health
Stephen Cole	Walker County	Justice of the Peace Precinct #4
Toni Rogers	St. Luke's Health	Emergency Department Manager
Tracy Sorensen	Walker County Court at Law	Judge

Appendix I. List of Acronyms and Initialisms

Acronym	Full Name
BHLT	Behavioral Health Leadership Team
BHSP	Behavioral Health and Suicide Prevention
CSCD	Community Supervision and Corrections Department
CIT	Crisis Intervention Team
CIRT	Crisis Intervention Response Team
CSU	Crisis Stabilization Unit
EMS	Emergency Medical Services
HCA	Hospital Corporation of America
HHSC	Texas Health and Human Services Commission
IDD	Intellectual and Developmental Disabilities
IST	Incompetent to Stand Trial
JBCR	Jail-Based Competency Restoration
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCOT	Mobile Crisis Outreach Team
MDRT	Multidisciplinary Response Team
MI	Mental Illness
NAMI	National Alliance on Mental Illness
PATH	Programs for Assistance in the Transitions from Homelessness
PD	Police Department
SUD	Substance Use Disorder
Tri-County BH	Tri-County Behavioral Health