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NOTICE OF MEETING

BRAZORIA COUNTY CRIMINAL JUSTICE COORDINATING COUNCIL

Notice is hereby given that a Meeting of the Criminal Justice Coordinating Council of Brazoria County, Texas will be held at **10:00 AM** on **July 1, 2026** on the First Floor Training Room of the Brazoria County Administration Building Commissioners' Courtroom, 237 E. Locust St., Angleton, Texas.

At said meeting the Board will deliberate, discuss, consider and/or take final action on any or all of the following matters:

AGENDA

1. **CALL TO ORDER**
2. **ROLL CALL / INTRODUCTIONS**
   MMHPI, GCC; CJCC
3. **CJCC**
   Purpose, Members, and Meeting Cadence
4. **UNDERSTANDING THE CURRENT FUNDING LANDSCAPE**
5. **SYSTEM SCAN**
6. **NEXT STEPS / QUESTIONS**
7. **ANNOUNCEMENT**
8. **ADJOURN**

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Brazoria County, Texas
Criminal Justice Coordinating Council (CJCC)
Bylaws
May 2026

I. Preamble

Brazoria County Commissioners Court recognizes the role of county government in administering and coordinating local public safety, criminal justice, and health systems, as well as the complex needs of individuals who interact with these systems. Individuals with behavioral health needs, physical health conditions, and substance use disorders are disproportionately represented in the criminal justice system and often experience repeated contact across multiple systems. These interactions can result in extended system involvement, increased utilization of public resources, and higher associated costs. In the absence of coordinated, cross-system approaches and access to appropriate services and supports, individuals may continue to cycle between health and criminal justice systems, resulting in less optimal outcomes for both the individual and the community.

Brazoria County is committed to strengthening coordination, alignment, and outcomes across health and criminal justice systems. To support this effort and facilitate collaboration among system partners, Brazoria County Commissioners Court establishes the Criminal Justice Coordinating Council as a structured, cross-sector body to identify shared priorities, align strategies, and support the implementation of data-informed approaches with measurable outcomes. These bylaws outline the structure, purpose, and responsibilities of the Council.

II. Enactment

The Brazoria County Criminal Justice Coordinating Council (CJCC) is authorized and established by Brazoria County Commissioners Court Order **XXXXX** on **DATE** to support coordination and system improvement across criminal justice and health systems. The CJCC provides a structured forum for collaboration and consensus among participating agencies and stakeholders. With the support of the Brazoria County Commissioners Court, the Council reviews policies, programs, and data, and considers best practices to inform (1) policy recommendations to criminal justice,

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health, and human service partners to improve system coordination and performance, and (2) recommendations related to policy and funding priorities for the Commissioners Court.

III. Purpose and Mission

The Council's purpose is to support data-informed, cross-system strategies that improve coordination, effectiveness, and outcomes across criminal justice and health systems in Brazoria County. The Council focuses on individuals who are involved in, or at risk of involvement in, the criminal justice system and who may have unmet health and related service needs. The Council advances this purpose by identifying system-level challenges, developing data-informed policy and practice recommendations, and supporting sustainable, system-wide improvements that enhance public safety, system performance, and community well-being.

The CJCC's mission is to:

- Improve system effectiveness and the efficient use of resources, including identifying and leveraging grants and other funding opportunities.
- Strengthen collaboration among criminal justice, health, and human service agencies and stakeholders.
- Enhance communication, coordination, and information sharing across systems.
- Support the development and expansion of cross-system, problem-solving strategies that improve health and justice outcomes.
- Recommend planning, financial, operational, and programmatic improvements to support system-level change.
- Provide system leaders with data-informed insights and evidence-based practices to guide policy and program development.

IV. Organization

A. Meetings

The Council shall meet each month, with more frequent meetings as necessary to perform its responsibilities.

- The Council will hold meetings on a date and time determined by the membership.
- The Council meeting will follow the Texas Open Meetings Act and post all meetings as a committee of Brazoria County Commissioners Court.
- The location and agenda for each meeting shall be distributed at least three (3) business days prior to the meeting and following Open Meetings requirements.
- Any member may request an agenda item by notifying the Chair, or the Co-Chairs in the Chair's absence.
- Minutes shall be available and distributed at the subsequent meeting for review and approval by the Council.

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B. Responsibilities

The Council shall have the following responsibilities and authorities:

- Identify strengths, challenges, resources, and strategies to improve system effectiveness and coordination across criminal justice and health systems.
- Conduct comprehensive evaluations of the Brazoria County criminal justice and health systems, using quantitative and qualitative methods to review policies, practices, outcomes, and opportunities for system-level improvement.
- Address pressing community challenges, including the disproportionate impacts of the justice system on individuals with health, behavioral health, or other service needs.
- Ensure that individuals involved in the criminal justice system are appropriately assessed and considered for interventions that support health and well-being, without compromising public safety or unnecessarily extending system involvement.
- Develop recommendations and decisions informed by data, research, and evidence-based practices to improve system performance, reduce recidivism, and enhance outcomes across justice and health systems.
- Facilitate discussion and deliberation on policy and practice solutions and recommend or support implementation of changes within the law, including identifying potential legislative or policy reforms.
- Provide and support data analysis, planning, and implementation efforts, using data to guide continuous system improvement.
- Promote and support collaboration and coordination among criminal justice, health, and human service stakeholders, including effective alignment of resources and shared problem-solving strategies.

C. Council Members

The Council shall be responsible for the governance and oversight of its work. As described herein, members shall have voting and decision-making authority and responsibility for recommendations on the design of policies, programs, and resource allocation associated with the work of the Council.

Members:

Two (2) County Commissioners Court Officials
Elected Sheriff, Brazoria County Sheriff's Office
Elected District Attorney, DA Office
Elected District Judge representing Felony Courts
Elected County Court-at-Law Judge representing Misdemeanor Courts
Chief Magistrate, Magistration and Specialty Courts
A Police Chief, representing Local law enforcement agencies

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Chief Adult Probation Officer, CSCD
Chief Juvenile Probation Officer, Juvenile Probation
Elected County Clerk, County Clerks Office
Elected District Clerk, District Clerk's Office
A Defense Bar Attorney (accepts indigent cases),
CEO of GCC, Mental Health/SUD
CCBHC Crisis Services Manager, Brazoria County Suicide Prevention and Mental Health Coalition
Texas Department of Criminal Justice Parole Division
Community Health Care Provider, CHN
Business Community, Pearland Chamber of Commerce

The initial Chair and Co-Chairs shall be:

Chair:

Commissioner Stacy Adams – Commissioner, Brazoria County Precinct 3

Co-Chairs:

Commissioner David Linder – Commissioner, Brazoria County Precinct 4
Sheriff Bo Stallman – Sheriff, Brazoria County Sheriff's Office

The following positions will be initially held by the following individuals:

- A Police Chief representing Local law enforcement agencies- Robert E. Lee
- A Defense Bar Attorney – Ron Helson
- CCBHC Crisis Services Manager, Brazoria County Suicide – James Simmons
- Community Health Care Provider, CHN – Ezreal Garcia
- Business Community, Pearland Chamber of Commerce – Jim Johnson

D. Officers and Members

Leadership.

The Council shall be led by the Chair and two (2) Co-Chairs.

- These positions will be served for a minimum of three (3) years.
- These positions will be performed by individuals who meet those criteria and are willing to participate in the Council.
- When someone steps down, resigns, or when the term expires, the Council will select future leadership.

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Responsibilities of the officers.
The Chair and Co-chairs shall approve the agenda and preside over the regular and special meetings of the Council.

Voting members.
Each Council member shall have one vote.
- Designees (see section F) may vote on behalf of a member when properly identified.

Ex-officio non-voting members.
The Council may add additional ex-officio non-voting members at its discretion.

Additional Members.
Additional voting members may be added to the Council through amendments to the Bylaws as deemed appropriate by the Council.

Standing and Ad Hoc Committees.
The Council may establish standing and/or ad hoc committees to complete specialized goals that overall align with the mission towards advancing the criminal justice system and mental health care. The scope, focus and expectations of these subcommittees is to be decided by the Council.

E. Conflict of Interest
Any member present at a meeting in which a matter is discussed and who personally or whose employer has a pecuniary (including by contract) or property interest, such member shall declare the potential conflict of interest.
- The member with a declared conflict shall not vote on matters related to the conflict and shall refrain from attempting to influence the decisions of the other voting members.

F. Designee by Official Member
Council members may designate one chief staff person to represent them and vote at Council meetings when needed. Any member wishing to appoint a designee must identify the individual in writing and address it to the Council Chair, with the Co-Chairs copied.

G. Quorum
A quorum is no less than a simple majority of the total membership. Action may be taken by a majority of those present voting and by not less than a majority of the quorum.

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H. Meeting Documentation

All Council and committee meetings shall be documented in writing, as meeting minutes are reviewed and approved by members.

V. Strategic Plan

The Council will develop and maintain a current strategic plan that defines its goals and objectives and outlines how it will achieve them.

VI. Budget and Resources

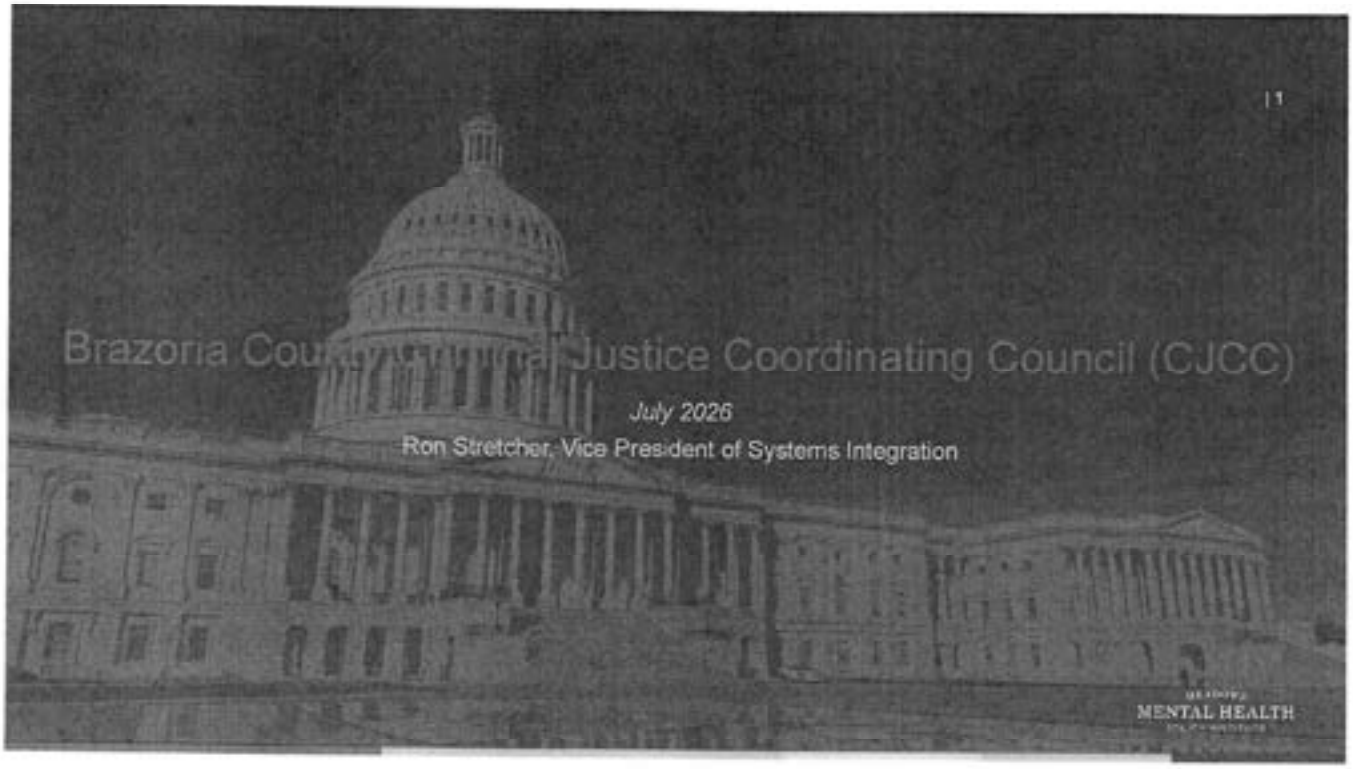
Recognizing the critical importance of its work, the Council shall pursue resources to enhance the effectiveness and efficiency of the behavioral health and justice system in Brazoria County. Council Chairs and Members may advocate for budgetary allocations in support of programs and priorities that meet the strategic objectives of the Council and Brazoria County. Resources shall be pursued, utilized, and maintained to foster interagency collaboration, improve outcomes across criminal justice and health systems, and ensure sustained progress.

VII. Amendment of Bylaws and Charter

Amendments to the Bylaws and Charter require a vote consisting of 2/3rds of present voting members. When necessary, the Council Chair and Co-Chairs, shall accept proposed amendments to the Bylaws and Charter, and add them to the agenda for a regularly scheduled meeting. If approved, the Council shall enact any action in response to the proposed change and make it effective immediately.

End of Document

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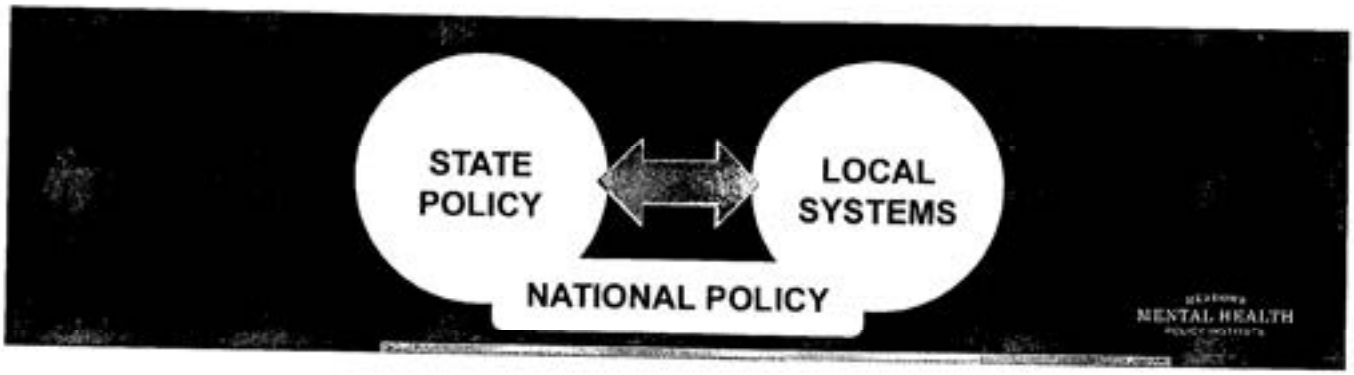


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Meadows Mental Health Policy Institute (MMHPI):

Vision: We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement: To provide independent, non-partisan, data-driven, and trusted policy and program guidance that creates equitable systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



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MMHPI Project Team



Darilynn Cardona-Beiler

Senior Vice President for Adult Systems of Care



Ron Stretcher

Vice President of Systems Integration



Laura Slocum

Vice President of Crisis Systems Transformation



Karl Santos

Assistant Director of Adult Systems of Care



Kate Ryan

Project Coordinator for Center for Health System Transformation

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Project Background

MMHPI, GCC, and the CJCC

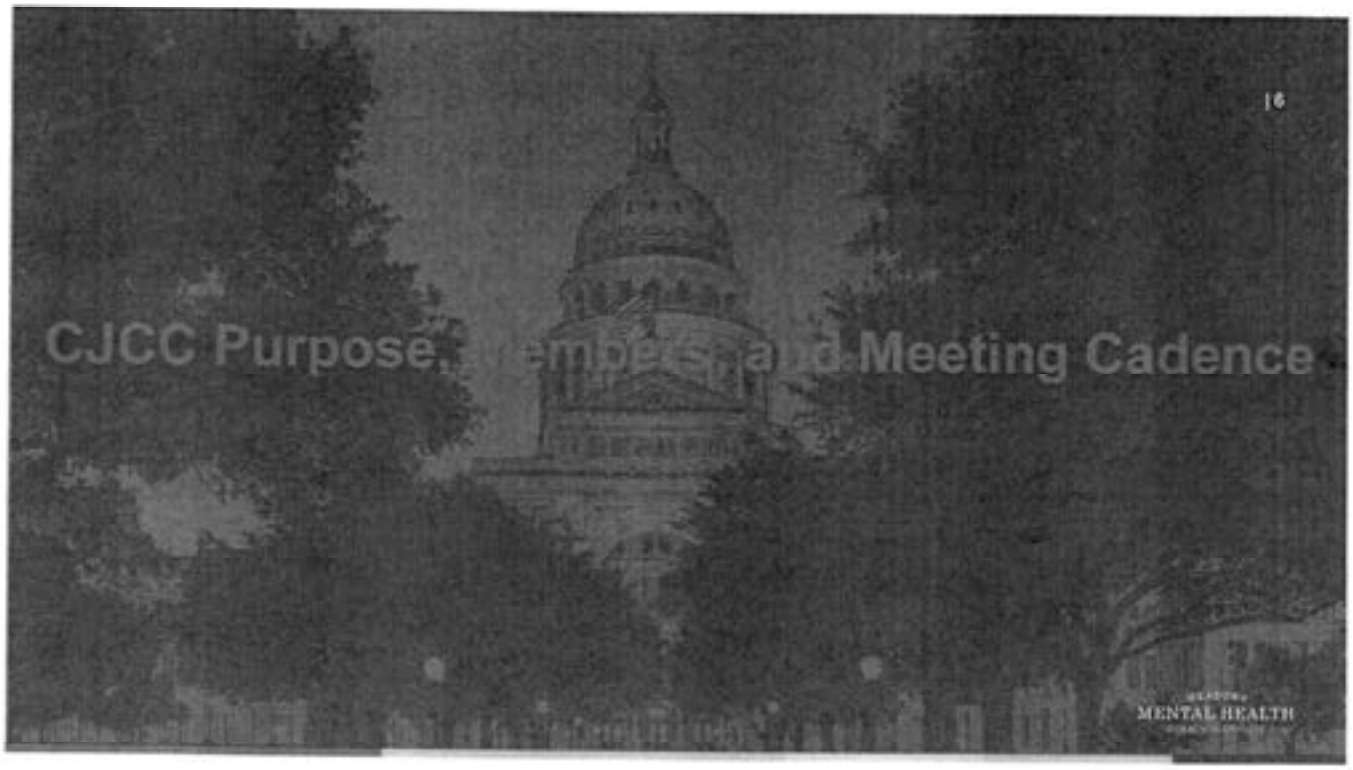
- The Gulf Coast Center (GCC), received a one-time grant from the State, towards system improvements in the mental health space.
- As part of this, MMHPI is conducting work with GCC to establish a Criminal Justice Coordinating Council (CJCC).
- This initiative aims to foster collaboration with key stakeholders from neighboring spaces (criminal justice, emergency services, mental health, step-down services, etc.), towards improvements to the existing system.

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Agenda

- CJCC – Purpose, Members, and Meeting Cadence.
- Understanding the Current Funding Landscape
- System Scan – Creating Actions Based on Intercepts 0; 1; and 2.
- Next Steps
- Open Forum.

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Introduction to CJCCs

What are Criminal Justice Coordinating Councils?

- A CJCC is a collaborative group of local stakeholders aimed at improving the efficiency and effectiveness of the criminal justice system.

Why are CJCCs important?

- Enhance coordination among criminal justice agencies and improve outcomes.
- CJCCs play a critical role in improving the criminal justice system.
- National best practices focus on collaboration, data-driven decision-making, and accountability.
- Effective CJCCs lead to more equitable, efficient, and effective criminal justice processes.
- Encourage further collaboration, stakeholder engagement, and implementation of best practices.



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Benefits of a Well-Functioning CJCC

Improved System Efficiency:

- Streamlining processes, reducing redundancies.

Maximize Available Funding and Actively Pursue Additional Funding:

- Track and vet all funding opportunities.

Enhanced Public Safety:

- Addressing underlying causes of criminal behavior (e.g., substance abuse, mental health).

Greater Equity and Fairness:

- Ensuring that policies promote fairness and reduce disparities in the justice system.



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The Role and Structure of a CJCC

Key Functions:

- Facilitates collaboration among law enforcement, courts, prosecution, defense, corrections, and community agencies.
- Serves as the focal point for funding, regarding identifying, applying, etc.
- Identifies and addresses systemic problems and inefficiencies in the criminal justice system.
- Develops policies and strategies to improve justice system operations.

Core Objectives:

- Ensure fair and equitable treatment of individuals.
- Maintain awareness of all available funding and to track their outcomes.
- Promote public safety.
- Enhance community involvement in the justice process.

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CJCC Leadership

Chair:	**Commissioner Stacy Adams** (Commissioner, Brazoria County Precinct 3)
Co-Chairs:	**Commissioner David Linder** (Commissioner, Brazoria County Precinct 4) **Sheriff Bo Stallman** (Sheriff, Brazoria County Sheriff's Office)

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General CJCC Membership

As listed in the bylaws:
Two (2) **County Commissioners Court** Officials
Elected Sheriff, **Brazoria County Sheriff's Office**
Elected District Attorney, **DA Office**
Elected District Judge representing **Felony Courts**
Elected County Court-at-Law Judge representing **Misdemeanor Courts**
Chief Magistrate, **Magistration and Specialty Courts**
A Police Chief, representing **Local law enforcement agencies**
Chief Adult Probation Officer, **CSCD**
Chief Juvenile Probation Officer, **Juvenile Probation**
Elected County Clerk, **County Clerks Office**
Elected District Clerk, **District Clerk's Office**
A **Defense Bar** Attorney (accepts indigent cases)
CEO of **GCC, Mental Health/SUD**
CCBHC Crisis Services Manager, **Brazoria County Suicide Prevention and Mental Health Coalition**
Texas Department of Criminal Justice Parole Division
Community Health Care Provider, **CHN**
Business Community, **Pearland Chamber of Commerce**

MENTAL HEALTH

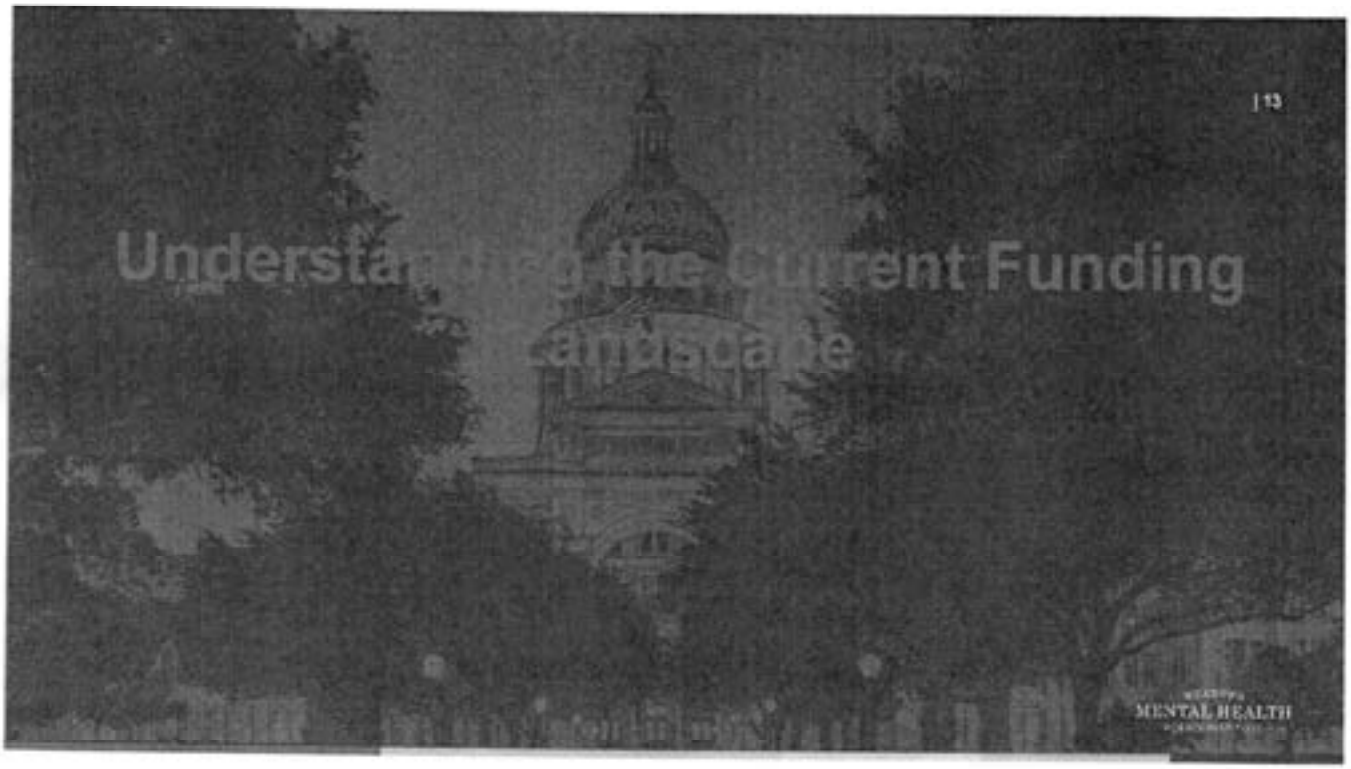
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Meeting Cadence

Monthly CJCC Meetings – with more frequent meetings as necessary to perform its responsibilities.

Location and agenda will be distributed at least three (3) business days prior.

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Current Funding Landscape

Importance of Funding Coordination:

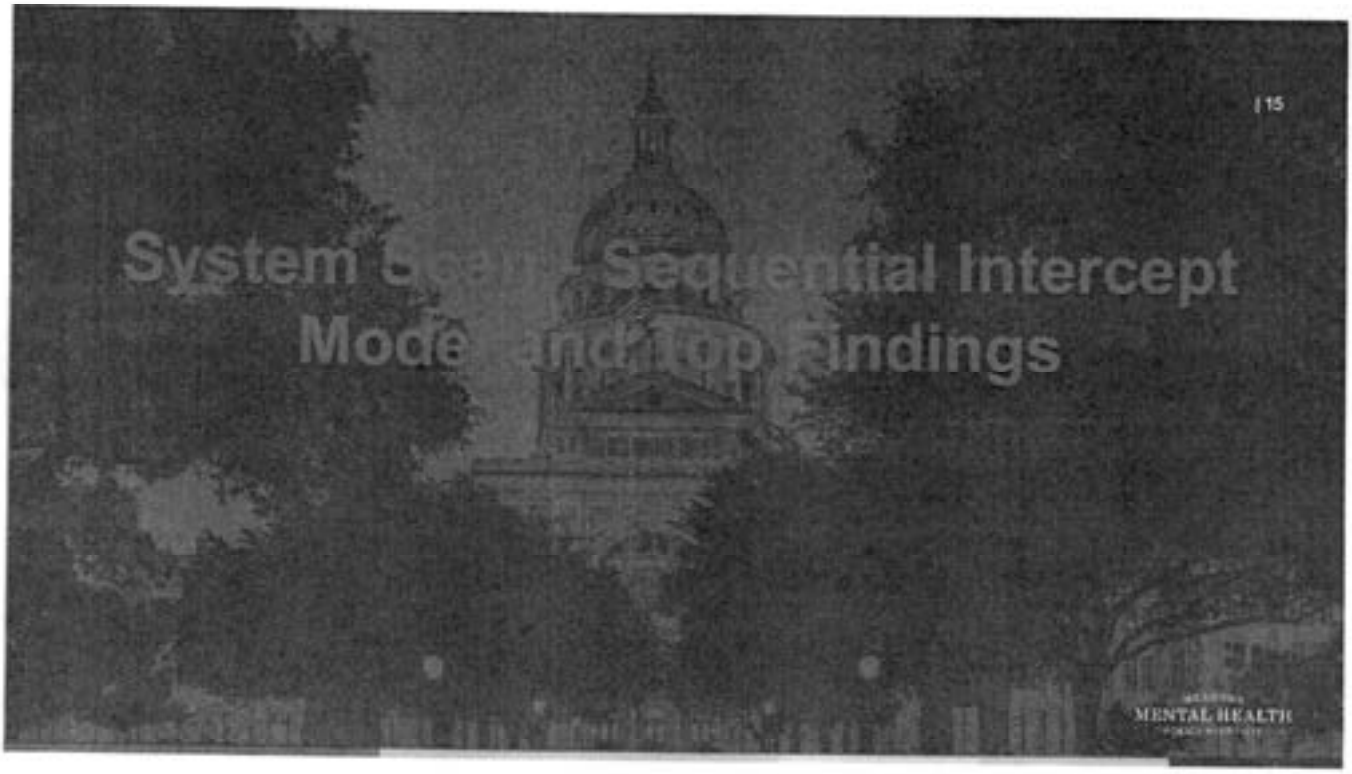
- Present a unified voice to legislators and funding agencies.
- Coordinate grant pursuits to minimize duplication and maximize resources.
- Track funding opportunities and outcomes to strengthen future funding applications.

GCC's Rider 64 Funding:

- $5 million allocated to expand crisis stabilization services and facilities and increase state-purchased psychiatric inpatient beds serving Brazoria and Galveston Counties.

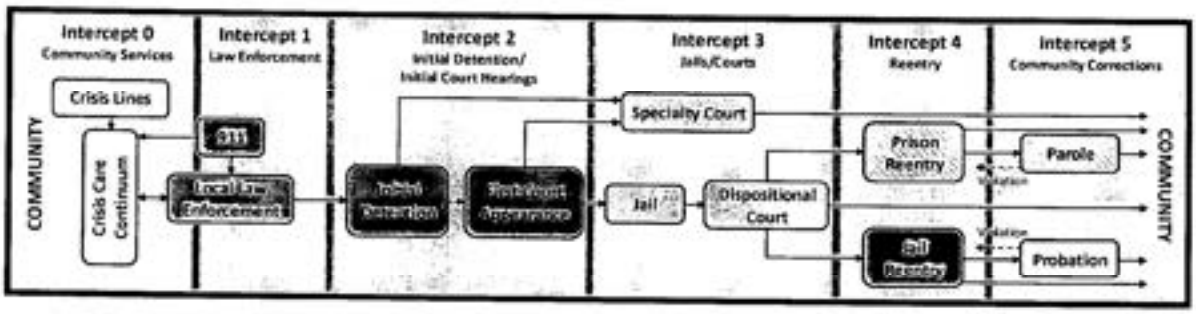
What Additional Funding Opportunities Are Being Pursued?

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Sequential Intercept Model



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Top Priority Considerations

Intercept 0 - Community Services:

- Brazoria County should continue efforts to plan, develop and implement a crisis facility with inpatient treatment capacity.

Intercept 1 – Law Enforcement:

- Expand partnerships like those at Alvin and Lake Jackson Police Department to embed behavioral health staff in police crisis response and follow up.

Intercept 2 – Initial Detention and Initial Court Hearings:

- A priority for the CJCC is to collect and report on key data metrics for the justice system, publish that data to stakeholders and use the data for planning system improvements. The dashboard under development at the Sheriff's office is a key first step.

Intercept 3 – Jails and Courts

- A priority for the CJCC is understanding the steps and timeframes for processing cases of persons in jail in the pretrial stage. The time required for cases to be filed, scheduling grand jury, obtaining evidence such as drug analysis and court capacity can all impact the time a person spends in jail awaiting case disposition.

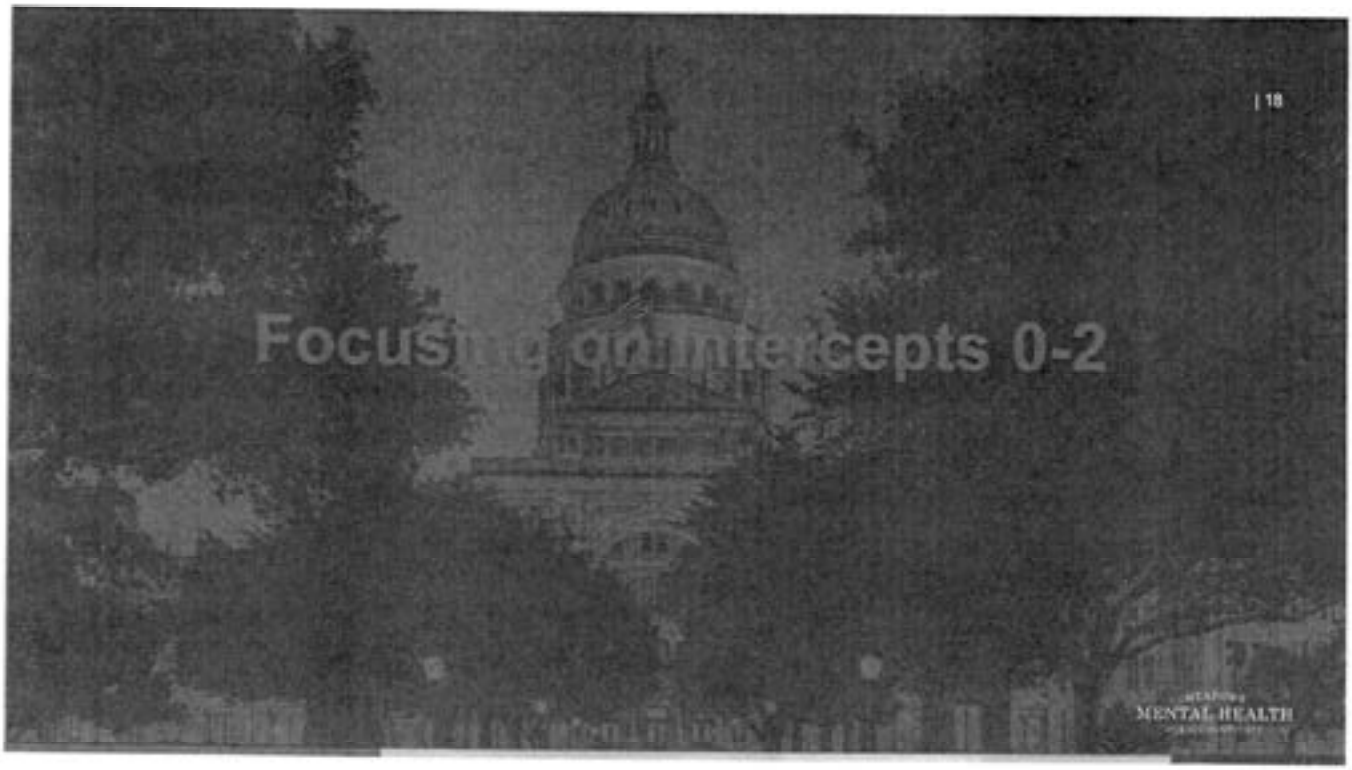
Intercept 4 - Reentry.

- Rapidly review current discharge planning to ensure continuity of care, especially for persons on medication. Ensuring a strong connection to community care is critical to successful reentry.

Intercept 5 – Community Corrections:

- A priority for the CJCC is to connect community stakeholders to expand affordable housing, broaden transportation, clarify program eligibility, and increase shelter access for justice-involved individuals.

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Top Priority Considerations

Intercept 0 - Community Services:

- Brazoria County should continue efforts to plan, develop and implement a crisis facility with inpatient treatment capacity.

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Top Priority Considerations

Intercept 1 – Law Enforcement:

- Expand partnerships like those at Alvin and Lake Jackson Police Department to embed behavioral health staff in police crisis response and follow up.

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Top Priority Considerations

Intercept 2 – Initial Detention and Initial Court Hearings:

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Looking Forward



Next Steps

- Next Meeting: August 2026
- Briefly Touchbase on Funding Landscape, and Tasks Related to Intercepts 0-2
- Discuss Tasks Related to Intercepts 3-5



Open Forum

- Questions

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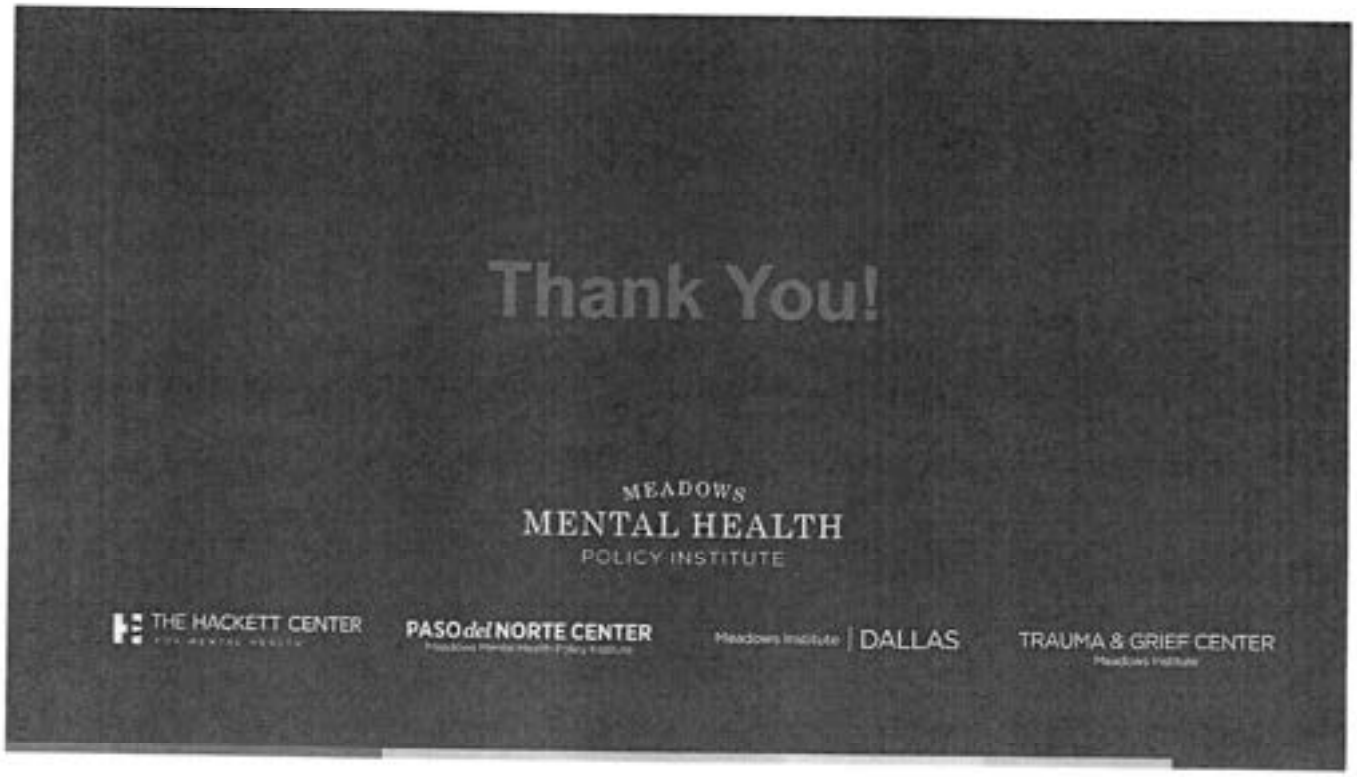
Project Contacts

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Vice President of Systems Integration

Darilynn Cardona-Beiler
Vice President for Adult Systems of Care

Karl Santos
Assistant Director of Adult Systems of Care

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Meadows Mental Health Policy Institute

Briefing Memo: Establishing a Criminal Justice Coordinating Council (CJCC) in Brazoria County

Project Background

In 2025, the Gulf Coast Center (GCC) received a one-time grant from the State of Texas to support system improvements within the local criminal justice system, including behavioral health services. As part of this effort, Felicia Jeffery, CEO of GCC, and Brazoria County Sheriff Bo Stallman designated part of the grant funding to contract with Meadows Mental Health Policy Institute (Meadows Institute) to develop a plan for establishing a Criminal Justice Coordinating Council (CJCC) in Brazoria County. This briefing memo summarizes the Meadows Institute's work to date and outlines proposed next steps for establishing a Brazoria County CJCC.

Criminal Justice Coordinating Councils (CJCCs)

A CJCC is a collaborative body of local stakeholders that works to improve the effectiveness, efficiency, and fairness of the criminal justice system. CJCCs help strengthen coordination across agencies, promote public safety, support fair treatment of individuals involved in the system, and increase community engagement in justice-related processes. They also provide a forum for identifying systemic challenges and inefficiencies, and for developing policies, programs, operational improvements, and funding strategies to address them.

National best practice for CJCCs focuses on collaboration, data-driven decision-making, and accountability. Effective CJCCs lead to more equitable, efficient, and effective criminal justice processes. CJCCs encourage further collaboration, stakeholder engagement, and implementation of best practices. Communities with well-functioning CJCCs benefit from improved system efficiency, improved public safety outcomes, and greater equity and fairness across systems.

The Meadows Institute's Texas CJCC Efforts

Grounding CJCCs in these best practices helps ensure that behavioral health integration is not just aspirational, but practical, achievable, and measurable.

To date, the Meadows Institute has helped establish, support, and manage CJCCs in several Texas communities – including Dallas, El Paso , Galveston, Harris, and Tarrant counties – and is engaged in similar work in Fort Bend and Galveston counties.

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Building Consensus for a Brazoria County CJCC

The Meadows Institute team facilitated strategic planning discussions with GCC, Sheriff Stallman, and Brazoria County Sheriff's Office leadership, and conducted key informant interviews with more than 30 stakeholders. Through this work, we found broad support for establishing a Brazoria County CJCC. We also found strong interest and community readiness for focused planning around next steps for a crisis facility in Brazoria County, as well as opportunities to use new state funding that will soon be available to strengthen local crisis services.

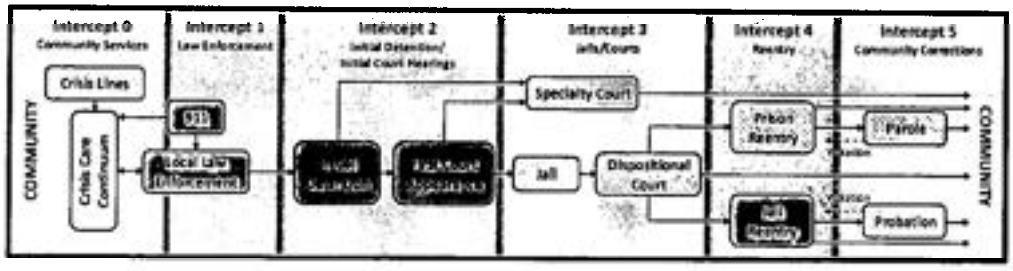
Next Steps to Establish a Brazoria County CJCC

The Meadows Institute recommends that the Brazoria County Commissioners Court formally authorize the creation of the Brazoria County CJCC by approving a charter document that outlines its leadership, membership, and initial operating procedures. The Meadows Institute team will coordinate with the District Attorney's Office to draft the charter for consideration and approval by the Court.

Brazoria County Justice System Scan

The Meadows Institute conducted a high-level scan of the Brazoria County criminal justice system using the Sequential Intercept Model (SIM), as a framework to examine six critical decision points, or "intercepts," where people with behavioral health needs interact with the justice system. The scan identifies system-level challenges, assesses the availability and capacity for evidence-based interventions.

Sequential Intercept Model (SIM)



The scan is intended to inform long-term planning, prioritize actionable reforms based on feasibility and impact, and guide the development of the CJCC. The Council will provide ongoing oversight, facilitate collaborative problem-solving, and help advance the implementation of evidence-based practices across the county's criminal justice system. By providing a clear

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picture of existing resources, service gaps, and opportunities for coordination, this scan serves as a foundational tool to strengthen the intersection of the criminal justice and behavioral health systems, advance system-level reforms, and improve outcomes for individuals and the broader Brazoria County community.

System Scan by SIM Intercept Point in Brazoria County: Priority Considerations

Intercept 0	- Brazoria County should continue efforts to plan, develop, and implement a crisis facility with inpatient treatment capacity. - The new Rider 64 funding allocated to GCC for expanded crisis services is an immediate opportunity to improve crisis services while the broader facility planning continues. - A first priority of the CJCC is to conduct a rapid analysis of MCOT and CCRT staffing to determine the added resources needed to meet service demand within reasonable response times.

Intercept 1	- A first priority for the CJCC is to acquire and evaluate data from local police departments on arrests and other activities to identify opportunities for diversion. - Standardize protocols across all PSAPs to improve coordination among 911, 988, and crisis line services, starting with the Brazoria County Sheriff's Office, which receives the largest volume of calls. - Expand partnerships like those at Alvin and Lake Jackson Police Department to embed behavioral health staff in police crisis response and follow up.

Intercept 2	- A priority for the CJCC is to collect and report key data metrics for the justice system, publish that data to stakeholders, and use the data for planning system improvements. The dashboard under development at the Sheriff's office is a key first step. - Compare current jail triage and initial court activities to the requirements of Texas CCP Art. 16.22 to ensure compliance with all processes. - Review current attorney appointment processes to confirm timeframes for appointments, access to attorneys with mental health experience, and timeliness of first contact with defendants. - Build upon the DA's pretrial program to establish a formal pretrial diversion program with clear eligibility, standardized referrals, and defined roles for justice partners.

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Intercept 3	- A priority for the CJCC is understanding the steps and timeframes for processing cases of persons in jail in the pretrial stage. Factors such as the time needed to file cases, schedule grand jury proceedings, obtain evidence such as drug analysis, and manage court capacity can all influence how long a person stays in jail before case disposition.
	- Review the need for behavioral health care in the jail compared to current staffing. It is critical to have real time, on demand access to crisis care when needed. Specifically, determine the cost to expand psychiatrist hours, case management, and night/weekend coverage.
	- A deeper review of the competency restoration process will find opportunities to reduce the number of people in jail awaiting competency restoration. A starting point is to understand the timeframes for ordering and completing competency evaluations.

Intercept 4	- Rapidly review current discharge planning to ensure continuity of care, especially for people on medication. Ensuring a strong connection to community care is critical to successful reentry.
	- A priority for the CJCC should be to coordinate stakeholders to ensure that people leaving jail have access to staffing, housing, transportation, and medication supports at discharge.

Intercept 5	- Examine the current capacity for specialized supervision caseloads (those funded by TCOOMMI) compared to need and determine if additional capacity is needed.
	- A priority for the CJCC is to bring community stakeholders together to expand affordable housing, improve transportation options, clarify program eligibility, and increase shelter access for justice involved individuals.

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Brazoria County Criminal Justice System Scan

REPORT

November 2025

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

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Executive Summary

In April 2025, the Meadows Mental Health Policy Institute (Meadows Institute) was engaged by Gulf Coast Center to support Brazoria County in establishing a Criminal Justice Coordinating Council (CJCC) as a foundation for conducting an evidence-based review of the local criminal justice system. This initiative aims to develop formal plans for system improvements, strengthen cross-agency collaboration, and guide sustainable reforms.

To support this effort, the Meadows Institute conducted a high-level scan of the Brazoria County criminal justice system using the Sequential Intercept Model (SIM), as a framework to examine six critical decision points, or "intercepts," where people with behavioral health needs interact with the justice system. The scan is designed to identify system-level challenges, assess the availability and capacity of community resources, and pinpoint gaps in services that hinder effective interventions.

Beyond serving as a one-time assessment, this scan is intended to inform long-term planning, prioritize actionable reforms based on feasibility and impact, and guide the development of the CJCC. The Council will provide ongoing oversight, facilitate collaborative problem-solving, and ensure the implementation of evidence-based practices across the county's criminal justice system. By providing a clear picture of existing resources, service gaps, and opportunities for coordination, this report serves as a foundational tool to strengthen the intersection of the criminal justice and behavioral health systems, advance system-level reforms, and improve outcomes for individuals and the broader community in Brazoria County.

Background and Context

Brazoria County Population Growth

Brazoria County sits along the Texas Gulf Coast and covers part of the Houston metropolitan area.[1] Initially established as a rural community, the county has experienced a rapid growth in its population, leading to a rise in suburban and urban development.[2] This expansion reflects similar population growth seen across Texas, as new residents are drawn to larger counties.[3]

Ongoing growth in Brazoria County has significant implications to its current systems. Expanding populations often increase the demand for health and public safety resources.[4] As

[1] Brazoria County Economic Development Alliance. (2025). *Demographics*. Retrieved from https://brazoriacountyeda.com/data/demographics
[2] Houston-Galveston Area Council. (2025). Brazoria County Profile. Retrieved from https://www.h-gac.com/getmedia/a3cdf958-e8bf-4a85-ae5a-6d094f01c211/7-Brazoria-County-Profile2.pdf
[3] World Population Review. (2025). Brazoria County, Texas Population 2025. Retrieved from https://worldpopulationreview.com/us-counties/texas/brazoria-county
[4] Riley, W. J. (2023). Population growth and public health: Challenges and strategies. Frontiers in Public Health, 11, 9837279. https://doi.org/10.3389/fpubh.2023.9837279

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parts of the county transition from rural to suburban and urban settings, coordination between justice, health, and social services are needed for the growing population. As the county shifts demographically and structurally, the need for integrated and coordinated systems becomes urgent. Population growth intensifies mental health needs, strains emergency response capacity, and increases demands on local law enforcement and courts. Without intentional planning, these pressures risk overwhelming existing systems. Coordination between justice, health, and social service providers is critical to managing this growth in a way that promotes community well-being, reduces strain on criminal justice resources, and ensures equitable access to care for residents across both rural and urbanized areas of Brazoria County.

Brazoria County Community Facility Planning

There is a coordinated planning effort underway in Brazoria County to address the lack of mental health services, especially inpatient and facility-based care. This effort has involved key community stakeholders, most of whom we have interviewed as part of this system scan. The Pearland Chamber of Commerce has facilitated much of the planning to date and commissioned a community needs assessment. Together with healthcare providers, local businesses, law enforcement, schools, and government agencies, the Chamber sought to fully understand the scope of the problem and identify actionable solutions. The Needs Assessment report was issues in September 2024 and provides valuable information about behavioral health needs in Brazoria County.[5] The key finding of the report was the need for an inpatient crisis care facility.

Community leaders have jointly advocated for state funding for an inpatient facility. The state legislature was not willing in the 2025 session to provide funding to plan and develop an inpatient facility in Brazoria County. However, Gulf Coast Center was allocated an additional $5 million for crisis services over the next biennium through Rider 64 to the appropriations legislation. Gulf Coast Center is the designated local mental health authority (LMHA) for Brazoria and Galveston County. This additional Rider 64 funding is allocated for services in both counties. This new funding provides an opportunity for the Brazoria County community to collectively develop and implement enhanced crisis services.

Formalizing Collaboration Among Brazoria County Justice and Behavioral Health System

The current work to establish a CJCC in Brazoria County has grown from the community planning for a local facility. Key leadership including Brazoria County Sheriff Bo Stallman and Gulf Coast Center CEO Felicia Jeffery recognized the importance of formalizing collaboration among local stakeholders. Gulf Coast Center was able to secure a state grant to support their

[5] Needs Assessment, September 2024, accessed 9/15/2025 from: /https://chambermaster.blob.core.windows.net/userfiles/UserFiles/chambers/1301/File/Pearland-Chamber-of-Commerce_FINAL-1.22.25.pdf

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engagement with the Meadows Institute for this work. The system scan was conducted in conjunction with engaging community leaders to learn about their interest and support in developing a CJCC.

Behavioral Health and Justice System Interface

Addressing behavioral health needs is essential to creating an effective and equitable Criminal Justice Coordinating Council (CJCC). People with mental health conditions, substance use disorders, and co-occurring diagnoses are overrepresented at every stage of the justice system, from initial law enforcement encounters to incarceration and reentry. Without targeted interventions people often cycle through jails, emergency rooms, and shelters without receiving the care they need. Integrating the behavioral health system into the CJCC structure ensures that diversion opportunities are maximized, treatment resources are effectively aligned, and community-based services are available to support long-term recovery. This scan outlines how behavioral health systems fit into the criminal justice landscape, highlights best practices for collaboration, and offers tools to assess what your community is doing well—and where further investment and coordination are needed.

People with mental health conditions, substance use disorders, and co-occurring diagnoses are overrepresented at every stage of the justice system.

Best Practices for CJCCs Integrating Behavioral Health

Best practices for integrating behavioral health into a Criminal Justice Coordinating Council center on cross-system collaboration, early identification, timely diversion, and continuity of care. A strong CJCC includes decision-makers and frontline experts from behavioral health systems, such as local mental health authorities, substance use treatment providers, crisis teams, and individuals with lived experience. These members help ensure that behavioral health strategies are prioritized across the full continuum of justice involvement[6]. Early screening and assessment are critical and should occur at multiple intercept points, including during law enforcement encounters, booking, court proceedings, and reentry. Communities should use validated screening tools and ensure that results are used to connect individuals with appropriate levels of care[7].

Diversion and deflection strategies, such as crisis intervention teams (CIT), multidisciplinary response teams (MDRTs), pre-arrest diversion programs, and mobile crisis outreach teams

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[6] Council of State Governments Justice Center (CSG). (2021). *Developing and Sustaining a Criminal Justice Coordinating Council (CJCC)*. https://csgjusticecenter.org/publications/

[7] SAMHSA. (2020). *Screening and Assessment of Co-Occurring Disorders in the Justice System*. https://store.samhsa.gov/product/TIP-42

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(MCOT), are most effective when paired with robust, community-based treatment approaches[9]. Within jails, individuals with behavioral health needs should have access to evidence-based care, including screening and assessments, medication management, medication-assisted treatment (MAT), and trauma-informed services[9]. Planning for reentry must begin well before release and include linkages to housing, outpatient care, peer supports, and benefit enrollment[10].

Ongoing communication and data sharing between justice and behavioral health systems are also essential. Councils should promote the use of shared data platforms and regular case conferencing to coordinate services and reduce repeat justice involvement[11]. By embedding these practices into CJCC planning and operations, communities can reduce justice system reliance, improve health outcomes, and strengthen public safety.

Methodology

To gain an understanding of system-level challenges, resource gaps, and opportunities for cross-agency collaboration in Brazoria County, we employed a multi-faceted approach to data collection and stakeholder engagement. This methodology was designed to capture diverse perspectives from criminal justice, behavioral health, and community partners, providing a well-rounded analysis of the factors influencing current practices across the Sequential Intercept Model. The findings will inform opportunities to align future efforts with the strategic priorities of the newly established Criminal Justice Coordinating Council and guide evidence-based system improvements. Our assessment included the following core activities:

- **Interviews with Brazoria County and Regional Leaders**: We convened representatives from county leadership, law enforcement, judges, district attorney, criminal defense bar, jail administration, community treatment providers, people with lived experience, and other jurisdiction-specific entities. Through facilitated discussions and targeted outreach, stakeholders provided firsthand accounts of system processes, operational challenges, gaps in service delivery, and recommendations for improved coordination. For a list of stakeholder engagements, see Appendix A.
- **Pearland Chamber of Commerce Needs Assessment**, September 2024: The Pearland Chamber of Commerce, recognizing the urgent need to address the behavioral health crisis in Pearland, partnered with key stakeholders across the community to commission a needs assessment. This assessment and discussions with Chamber leadership and their Healthcare Industry Committee provided important data and context for our work.

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[9] SAMHSA. (2019). *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. https://store.samhsa.gov/product/successful-transition-guide
[9] *Ibid.*
[10] SAMHSA. (2019). *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. Previously cited.
[11] Council of State Governments Justice Center (CSG). (2021).Previously cited.

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- **Coordination with Existing Community Efforts:** We visited with leadership of two community coalitions. The newly formed Youth Behavioral Health Coalition of Brazoria County. We reviewed the reports from an earlier SIM mapping session that led to the coalition's creation. We also visited with leadership of the Brazoria County Suicide Prevention and Mental Health Coalition.
- **Brazoria County Community Plan, 2021-2022:** We reviewed the community plan submitted to the Office of the Governor, Criminal Justice Division, that guides state grants.[12] This plan listed community priorities in the areas of juvenile justice, mental health, victim services, and law enforcement.
- **Research Literature, Reports, and Policy Review:** Our team reviewed secondary data sets, research articles, reports, and state policies.

Sequential Intercept Model Framework

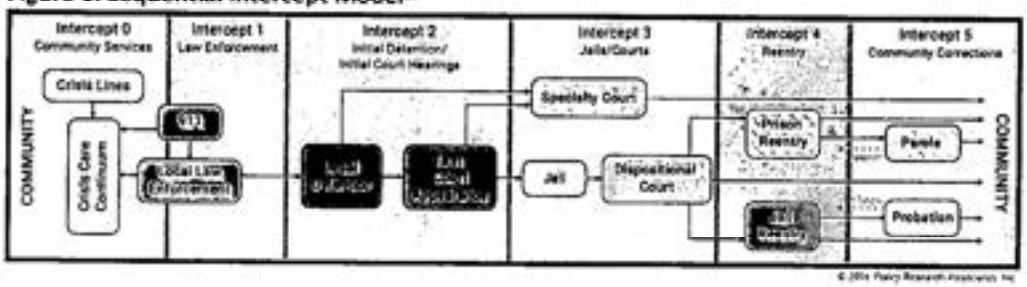
The Meadows Institute's foundation for this criminal justice mental health scan is grounded in the Sequential Intercept Model (SIM).[13] The SIM is a planning tool that organizes the criminal justice system into six phases, or intercepts, beginning with an individual's first contact with the crisis response system, which in the absence of adequate resources and triaging can lead to involvement in the criminal justice system. The SIM intercepts include (0) community services such as 911 and crisis lines, (1) arrest, (2) booking and preliminary arraignment, (3) time spent in the courts and jail, (4) community reentry, and (5) community corrections (services in the community to prevent re-offense). The SIM framework has been used in jurisdictions across the United States and is an excellent tool for organizing diversion planning across the many systems that may have contact with an individual at each of the various intercepts.

[12] Brazoria County Community Plan 2021-2022. Accessed 9/15/2025 from: https://www.brazoriacountytx.gov/government/commissioners-court/county-judge/community-plan

[13] The Sequential Intercept Model is described in a 2006 paper by Mark Munetz and Patricia Griffin. It has since become a basic planning tool used by communities across the United States. In recent years, the model has been updated to include an Intercept 0, Community Services, to reflect the use of crisis lines and the crisis care continuum, as shown in the model in this report. The 2006 paper can be found here: Munetz, M. R., & Griffin, P. A. (2006, April). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57*(4), 544–549. https://www.ncbi.nlm.nih.gov/pubmed/16603751

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Figure 1: Sequential Intercept Model[14]



This scan uses the SIM as a framework to evaluate system strengths and identify opportunities for improvement across intercepts at the intersection of the criminal justice and mental health systems. It examines community resources, identifies service gaps, and explores strategies to reduce unnecessary criminal justice involvement. For each intercept, the scan highlights three areas:

- **Strengths,** understanding current processes and system strengths and resources;
- **Challenges**, identifying gaps in services and outlining suggested approaches to address these issues; and
- **Priority Considerations**, detailing potential county actions based on urgency, feasibility, and impact.

Brazoria County Behavioral Health Services by Intercept

To highlight Brazoria County's strengths and gaps, Chart 1 below organizes behavioral health services across each SIM intercept. It provides an overview of available resources, identifies service gaps, and will be used to highlight opportunities to improve coordination between the criminal justice and mental health systems. Galveston County is also included as a point of reference, as it currently has an operational CJCC in its region, providing a model for potential system improvements, and is also served by Gulf Coast Center. Mapping services in this way helps identify areas to strengthen supports, streamline interventions, and reduce unnecessary criminal justice involvement.

[14] Policy Research Associates. (n.d.). *The Sequential Intercept Model advancing community-based solutions for justice-involved people with mental and substance use disorders.* https://www.usf.edu/cbcs/mhlp/tac/documents/mapping/sim-handout-new.pdf

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Chart 1: Behavioral Health Services in Brazoria County SIM

Behavioral Health Services in Brazoria County SIM				
Intercept 0: Community Services / Crisis Response				
Program or Service:	**Description:**	**Provider(s):**	**Access in the Region:**	
			Brazoria	**Galveston**
Mobile Crisis Teams (e.g., MCOT)	Respond to individuals in mental health crisis before law enforcement becomes involved.	Gulf Coast Center	✓	✓
Crisis Hotlines and 988	Provide immediate access to mental health professionals who can triage and de-escalate.	Gulf Coast Center	✓	✓
Crisis Respite	Provide short-term, supportive environments that reduce stress and prevent hospitalization, allowing individuals to safely stabilize in the community.	Gulf Coast Center (Gulf Coast Center contracts 10 Beds with The Wood Group)	✓	✓
Crisis Stabilization Units (CSUs)	Offer short-term, intensive psychiatric care as an alternative to jail or emergency departments.			
Diversion Centers	Assist people who have been identified with a behavioral health need in accessing services that allow them to be diverted from jail.			
Intercept 1: Law Enforcement / Emergency Services				
Program or Service:	**Description:**	**Provider(s):**	**Access in the Region:**	
			Brazoria	**Galveston**
Crisis Intervention Teams (CIT)	Specially trained officers recognize and de-escalate behavioral health crises and connect individuals to care rather than arrest.	Brazoria County Sheriff	✓	
Co-responder Models	Law enforcement partners with mental health clinicians on calls involving behavioral health.	Brazoria County Sheriff and Gulf Coast Center (CCRT)	✓	✓

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Behavioral Health Services in Brazoria County SIM				
Pre-arrest Diversion	Law enforcement partners with mental health clinicians on calls involving behavioral health.	COAST Team CCRT	✓	✓
Intercept 2: Initial Detention / Initial Court Hearings				
Program or Service:	**Description:**	**Provider(s):**	**Access in the Region: Brazoria**	**Galveston**
Behavioral Health Screening at Booking	Identify mental health or substance use needs upon jail entry using validated tools.	Jail based medical teams	✓	✓
Mental Health Magistrate Review	Judges and magistrates assess behavioral health status and consider diversion options or treatment referrals during initial hearings.			✓
Diversion Courts or Dockets	Mental health or drug courts may offer alternative paths to treatment for eligible individuals.	Brazoria County Specialty Courts: Mental Health and Drug Courts	✓	✓
Intercept 3: Jails / Courts				
Program or Service:	**Description:**	**Provider(s):**	**Access in the Region: Brazoria**	**Galveston**
In-Jail Treatment Services	Mental health therapy, medication management, psychiatric care, medication-assisted treatment (MAT), and SUD programs provided within the jail.	Gulf Coast Center Southern Health Partners Vital Core	✓	✓
Peer Support Programs	Individuals with lived experience offer outreach and engagement within the criminal justice system.	Gulf Coast Center		✓
Clinical Case Management	Helps coordinate services, treatment plans, and discharge planning.	Gulf Coast Center	✓	✓
Intercept 4: Reentry				

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Behavioral Health Services in Brazoria County SIM				
Program or Service:	Description:	Provider(s):	Access in the Region: Brazoria	Galveston
Reentry Planning Teams	Work with inmates pre-release to develop care plans and connect them to community providers.	Gulf Coast Center	✓	✓
Medication Management and Continuity	Work with prescribers to ensure medication continuity.	Gulf Coast Center	✓	✓
Peer Navigators	Support individuals during the transition from jail back into the community.	Gulf Coast Center		✓
Intercept 5: Community Supervision / Support				
Program or Service:	Description:	Provider(s):	Access in the Region: Brazoria	Galveston
Behavioral Health Court Orders	Mandated participation in treatment as part of probation/parole conditions.	Gulf Coast Center		✓
Outpatient Behavioral Health Services	Include therapy, medication management, peer support, and case management.	Gulf Coast Center Community Health Network	✓	
Assertive Community Treatment (ACT)	Wraparound community-based services for individuals with high-intensity needs/SMI.	Gulf Coast Center	✓	✓
Forensic Assertive Community Treatment (FACT)	Wraparound services for high-risk individuals under supervision.			

Intercept 0 – Community Services

Intercept 0 focuses on preventing individuals from entering the criminal justice system by providing robust, accessible community-based services. These include behavioral health and substance use disorder treatment, crisis response, and mental health education. Primary stakeholders at Intercept 0 include mental health and substance use providers, community health centers, nonprofit organizations, peer support workers, school systems, and local health departments.

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The ideal Intercept 0 in a community focuses on **prevention, early identification, and timely support to keep individuals from entering the criminal justice system**. In such a community, behavioral health services are widely accessible, community informed, and financially feasible, with options for mental health, substance use, and co-occurring disorders. Mobile crisis teams and 24/7 hotlines provide rapid response before law enforcement is involved, while schools, workplaces, and community programs are trained to recognize early signs of distress and connect individuals to care[15]. Strong collaboration across healthcare, social services, housing, and local government ensures coordinated support, and social determinants of health, such as housing, employment, and peer support, are addressed to stabilize individuals before crises escalate. Data-driven monitoring allows the community to continuously identify gaps, evaluate outcomes, and refine prevention strategies. While no community achieves all these elements perfectly, assessing the status of Brazoria County helps identify where to focus attention and make progress toward a more effective, proactive Intercept 0 system.

Current Strengths, Challenges, and Priority Considerations

Crisis Line Availability and Utilization

In Brazoria County, crisis response at Intercept 0 includes a mix of crisis lines, mobile outreach, and a limited law enforcement led co-response team. Crisis lines, including 988, provide immediate support for individuals experiencing mental health emergencies and serve as a low-barrier entry point into care. For this region, 988 calls are answered by the Harris Center in Houston, where staff are trained in de-escalation and intervention strategies. Recent awareness campaigns have increased recognition of the service among some community members. The Harris Center also operates Gulf Coast Center's crisis line, which is available 24/7 and is a key access point for persons needing services. We learned in stakeholder interviews that use of the crisis lines varies across communities in Brazoria County. Stakeholders also reported that while calls are answered timely, the lack of adequate crisis response resources and operational challenges such as staffing shortages, occasionally affect 24/7 availability, delaying response times for high-risk populations. **Increased community awareness efforts can increase community utilization of crisis lines. Improved coordination between the crisis line, law enforcement, and emergency services could enhance efficiency and ensure that call takers know in real time the available resources and anticipated response times so they can better support persons needing crisis services.**

Community Crisis Services Availability and Utilization

Community-based crisis services, led primarily by Gulf Coast Center, play a key role in stabilization and diversion. A mobile crisis outreach team (MCOT) responds through 911, 988,

[15] Substance Abuse and Mental Health Services Administration. (n.d.). Intercept 0: Community Services. U.S. Department of Health & Human Services. Retrieved September 15, 2025, from https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model/intercept-0

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and crisis line dispatch, as well as community referrals, conducting assessments in the field as well as in the Brazoria County Jail. Historically, the Brazoria County Sheriff's Office Mental Health Division and Gulf Coast Center MCOT operated separately, which contributed to over-utilization of emergency rooms and psychiatric inpatient services. To address this, Gulf Coast Center piloted a virtual clinician service for deputies, which showed positive outcomes for crisis response and jail diversion, though overall utilization remained low.

In July 2024, under the leadership of Sheriff Bo Stallman, the Brazoria County Crisis Co-Response Team (CCRT) was established, embedding Gulf Coast Center clinicians with Mental Health Deputies. The CCRT operates Monday to Friday from 8:00 am to 5:00 pm. The Sheriff now requires deputies to contact Gulf Coast Center virtual clinicians during non-CCRT hours. Deputies often go beyond enforcement roles, transporting individuals to appointments, delivering medications, and assisting people experiencing homelessness, reflecting strong law enforcement commitment to supporting individuals in crisis.

While both the Pearland and Alvin Police Departments reported strong and trusting relationships with the CCRT, gaps in co-response services remain across the system. The staffing level for both MCOT and CCRT do not allow for full 24/7 coverage across the county. Stakeholders report police often do not utilize Gulf Coast Center's MCOT, either in person or virtually, wait times for the CCRT can be long, and the model requires local police to first respond and then request CCRT assistance. As a result, there is still an over-reliance on emergency rooms for psychiatric crises.

Many Texas communities have crisis receiving and stabilization centers that can accept referrals from law enforcement or mobile crisis and are available for walk-in services. Brazoria County does not currently have a Crisis Stabilization Unit (CSU) or Diversion Center. This places additional strain on emergency departments which are often utilized for short-term, intensive behavioral health care. High call volumes strain existing co-response teams, and rural areas continue to face limited coverage from mobile crisis services. Families frequently report difficulty accessing inpatient mental health beds, underscoring ongoing systemwide shortages. Stakeholders emphasized the need for expanded geographic coverage, stronger community outreach, more bilingual support, and improved connections to follow-up care to reduce repeat encounters with the justice system. **A CSU or Diversion Center could reduce the burden in emergency departments and improve wait times for proper care for individuals experiencing a crisis.**

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Priority Considerations



- Brazoria County should continue efforts to plan, develop and implement a crisis facility with inpatient treatment capacity.
- The new Rider 64 funding allocated to Gulf Coast Center for expanded crisis services is an immediate opportunity to improve crisis services while the broader facility planning continues.
- An initial priority of the CJCC should be a rapid analysis of MCOT and CCRT staffing to determine how many additional resources are needed to meet the demand for services within reasonable time frames.

Intercept 1 – Law Enforcement

Intercept 1 begins when a person experiencing a behavioral crisis encounters law enforcement or emergency services. The law enforcement interaction typically begins with a 911 call and response. Key metrics are data on 911 behavioral health-related calls, officer training, and the availability of diversion programs. Crisis intervention team (CIT) training equips officers with de-escalation skills and awareness of behavioral health conditions[16]. Key stakeholders include law enforcement agencies, 911 dispatch centers, EMS, and mental health crisis response teams.

At Intercept 1, the ideal community response ensures that **law enforcement officers are equipped with the training, tools, and partnerships necessary to divert individuals with behavioral health needs away from arrest and toward treatment whenever possible**[17]. Officers receive crisis intervention team (CIT) training and ongoing education in de-escalation strategies, trauma-informed practices, and behavioral health awareness so they can respond with empathy and skill during encounters. A dedicated crisis response infrastructure supports them in the field, including 24/7 co-responder models, mobile crisis units, and direct access to mental health professionals through dispatch. These resources give officers real-time alternatives to arrest and the ability to connect individuals quickly with care. Strong partnerships with behavioral health providers, hospitals, and community organizations create pathways for immediate referrals and safe drop-offs to crisis stabilization facilities instead of jail. Policies and protocols reinforce diversion as the default response, supported by data-sharing agreements that ensure continuity of care across systems. In this model, law enforcement functions as a bridge to treatment rather than a gateway to incarceration, reducing justice system involvement and fostering healthier outcomes for individuals and the community.

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[16] Compton, M. T., Bahora, M., Watson, A. C., & Oliva, J. R. (2008). A comprehensive review of extant research on Crisis Intervention Team (CIT) programs. The Journal of the American Academy of Psychiatry and the Law, 36(1), 47–55.

[17] Substance Abuse and Mental Health Services Administration. (n.d.). Intercept 1: Law Enforcement/Emergency Services. U.S. Department of Health & Human Services. Retrieved September 15, 2025, from https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model/intercept-1

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Current Strengths, Challenges, and Priority Considerations

Law Enforcement Agencies in Brazoria County

Public safety in Brazoria County is supported by multiple agencies. There are 24 incorporated cities within Brazoria County, with 20 having their own police department or city marshal office. The Brazoria County Sheriff's Office also covers 16 unincorporated communities. There are three colleges and eight school districts within Brazoria County; and all except Pearland ISD have their own police department.

Our review found limitations in what data local police departments make available to the public. Angleton Police Department publishes monthly crime trends and activity reports on their website.[18] No other departments publish activity data and require formal public information requests to access the limited data that is available. **Expanding transparency on data may reduce administrative burden, strengthen public trust, and be used as a basis to guide community policies and strategies.**

911 Response System in Brazoria County

We learned from our stakeholder interviews that there are eight primary public safety access points (PSAP) that operate independently but share common responsibilities for answering and routing 911 calls. The Brazoria County Sheriff's Office is the largest of the PSAP's, answering 55,019 calls in 2024.[19] A current priority for PSAP's across the state is developing protocols for transferring calls from 911 to 988 when appropriate. While PSAP systems have the technical ability to support transfers, there are policy and logistic issues to resolve. A key challenge is accurately transferring geo-coding location information from 911 to 988. Crisis call data is inconsistently coded within 911 systems, making it difficult to track the true volume of mental health calls. The Brazoria County Sheriff's office does have codes for mental health calls and mental health transports, that are tracked and reported in their system. **Developing standardized protocols across all PSAPs may strengthen coordination between 911 and 988 services.**

Crisis Response and Diversion Opportunities

We interviewed stakeholders from Alvin and Pearland police departments to learn more about crisis response and diversion opportunities. Both cities have experienced officers who serve as a resource to other officers in accessing behavioral health services and were knowledgeable about their department's activities for persons with behavioral health needs.

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[18] City of Angleton. *Monthly Reports – Angleton Police Department*. Angleton, TX. Retrieved from https://angleton.tx.us/365/Monthly-Reports

[19] Greater Houston Area Council. Stakeholder interview. 8 September 2025.

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Both departments report strong collaboration with Gulf Coast Center. Support from Gulf Coast Center includes telehealth access to support field triage decisions and connections to ongoing care. Pearland has recently partnered with Community Health Network (CHN), to share the cost of a CHN case manager embedded with Pearland Police. This case manager connects with people after a crisis intervention to facilitate connection to ongoing community care. Lake Jackson is also starting a similar collaboration with CHN.

Despite these strengths, challenges remain. Similar to Intercept 0, key informants at this stage identified a primary need for a facility where someone, who is appropriate for diversion from arrest, can receive treatment – rather than being sent to an emergency room. Additionally, timely access to care remains a challenge. While Officers are quick to dispatch and attend to a crisis, stakeholders report a lack in resources regarding diversion. **Strengthening the continuum of care through practices such as standardizing warm handoffs between law enforcement and providers, fostering partnerships with outpatient service providers, such as Gulf Coast Center and Community Health Network, and increasing use of telehealth services for direct consultation**, may help close the gap in care for individuals eligible for diversion.

Priority Considerations



- An initial priority for the CJCC is to acquire and evaluate data from local police departments on arrests and other activities to identify opportunities for diversion.
- Standardize protocols across all PSAPs to strengthen coordination between 911, 988 and crisis line services. The Brazoria County Sheriff's Office handles the largest volume of calls and can serve as the starting point.
- Expand partnerships like those at Alvin and Lake Jackson Police Department to embed behavioral health staff in police crisis response and follow up.

Intercept 2 – Initial Detention and Pretrial Court Hearings

Intercept 2 involves the period immediately following arrest, including jail intake, the initial hearing/magistration, and pretrial court proceedings. This stage presents a critical opportunity to identify behavioral health needs through mental health and substance use screenings[20]. Key metrics include booking trends, charges and early dispositions, bond determinations, and jail

[20] Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. Psychiatric Services, 60(6), 761–765.

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screening outcomes. Key stakeholders are judges, magistrates, prosecutors, defense attorneys, pretrial service agencies, and jail administrators[21].

At Intercept 2, the ideal community response ensures that **people with behavioral health needs who enter initial detention and court hearings are quickly identified, diverted when appropriate, and connected to services that address the root causes of their justice system involvement**[22]. Universal screening for mental health and substance use occurs at the earliest point of detention, with results shared across systems to reduce duplication and ensure continuity of care. Prosecutors, defense attorneys, and judges have access to accurate behavioral health information and work collaboratively to consider diversion, treatment alternatives, or release with conditions that promote recovery and stability. Pretrial services play a central role by linking individuals to treatment, housing, and peer support, while also monitoring court compliance and reducing the need for unnecessary incarceration. Specialty dockets, such as mental health courts or drug courts, are available to provide structured, treatment-focused alternatives to traditional prosecution.

Texas law in the Code of Criminal Procedures Art. 16.22 prescribes the procedures for early identification of persons with mental illness or intellectual disability in the criminal justice system. The Texas Judicial Commission on Mental Health published in 2023 the Texas Art. CCP 16.22 Guide, which explains the process in detail.[23] The law requires magistrates to order a formal CCP 16.22 assessment when there is a suspicion of mental health or intellectual disability. The law requires specific information be collected and shared with others in the system. The goal of the process is to identify persons who need care, connect those persons to appropriate care outside of the jail, and to release the person on a personal bond with conditions to continue to follow the treatment plans developed by community providers.

Brazoria County Jail

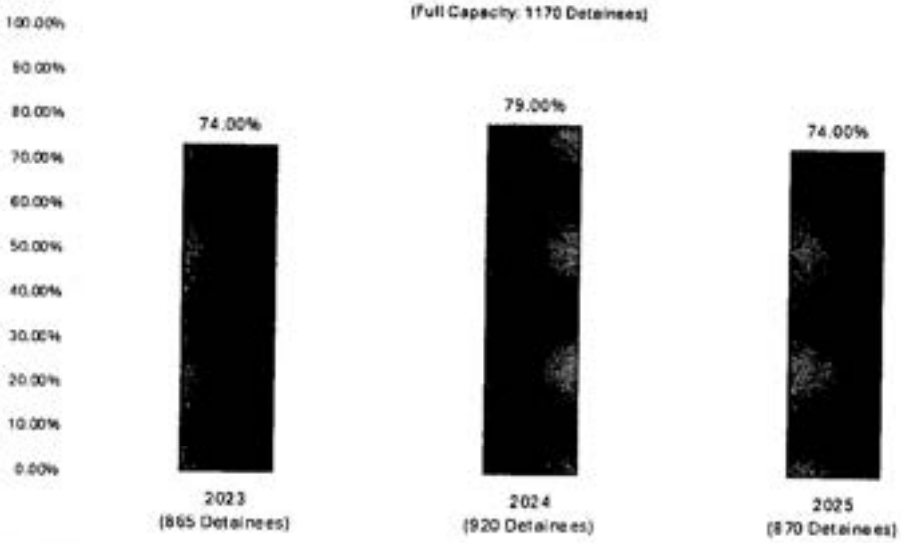
The Brazoria County Jail has a total capacity of 1,170. Monthly population reports submitted to the Texas Commission on Jail Standards from September 1, 2022, to May 1, 2025, indicated an average population of 894, with a range of 818 to 943. The population has averaged between 75% and 80% during this time. Figure 2 showcases the average jail capacity of Brazoria County Jail from 2023 through early 2025.

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[21] Council of State Governments Justice Center. (2017). Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems.
[22] Substance Abuse and Mental Health Services Administration. (n.d.). Intercept 2: Initial Detention / Initial Court Hearings. U.S. Department of Health & Human Services. Retrieved September 15, 2025, from https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model/intercept-2
[23] https://www.texasjcmh.gov/media/qdbpalif/16-22-guide-october-2023.pdf

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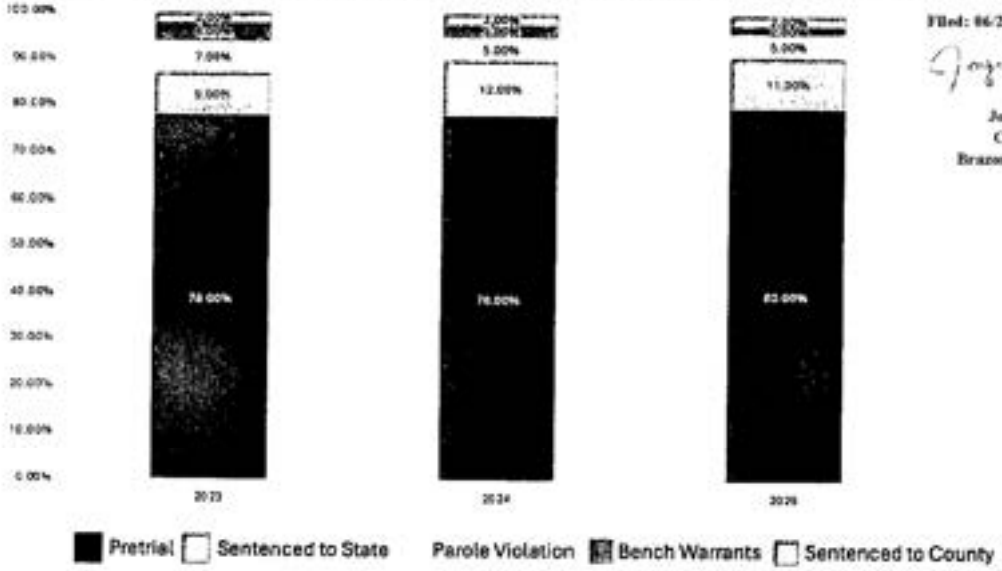
Figure 2: Average Jail Capacity of Brazoria County Jail from 2023 – 2025*



*Note: 2025 ranges from January 2025 – May 2025.

Figure 3 below shows the reasons why people are held in jail. The majority of people, 80%, are held pending disposition of their charge(s) and are collectively considered in jail "pretrial". There are multiple stages within the pretrial group: awaiting formal case filing, pending grand jury scheduling for felony cases, and final case disposition through a plea agreement or trial. The second largest reason is persons who have been sentenced to a TDCJ facility and are pending transfer. TDCJ is required to pick up persons committed to their custody within 45 days of receiving a completed intake packet of required documentation and health care information. In Brazoria County, an average of 95 people are awaiting transfer to TDCJ, 10.6% of the total population.

Figure 3: Average Jail Composition Percentage in Brazoria County Jail from 2023 – 2025*



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*Note: 2025 ranges from January 2025 – May 2025.

Brazoria County Justice System Data

Our system scan found very limited data available on justice system activities that is available to the public, shared with other stakeholders and available to leadership and key stakeholders to inform planning and decision making. We learned in stakeholder interviews that staff in the Sheriff's office are developing a dashboard of key metrics related to the jail. Accurate and timely data on system activities is the foundation of any effort to improve system outcomes.

Current Strengths, Challenges, and Priority Considerations

Jail Admission Process

At the time of booking, people entering the Brazoria County jail are screened for both physical and behavioral health concerns through a layered process that begins with deputies and medical staff and extends to Gulf Coast Center clinicians when concerns are flagged. Jail staff administer the Screening Form for Suicide and Medical/Mental/Developmental Impairments (see Appendix C), a state-mandated tool with 16 questions about mental health history, current symptoms, and suicide risk at intake. Jail staff also check the state Continuity of Care Query system to determine if the person has a prior history of receiving state-funded behavioral health services. These mandated screenings are supplemented by a medical intake screening conducted by a nurse or EMT, which includes questions about medications, prior diagnoses, and immediate safety concerns. These screenings occur at intake and must occur within 24–48

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hours of booking, though deputies often complete the suicide risk portion immediately at intake.

When people are screened as having behavioral health needs or a prior history of services, a series of next steps are initiated based upon the situation. Urgent cases, such as active suicidal ideation, result in immediate safety precautions and, in some cases, transfer to a local hospital emergency department for evaluation. More commonly, individuals flagged for mental health or substance use needs are referred to Gulf Coast Center staff, who use the Collection of Information Form for Mental Illness and IDD (see Appendix B) to conduct further assessments. Embedded Gulf Coast Center staff report they see on average about 10 new intakes a day. Magistrates can also order evaluations directly, which ensures Gulf Coast Center involvement and ongoing tracking. In addition, families or the individuals themselves may request a mental health screening, creating another pathway to services. Coordination is also built into the system for those with intellectual or developmental disabilities, as Gulf Coast Center's Intellectual and Developmental Disability (IDD) team alerts jail staff when one of their clients enters custody.

The results of these screenings are used both to ensure immediate safety and to create opportunities for diversion. People who screen positive for mental health needs are not only connected to Gulf Coast Center clinicians but can also be referred into the misdemeanor mental health docket, where cases may be addressed through treatment alternatives rather than incarceration. In addition, attorneys and judges may use assessment results to recommend or mandate further evaluations, ensuring that mental health and substance use needs are considered early in the case.

Stakeholders emphasized that this system has strengths, especially the strong working relationships between Gulf Coast Center, the courts, and jail staff, which allow for flexibility and a willingness to divert people into care when possible. At the same time, there are areas where consistency could be improved. Not all staff were confident that every person receives the full set of screening questions, and gaps remain in how information is shared across systems like Odyssey, Computer-Aided Dispatch (CAD), and Jail Match.

Taken together, the jail's screening and assessment process represents both a safety net and a potential gateway to treatment and diversion. **With sustained resources, stronger data integration, and a commitment to universal screening, these processes could be leveraged even more effectively to connect individuals to care and prevent people in crisis from cycling unnecessarily through Brazoria County emergency rooms and jail cells.**

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Initial Magistration and Attorney Appointments

Brazoria County worked with the Legislature many years ago for the authority to have a criminal law magistrate judge who presides over the initial hearings. This allows a standardization of the magistration process and ensures regular and timely access to the magistration hearing for people detained in jail. In addition, and unless there is already a retained defense attorney, the initial hearing is held without a prosecutor or defense attorney. With no public defender office in the county, and unless a person has retained private counsel, one of the primary responsibilities of the magistrate at the initial hearing is to inform the person about requesting the appointment of counsel and determining indigency for the purpose of appointing counsel.

In accordance with the Fifth Amended Standards and Procedures Related to Appointment of Counsel for Indigent Defendants in Brazoria County, Texas, which is promulgated by the Criminal Courts Committee[24], criminal defense attorneys willing to serve as appointed counsel are maintained on a master list and appointed through a system of rotation. Overseeing the master appointments list is the Indigent Defense Coordinator, who also assists the magistrate in coordinating hearings on weekends and holidays. We learned in our stakeholder interviews that there are three attorneys on the appointment list that are considered to have experience in mental health cases. When a defendant is properly identified as indigent and having mental health needs, one of these three attorneys is appointed.

Pretrial Diversion

Brazoria County Brazoria County Pretrial Diversion Supervision Unit, which is part of the Community Supervision and Corrections Department (CSCD) operates a limited pre-trial release program that supervises individuals release on a personal bond (without posting a cash bail or bail bond). CSCD leadership reported a census of 111 in our stakeholder interview.

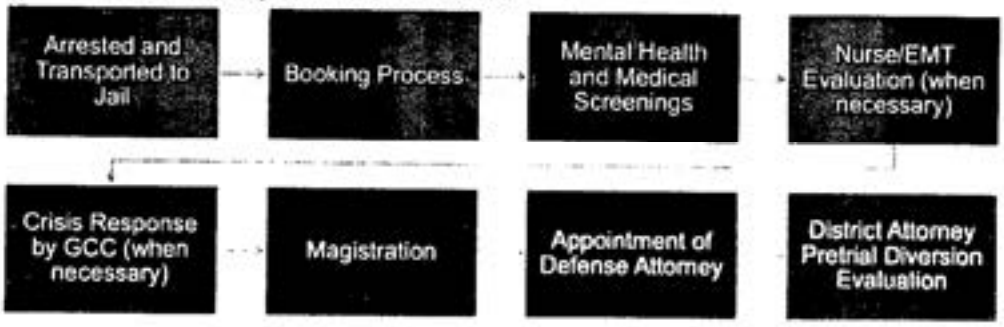
The District Attorney has implemented a pretrial diversion program that seeks to address the needs of individuals with mental illness and substance use disorders. A defining feature of the program is the appointment of defense counsel, which allows for a collaborative effort to reach outcomes that avoid incarceration. Once participants enter the program and agree to diversion conditions, CSCD monitors them for compliance. Upon successful completion of all requirements, pending charges are dismissed, and the individual becomes eligible to pursue expungement of their criminal record. However, the program remains largely informal in its structure and processes.

[24] The Criminal Courts Committee is comprised of judges of the 14th, 23th, 30th, 412th, and 461st District Courts, as well as judges of the County Court at Law numbers 1, 2, 3, and 4. The Local Administrative District Judge serves as the presiding officer.

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Opportunities exist to **formalize the pretrial diversion program by creating clear eligibility criteria, standardized referral and enrollment processes, and written policies that define the roles and responsibilities of the DA's office, defense counsel, and CSCD**. Formalizing these elements would promote consistency, transparency, and fairness, while also making it easier to evaluate program outcomes and secure sustainable resources. Establishing regular case review meetings with stakeholders could further strengthen collaboration and ensure individuals with mental illness and substance use disorders are consistently diverted from incarceration toward treatment and support.

Figure 4: Brazoria County Jail Admission Process



Priority Considerations

Intercept 2

- A first priority for the CJCC is to collect and report on key data metrics for the justice system, publish that data to stakeholders and use the data for planning system improvements. The dashboard under development at the Sheriff's office is a key first step.
- Compare current jail triage and initial court activities to the requirement of Texas CCP Art. 16.22 to ensure compliance with all processes.
- Review current attorney appointment processes to confirm timeframes for appointments, access to attorneys with mental health experience, and timeliness of initial contact with defendants.
- Build upon the DA's pretrial program to establish a formal pretrial diversion program with clear eligibility, standardized referrals, and defined roles for justice partners.

Intercept 3 – Jails and Courts

Intercept 3 addresses people with sustained involvement in the justice system, particularly those held in jail or appearing at court hearings subsequent to the initial hearing (magistration). This includes defendants awaiting trial, involved in specialty courts (e.g., mental health or drug

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courts), or serving local sentences. Critical areas for review include jail census trends, length of stay, treatment access (including MAT and competency restoration), and specialty court outcomes[25]. Key stakeholders include judges, jail mental health staff, court coordinators, prosecutors, public defenders, and correctional staff[26].

At Intercept 3, the ideal community response ensures that **people detained in jail, awaiting trial, participating in specialty courts, or serving local sentences have consistent access to timely, appropriate, and recovery-oriented care**[27]. Universal behavioral health screening occurs at booking, with results guiding individualized treatment and diversion opportunities whenever possible. Jails are equipped to provide evidence-based services, including mental health counseling, medication-assisted treatment (MAT), crisis stabilization, and competency restoration, delivered in settings that are trauma-informed and culturally responsive. Specialty courts, such as mental health, drug, or veterans' courts, operate as collaborative, treatment-centered alternatives, with judges, prosecutors, defenders, and coordinators working together to support recovery and reduce recidivism. Jail staff and behavioral health providers maintain close coordination to ensure continuity of care, while reentry planning begins at admission, focusing on connections to housing, treatment, and peer support upon release. Regular monitoring of jail census data, length of stay, and court outcomes guides system improvements and ensures accountability.

Current Strengths, Challenges, and Priority Considerations

Court Activities after Magistration

The Brazoria County District Courts and County Courts at Law are each assigned two prosecutors, with an additional three staffing the specialty courts. With staffing challenges and resource limitations, technology has been used to bridge the gap and speed the filing and flow of cases. Using the Axon Evidence system, law enforcement, prosecutors, and defense attorneys have quick and ready access to the evidence in each filed case. Law enforcement has a convenient and timely opportunity to assemble the case evidence, which can be reviewed in a more expeditious manner by prosecutors and, in theory, may result in less time to present a case to a Grand Jury for a felony indictment. Ultimately, a case is filed in a district or county court after magistration. Hearings in those courts are held in-person, with virtual appearances for defendants and attorneys limited to those with medical concerns.

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[25] National Association of Counties. (2015). Stepping Up: Reducing the Number of People with Mental Illnesses in Jail.

[26] Treatment Advocacy Center. (2016). The Treatment of Persons with Mental Illness in Prisons and Jails.

[27] Substance Abuse and Mental Health Services Administration. (n.d.). Intercept 3: Jails/Courts. U.S. Department of Health & Human Services. Retrieved September 15, 2025, from https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model/intercept-3

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Specialty Courts

Brazoria County has invested in Mental Health, Drug treatment, Veterans, and Domestic Violence specialty courts. The Mental Health Court involves a structured and phased program that includes intensive engagement with treatment services over the course of up to eighteen months. Out of approximately 29,000 active criminal cases, the mental health court has a docket of approximately 30 cases, and the drug court has a docket of approximately 125 cases. The grant that funds the Mental Health Court would sustain approximately 40 cases.

Jail Based Behavioral Healthcare Services

Behavioral healthcare services in the Brazoria County Jail are delivered through a partnership between Gulf Coast Center and Southern Health Partners. Upon booking, people have access to both medical and behavioral health services, though access often depends on staffing levels, appointment availability, and the urgency of need. Gulf Coast Center staff are embedded in the jail and provide assessments, case management, and ongoing behavioral health services. They are onsite Monday through Friday from 8 a.m. to 5 p.m., with additional coverage by three staff during nights and weekends. Services are voluntary, and people must agree to be seen. Typically, about ten people are seen each day for behavioral health care, with many new cases identified daily. Staff complete assessments using a "Collection of Information" form, which documents prior diagnoses, current symptoms, and identifies next steps such as referral to a psychiatrist. Reports from these assessments are shared with the courts, allowing treatment needs to be considered in probation, docket assignments, and jail release planning.

Psychiatric services are contracted through Southern Health Partners, which provides 12 hours of psychiatry time per week across the jail's population of more than 900. People experiencing psychosis are prioritized and typically seen within a week, while those with verified medications or recent treatment records can be restarted on medication quickly. However, for others, the wait time for a psychiatric appointment may stretch six to eight weeks, creating challenges for continuity and stabilization. Medication-assisted treatment (MAT) is only continued if a person was already enrolled prior to booking; new initiations are not offered. Individuals requiring detox services are transferred to an external facility for treatment. All behavioral health medications are dispensed by jail staff, and while blister packs and refills are supported through Gulf Coast Center, confusion sometimes arises over whether prescriptions originate from county or Gulf Coast Center providers. Continuity of medication post-release differs depending on where individuals are referred for follow-up care. Those connected with GCC receive medications the same day and a next-day appointment, while those referred to CHN receive their medications at their scheduled appointment.

The sick call process applies to both physical and behavioral health. Individuals may request to be seen by medical or Gulf Coast Center staff, though wait times and staffing shortages limit

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how quickly these requests are fulfilled. Chaplain services are also available for grief and faith-based support. Gulf Coast Center staff maintain contact with families, support medication access, and provide warm hand-offs upon release, including same- or next-day appointments when possible.

Competency restoration is a critical responsibility within the jail's behavioral health services. Gulf Coast Center Forensic Services Program Manager oversees competency cases, the 16.22 process (screening and magistrate referral), and coordination with the mental health courts. Staff are expected to flag individuals who may not be competent to stand trial; however, there are delays in obtaining timely forensic evaluations due to limited availability of trained physicians. Evaluations are currently handled by the University of Texas Medical Branch (UTMB), but with only one physician available, a significant backlog has developed, creating frustration for courts, defense, and people awaiting resolution. Gulf Coast Center facilitated participation in the Texas Health and Human Services Commission learning collaborative "Reduce the Waitlist" that included a toolkit for improving competency restoration services.

When people experience a behavioral health crisis in custody, immediate responses include safety precautions, referral to Gulf Coast Center staff, or transfer to a local behavioral health hospital and to a local emergency room for medical emergencies. Gulf Coast Center has a contract with Sun Behavioral Hospital for direct inpatient admissions. This approach ensures stabilization but also strains hospital resources and delays jail processing. Staffing limitations and physician shortages further compound these challenges, leaving the system stretched to manage both routine needs and crises.

Despite these barriers, the jail-based behavioral health system has notable strengths. Gulf Coast Center staff are well-integrated with the courts, able to access prior treatment records, and provide consistent case management to bridge jail and community care. Priority protocols for urgent psychiatric needs allow the most vulnerable people to be seen quickly. However, stakeholders identified pressing needs: **additional psychiatrist time beyond the current 12 hours per week, more case management and night/weekend coverage, additional office space, and stronger discharge planning resources**. Addressing these gaps would not only improve in-jail treatment but also strengthen community reintegration by reducing recidivism and preventing cycles of untreated behavioral health crises.

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Priority Considerations

Intercept 3

- A first priority for the CJCC is understanding the steps and timeframes for processing cases of persons in jail in the pretrial stage. The time required for cases to be filed, scheduling grand jury, obtaining evidence such as drug analysis and court capacity can all impact the time a person spends in jail awaiting case disposition.
- Review the need for behavioral health care in the jail compared to current staffing. It is critical to have real time, on demand access to crisis care when needed. Specifically, determine the cost to expand psychiatrist hours, case management, and night/weekend coverage.
- A deeper review of the competency restoration process will identify opportunities to reduce the number of persons in jail awaiting competency restoration. A starting point is to understand the timeframes for ordering and completing competency evaluations.

Intercept 4 – Reentry

Intercept 4 emphasizes coordinated reentry planning for people being released from jail or prison. This stage is crucial for ensuring continuity of care, stable housing, and access to treatment and support services[28]. Reentry efforts should begin before release and address health coverage (e.g., Medicaid enrollment), housing, employment, and linkage to behavioral health providers. Effective reentry requires collaboration among jail discharge planners, community providers, peer support specialists, workforce agencies, and housing providers. At Intercept 4, the ideal community response ensures that **people exiting jail are connected to behavioral health services that support recovery and stability during reentry**[29]. Planning begins before release, with behavioral health assessments used to guide individualized care plans. A core priority is ensuring continuity of treatment: health coverage is activated or reinstated, medications are continued without interruption, and appointments with community-based providers are scheduled prior to release. Strong partnerships with behavioral health agencies, peer support specialists, and care coordinators create warm handoffs, reducing the risk of treatment gaps that can lead to relapse or recidivism. Housing and employment are addressed as part of recovery support, but connections to therapy, substance use treatment, crisis response, and peer support remain central. Collaboration among jail discharge planners, probation officers, behavioral health providers, workforce agencies, and

[28] Urban Institute. (2017). A New Role for Technology in Reentry: A Toolkit for Nonprofits.

[29] Substance Abuse and Mental Health Services Administration. (n.d.). Intercept 4: ReEntry. U.S. Department of Health & Human Services. Retrieved September 15, 2025, from https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model/intercept-4

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housing organizations ensures that behavioral health care is the anchor around which other supports are built.

Current Strengths, Challenges, and Priority Considerations

Reentry Services

At the time of release from the Brazoria County Jail, Gulf Coast Center staff embedded in the jail are responsible for coordinating connections to community-based services. These staff serve as the primary bridge between the jail and local providers, helping people transition to care in the community. Most often, people are linked to Gulf Coast Center's outpatient clinics or the Community Health Network, which both serve as key entry points for behavioral health care in Brazoria County. Gulf Coast Center offers same-day or next-day walk-in appointments that are available to persons released from jail. Community Health Network offers integrated medical and behavioral health services, virtual care, and an in-house pharmacy with sliding-scale payment options. Gulf Coast Center provides counseling, peer support, substance use treatment, and psychiatric services, and can request medical records from the jail to support continuity of care.

Substance use treatment needs are met through the ADAPT program, which offers both intensive outpatient and residential services. Their programming includes structured group therapy, aftercare supports, and access for uninsured and low-income individuals, filling a gap for people leaving jail without financial resources. For those eligible, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) provides intensive case management for up to two years post-release, offering medication continuity, benefit navigation, and support around employment and health care access.

Several challenges continue to disrupt seamless reentry. Individuals are not always able to be released with medications in hand, creating potential treatment interruptions. Transportation remains a significant barrier, as clinics are concentrated in only a few locations and public transit is limited. Housing is a pressing need, with few shelter beds available and restrictions that exclude justice-involved individuals, leaving many at high risk of homelessness immediately upon release.

Despite these challenges, the presence of Gulf Coast Center staff inside the jail provides a starting point for connecting individuals to community support. Their coordination ensures timely referrals to Gulf Coast Center clinics, Community Health Network, ADAPT, and other local providers at the time of release. Additional Gulf Coast Center staff to help manage the volume of people needing continuity of care services would further improve the system by ensuring referrals, appointments, and medication needs are addressed without delay. By strengthening resources for staffing, housing, transportation, and medication continuity,

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Brazoria County can build on this foundation to make reentry services more reliable and effective in supporting stability and recovery after release.

Priority Considerations



- Rapidly review current discharge planning to ensure continuity of care, especially for persons on medication. Ensuring a strong connection to community care is critical to successful reentry.
- A priority of the CJCC is to connect stakeholders to ensure that staffing, housing, transportation, and medication supports are available to all persons upon discharge from jail.

Intercept 5 – Community Corrections

Intercept 5 involves individuals under community supervision (e.g., probation or parole) who remain at risk of justice system re-involvement if unmet behavioral health needs persist. This stage emphasizes access to treatment, employment, peer support, and housing to promote recovery and compliance. Stakeholders included probation/parole officers, CSCDs, treatment providers, and community-based service agencies.

At Intercept 5, the ideal response ensures that **people on probation or parole have access to treatment and supports that promote recovery and reduce the risk of returning to the justice system**[30]. Behavioral health care is central, with probation and parole officers working closely with treatment providers to ensure individuals have timely access to therapy, medication management, substance use treatment, and crisis services. Supervision is designed to be supportive rather than punitive, integrating case management and peer support to address underlying needs that contribute to recidivism. Housing stability and employment opportunities are prioritized, recognizing their importance in supporting compliance and long-term recovery. Collaboration among community supervision and corrections departments, behavioral health providers, peer support specialists, and community-based service agencies ensures continuity of care and creates multiple pathways to engagement.

Current Strengths, Challenges, and Priority Considerations

Availability and Utilization of Community Support Services for Persons Under Supervision
Brazoria County Community Corrections and Supervision Department (CSCD) supports the courts by supervising persons placed on probation and limited pretrial supervision. Community support services for individuals under supervision in Brazoria County are primarily delivered through programs such as the Texas Correctional Office on Offenders with Medical or Mental

[30] Substance Abuse and Mental Health Services Administration. (n.d.). Intercept 5: Community Corrections. U.S. Department of Health & Human Services. Retrieved September 15, 2025, from https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model/intercept-5

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Impairments (TCOOMMI). TCOOMMI serves people post-release from jail who are on parole or probation. While the program does not engage individuals prior to release, referrals come from multiple sources, including jail staff, Gulf Coast Center forensic and mental health court teams, and parole or probation officers, particularly for those with pre-established care at Gulf Coast Center clinics. Additional referral pathways include Mental Health Court mandates and in-jail screenings, with client eligibility for the program evaluated by a psychiatrist.

TCOOMMI provides intensive case management, offering approximately 3.5 hours per month of one-on-one support that includes resource navigation for employment, health care, and other essential services. Current staffing includes one case manager in Brazoria with plans to hire an additional case manager. Caseloads are maintained at roughly 20–25 clients per manager, with the program currently serving 50–55 clients and a capacity to serve up to 100 individuals across both of Gulf Coast Center's covered counties (Brazoria and Galveston). People remain on the TCOOMMI caseload for up to two years post-release, after which they may transition to standard Gulf Coast Center clinic services. Upon release, people typically receive a 30-day supply of medication and are referred to integrated care providers such as Community Health Network for ongoing medical treatment needs.

Despite these strengths, several barriers continue to limit program effectiveness. Confusion around eligibility for TCOOMMI versus other clinic-based services can impede timely enrollment. Data systems are not integrated: TCOOMMI uses SmartCare and WebApp, while jails and parole/probation operate separate systems, highlighting the need for a unified electronic health record system to improve care coordination. Housing remains a critical gap, particularly in Brazoria County, where only two shelters are available, is and stakeholders report most exclude justice-involved individuals. Transportation is another significant challenge; TCOOMMI clients rely on case managers for travel to appointments, while non-TCOOMMI clients lack structured transportation support. Staffing constraints and turnover further limit the program's capacity to provide consistent, high-quality case management.

Opportunities for improvement include **expanding access to affordable housing, broadening transportation options beyond case-managed clients, clarifying eligibility criteria for specialized programs like TCOOMMI, and increasing shelter access for individuals with justice system involvement.** Strengthening these areas could enhance continuity of care, reduce treatment gaps, and support more stable reentry outcomes for people under supervision in Brazoria County.

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Priority Considerations



- Examine the current capacity for specialized supervision caseloads (those funded by TCOOMMI) compared to need and determine if additional capacity is needed.
- A priority for the CJCC is to connect community stakeholders to expand affordable housing, broaden transportation, clarify program eligibility, and increase shelter access for justice-involved individuals.

Conclusion and Next Steps

This system scan highlights many assets within Brazoria County's criminal justice system; including engaged community leaders, strong partnerships, and dedicated behavioral health providers. Viewed through the Sequential Intercept Model, these strengths provide a solid foundation, yet important opportunities remain to expand diversion efforts and strengthen connections to effective behavioral health care. Meeting these challenges will require a coordinated, data-driven approach that builds on existing assets, closes service gaps, and sustains reform through cross-sector collaboration.

The formation of a Criminal Justice Coordinating Council offers Brazoria County a clear pathway to move from data to action. By providing structured governance, setting shared priorities, and fostering broad stakeholder engagement, a CJCC can drive implementation of targeted reforms. A formal council will establish a sustainable framework that enhances public safety, reduces unnecessary justice system involvement, and improves outcomes for individuals with behavioral health needs. With the CJCC as a central driver, Brazoria County is well positioned to achieve meaningful and measurable change.

The Meadows Mental Health Policy Institute is committed to supporting Brazoria County as it turns the insights from this scan into actionable strategies that advance the health, safety, and well-being of the entire community.

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Appendices

Appendix A: Key Informant Interview List

Name	Role	Organization
Director Katie Waller	Director of Programs	ADAPT Programs
Chief Robert E. Lee	Alvin Police Chief	Alvin Police Department
Detective Jenny Humbird	Detective	Alvin Police Department
Ron Helson	Attorney at Law	Brazoria County
Sonya Butler	SUD Counselor	Brazoria County
Commissioner Jay Burridge	Commissioner Pct. 1	Brazoria County Commissioners Court
Commissioner Stacy Adams	Commissioner Pct. 3	Brazoria County Commissioners Court
Judge Matt Sebesta	County Judge	Brazoria County Commissioners Court
Dr. Gregory Dillon	Director	Brazoria County Corrections
Kyle Teat	Chief Juvenile Probation Officer	Brazoria County Corrections
District Attorney Tom Selleck	District Attorney	Brazoria County District Attorney
Lauren Menia	Assistant Chief of Civil Division	Brazoria County District Attorney
Mary Cheline Shine	Chief of Civil Division	Brazoria County District Attorney
Samantha Klein	Veteran's Court Prosecutor	Brazoria County District Attorney
Linda Smith	Program Manager for Forensic Services	Brazoria County Jail
Madison Polston	Public Information Officer	Brazoria County Sheriff's Office
Sergeant Michael Vandergrifft	Supervisor of the Brazoria County Sheriff's Office Mental Health Unit (Former NAMI President).	Brazoria County Sheriff's Office
Sheriff Bo Stallman	Sheriff	Brazoria County Sheriff's Office
Sheriff John Moore	Crime Analyst	Brazoria County Sheriff's Office
Ezreal Garcia	Vice President Government Affairs and Public Relations, PIO, Director of Emergency Preparedness	Community Health Network
James Simmons	CCBHC Crisis Program Manager	Community Health Network
Judge Greg Donnell	Associate Judge	District Courts
Arielle Gray	Program Manager for Crisis Services	Gulf Coast Center
Christen Dobbs-Perez	Galveston Program Manager-Forensic Services	Gulf Coast Center
David Hernandez	Program Manager for Crisis Co-Response Services	Gulf Coast Center
Jennifer Lattermann	Program Manager, ACT Services	Gulf Coast Center

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Name	Role	Organization
Jerry Freshour	Senior Director Crisis and Justice Services	Gulf Coast Center
Kate Castelline	TCOOMMI Program Manager	Gulf Coast Center
Kim Ward	Senior Manager	Gulf Coast Regional 9-1-1 Emergency Communications District
Madeline McGallion	Public Safety Program Manager	Houston Galveston Area Council
Jim Johnson	President/CEO	Pearland Chamber of Commerce
Officer Z. Davis-Woods	MH Wellness Coordinator	Pearland Police Department
Autum Valero	Peer Support Specialist	Santa Maria Hostel
Kamesha Brown	Project Coordinator	Santa Maria Hostel

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Appendix B: Collection of Information Form for Mental Illness and IDD

COLLECTION OF INFORMATION FORM FOR MENTAL ILLNESS AND INTELLECTUAL DISABILITY

AUTHORITY: Texas Code of Criminal Procedure art. 16.22; Texas Health and Safety Code § 614.0032
Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

SECTION I: DEFENDANT INFORMATION

Defendant Name *(Last, First)*: _____ Offense: _____

Date of Birth: _____ CARE Identification # *(If available)*: _____ SID or CID # *(If available)*: _____

Last Four Digits of Social Security Number: _____

Current County or Municipality of Incarceration: _____ Date of Magistrate Order: _____

SECTION II: PREVIOUS HISTORY

Has the defendant been determined to have a mental illness or to be a person with an intellectual disability within the last year?

☐ *Yes* ☐ No ☐ Unknown

Date of Previous Written Report of Collected Information *(if applicable)*: _____

Previous Mental Health and/or Intellectual Disability Information *(if available)*:

_____

_____

_____

SECTION III: CURRENT INFORMATION

Most Recent Diagnosis(es) and Date(s) *(if available)*:

_____

At time of the collection of information or as indicated on the jail screening form for suicide and medical/mental/developmental impairments, is the defendant acutely decompensated, suicidal, or homicidal according to self-report?

☐ *Yes- Circle Above* ☐ *No* ☐ *Not Applicable- Reason* _____

Other relevant information pertaining to mental health and intellectual disability history and/or previous treatment or service recommendations:

_____

_____

_____

Observations and Findings Based on Information Collected:

☐ Defendant is a person who has a mental illness. ☐ Defendant is a person who has an intellectual disability.

☐ There is clinical evidence to support the belief that the defendant may be incompetent to stand trial and should undergo a complete competency examination under Subchapter B, Chapter 46B, Code of Criminal Procedure.

☐ Any appropriate or recommended treatment or service:

_____

_____

☐ None of the above.

Procedures Used to Gather Information:

_____

SECTION IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

Name, Credentials & Organization of Person Submitting Form: _____ Date of Submission: _____

This form and the contents herein may only be shared in accordance with Texas Health and Safety Code § 614.017 and Texas Code of Criminal Procedure article 16.22(f). This form and its contents are otherwise confidential and not subject to disclosure under Chapter 552 of the Government Code.

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Appendix C: Screening Form for Suicide and Medical/Mental/Developmental Impairments

Screening Form for Suicide and Medical/Mental/Developmental Impairments

County:	Date and Time:	Name of Screening Officer:
Inmate's Name:	Gender:	DOB: If female, pregnant? Yes ☐No ☐Unknown ☐
Serious injury/hospitalization in last 90 days? Yes ☐No ☐If yes, describe:		
Currently taking any prescription medications? Yes ☐No ☐If yes, what:		
Any disability/chronic illness (diabetes, hypertension, etc.) Yes ☐No ☐If yes, describe:		
Does inmate appear to be under the influence of alcohol or drugs? Yes ☐No ☐If yes, describe:		
Do you have a history of drug/alcohol abuse? If yes, note substance and when last used		
*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail? If yes, describe		
*Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes ☐No ☐If yes, describe:		
*If yes, Notify Medical or Supervisor Immediately		

Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted

	YES	NO	"Yes" Requires Comments
IF YES TO 1a, 1b,1c,or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY			
Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until form completed.			
1a. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?			
1b. Are you thinking of killing or injuring yourself today? If so, how?			
1c. Have you ever attempted suicide? If so, when and how?			
1d. Are you feeling hopeless or have nothing to look forward to?			
IF YES to 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted			
2. Do you hear any noises or voices other people don't seem to hear?			
3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?			
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?			
5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?			
6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.			
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?			
8. Have you ever received services for emotional or mental health problems?			
9. Have you been in a hospital for emotional/mental health in the last year?			
10. If yes to 8 or 9, do you know your diagnosis? If no, put "Does not know" in comments.			
11. In school, were you ever told by teachers that you had difficulty learning?			
12. Have you lost / gained a lot of weight in the last few weeks without trying (at least 5lbs.)?			
IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY			
13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?			
14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)?			
15. Is the inmate incoherent, disoriented or showing signs of mental illness?			
16. Inmate has visible signs of recent self-harm (cuts or ligature marks)?			
Additional Comments (Note CCQ Match here):			

Magistrate Notification Date and Time: Electronic or Written (Circle)	Mental Health Notification Date and Time:	Medical Notification Date and Time:
Supervisor Signature, Date and Time:		

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Appendix D: Order for the Collection of Information Regarding Mental Illness or Intellectual Disability

THE STATE OF TEXAS VS. _____

Service / Offense Report No.	Offense	City Jail

ORDER FOR THE COLLECTION OF INFORMATION REGARDING MENTAL ILLNESS OR INTELLECTUAL DISABILITY

On this day, the Court having determined, pursuant to article 16.22 of the Texas Code of Criminal Procedure, that there is reasonable cause to believe the Defendant, _____, has a mental illness or is a person with an intellectual disability;

IT IS HEREBY ORDERED that (the local LMHA) interview the Defendant pursuant to article 16.22 (a-4) if the Defendant has not previously been interviewed by a qualified mental health or intellectual and developmental disability expert on or after the date the Defendant was arrested for the offense for which the Defendant is in custody and otherwise collect information regarding whether the Defendant has a mental illness as defined by Section 571.003, Health and Safety Code, or is a person with intellectual disability as defined by Section 591.003, Health and Safety Code, including if applicable, information obtained from any previous assessment of the Defendant and information regarding any previously recommended treatment or service; and

IT IS FURTHER ORDERED that a written report of the interview described by the foregoing paragraph and the other information collected regarding the Defendant shall be provided to the _____ County magistrate on the form approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments under Section 614.0032(c), Health and Safety Code not later than 96 hours after the time an order was issued for a Defendant held in custody or not later than the 30th day after the date an order was issued for a Defendant released from custody. The written report must include a description of the procedures used in the interview and collection of other information and the applicable expert's observations and findings pertaining to:

(1) whether the Defendant is a person who has a mental illness or is a person with an intellectual disability;

(2) whether there is clinical evidence to support a belief that the Defendant may be incompetent to stand trial and should undergo a complete competency examination under Subchapter B, Chapter 46B, of the Texas Code of Criminal Procedure; and

(3) any appropriate or recommended treatment or service.

It is so ordered this _____ day of _____ 202___.

_____

Magistrate [type name]