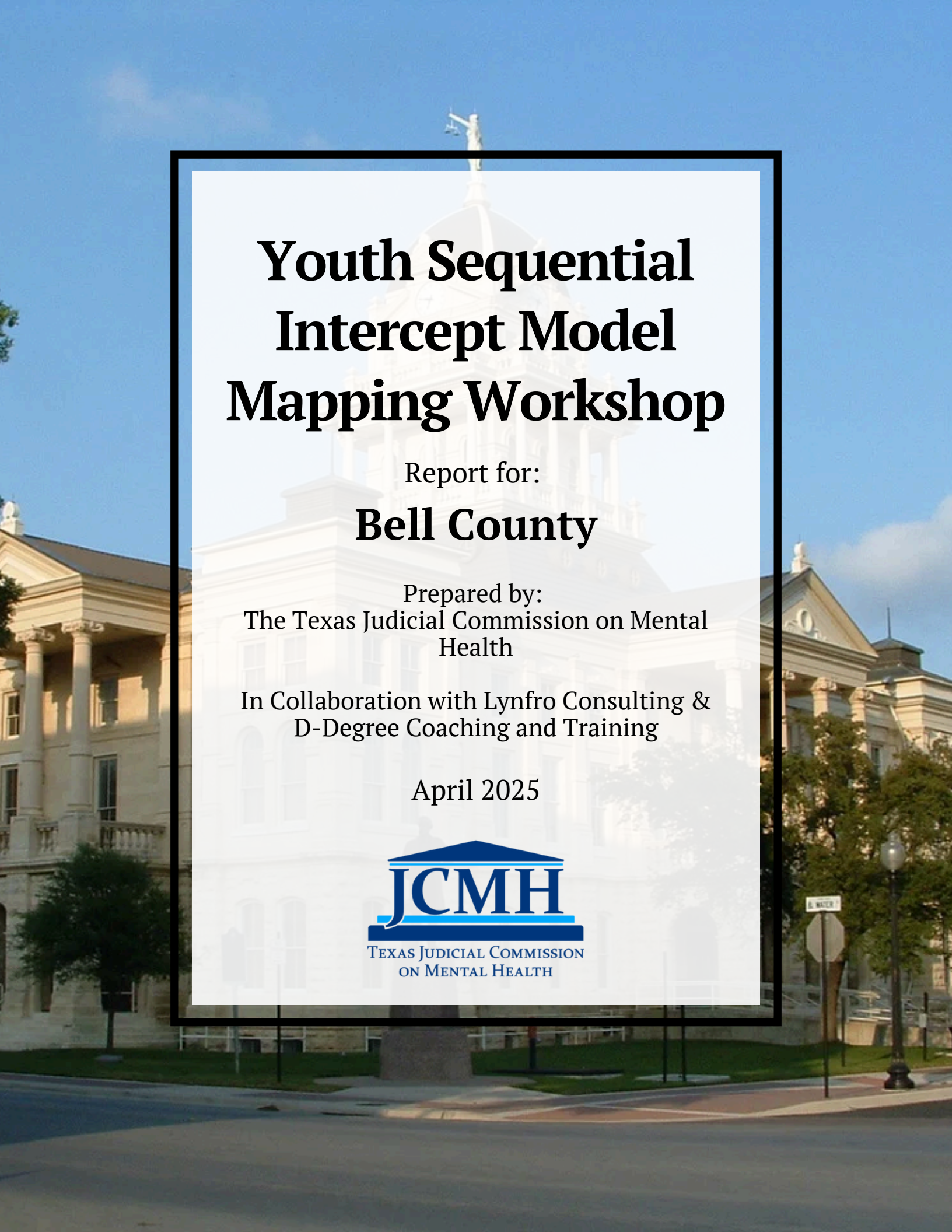

Youth Sequential Intercept Model Mapping Workshop

Report for:

Bell County

Prepared by:
The Texas Judicial Commission on Mental Health

In Collaboration with Lynfro Consulting & D-Degree Coaching and Training

April 2025

JCMH
Texas Judicial Commission on Mental Health

Youth Sequential Intercept Model Mapping Report for Bell County, TX

Workshops Held:

Virtual Session:
January 23, 2025

In-Person:
February 26, 2025

Final Report:

April 2025

Workshop Facilitated and Report Drafted By:

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The Texas Judicial Commission on Mental Health (JCMH) was created by a joint order of the Supreme Court of Texas and the Texas Court of Criminal Appeals to develop, implement, and coordinate policy initiatives designed to improve the courts' interaction with—and the administration of justice for—children, adults, and families with mental health needs.

Mission

Engage and empower court systems through collaboration, education, and leadership thereby improving the lives of individuals with mental health needs, substance use disorders, or intellectual and developmental disabilities (IDD).

RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, YOUTH SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR BELL COUNTY (2025).

ACKNOWLEDGEMENTS

The JCMH is thankful for the assistance of the Bell County planning team: Dr. Taha Ansari, Chris Bazar, Hon. Rebecca DePew, Deyanira (DeeDee) Duffy, John Gauntt, Jr., Anne Jackson, Dr. Michael Novotny, Dawn Owens, Johnnie Wardell.

FACILITATOR BIOGRAPHIES

Lynda Frost, JD, PhD, runs Lynfro Consulting, which is committed to helping foundations, nonprofits, and other agencies maximize their impact through clarifying mission-consistent goals, implementing effective programs, and optimizing internal operations. Lynda's skills have been honed through 25+ years in the nonprofit sector working to improve health, human services, education, and criminal justice outcomes for vulnerable communities. She brings to her work a unique combination of deep content knowledge and innovative process skills. She is passionate about designing fair and effective processes to reach each client's goals and is recognized for facilitating effective in-person *and* virtual meetings that inspire participants and deliver results. Prior to founding Lynfro Consulting in 2018, Lynda worked for 14 years at the Hogg Foundation for Mental Health and is an experienced administrator and attorney with expertise in human rights, juvenile and criminal justice, special education, and mediation.

Doug Smith, MSSW, ACC, is the Managing Partner of D-Degree Coaching and Training. He helps organizations develop strategies to address complex problems through creative facilitation and training. He also provides leadership training and coaching, especially for people most directly impacted by mental illness, substance use disorder, past trauma, and/or incarceration. Doug has 12 years of experience in mental health and justice policy, as a Senior Policy Analyst at the Texas Center for Justice and Equity and as an Adjunct Professor of Social Policy at the University of Texas at Austin. Doug has his Master's in Social Work and is also certified by the International Coaching Federation with an additional certification in Trauma-Informed Coaching. Doug also has lived experience of mental illness, substance use disorder, and incarceration, and these experiences drive his passion for prevention and community engagement.

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A NOTE ON LANGUAGE

Across our communities, significant stigma still exists around experience with mental health disorders, substance use disorders, and justice system involvement. In this document, we seek to use respectful language that recognizes the value as well as the challenges that people with these experiences bring to our communities. Several excellent resources provide detailed guidance about language that feels more courteous and modern to many people. In general, it is a good idea to use "person first" language that references the person before a relevant condition (i.e., "a person with schizophrenia" rather than "a schizophrenic") because we are all more than one diagnosis or experience.

For more information on mental health language, see https://hogg.utexas.edu/news-resources/language-matters-in-mental-health.

For information on substance use, see https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction and https://www.thenationalcouncil.org/wp-content/uploads/2021/11/Language-Matters-When-Discussing-Substance-Use-1.pdf.

For information on disability, see https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf.

For information on justice system involvement, see https://fortunesociety.org/wordsmatter/.

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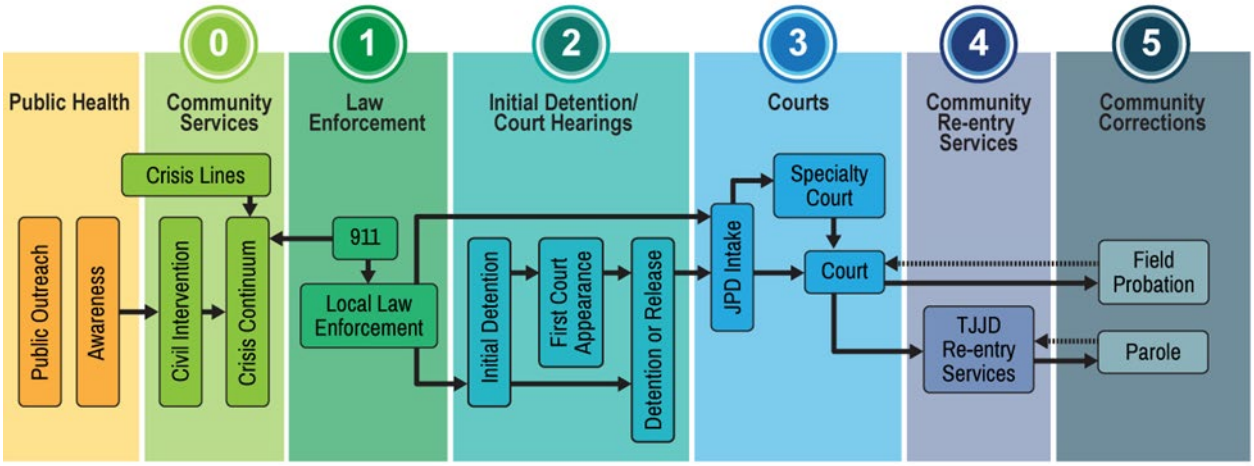


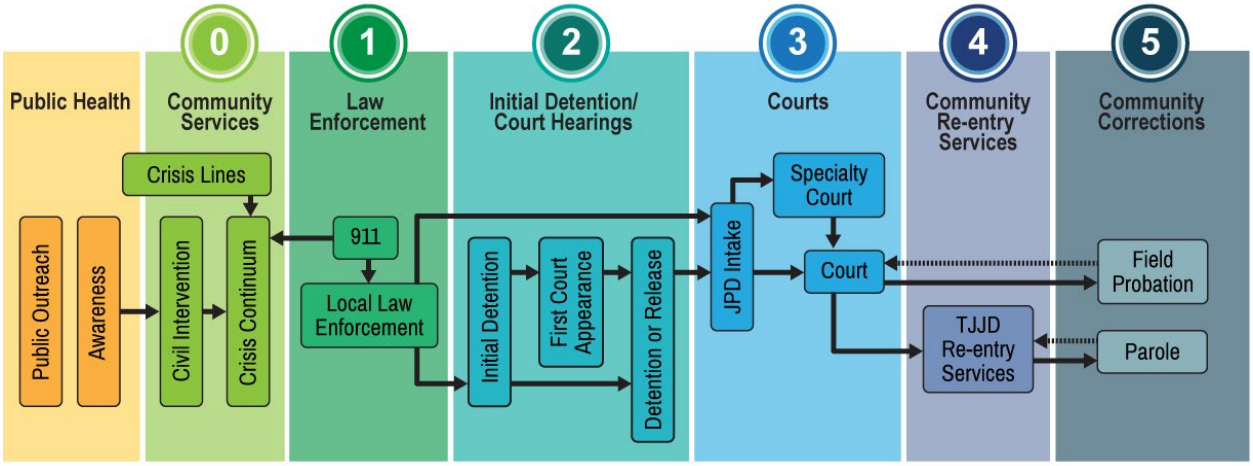
EXECUTIVE SUMMARY

This report was created through a series of online and in-person workshops hosted by the Texas Judicial Commission on Mental Health to address the needs of youth with behavioral health challenges who become involved with the juvenile justice system. It draws on the Sequential Intercept Model to support communities in identifying strategies to divert youth from the justice system and into treatment. The workshops brought together 80 stakeholders from across systems, including mental health, substance use, schools, juvenile probation, courts, and law enforcement to map resources, gaps, and opportunities at each point a youth intersects with the justice system.

Through the workshops, the stakeholders developed priority action plans to improve coordination and services. These plans focus on four key priorities for change:

Priority 1: Education and Programming to Support Families
Priority 2: Increase Knowledge of and Access to Behavioral Health Services
Priority 3: Juvenile Mental Health Specialty Court
Priority 4: Expand Re-entry Programming

The report provides a detailed blueprint for Bell County stakeholders seeking to reduce unnecessary justice involvement for youth with behavioral health needs. As stakeholders move forward to implement the identified changes, it will be crucial for each action team to organize and track its steps as well as coordinate with other action teams. The Judicial Commission on Mental Health will provide ongoing technical assistance as stakeholders review current laws and best practices to implement the plans.



BACKGROUND

Young people with mental health and behavioral challenges are all too often referred to the juvenile justice system. These challenges may show up first in behavior at school or within overwhelmed families with little knowledge and support to help them address mental illness effectively. Time and again, these early interactions lead to multiple juvenile justice referrals and later adult criminal justice system involvement. All systems are impacted, from families to schools, mental health, child welfare, police, courts, juvenile detention, probation, etc. It takes everyone coming together to create a system that prevents referrals to the juvenile justice system and ensures the best outcomes for youth.

This Youth Sequential Intercept Model (SIM) Mapping process is based on the Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., in conjunction with SAMHSA's GAINS Center, which has traditionally focused on the adult criminal justice system. Since its creation, it has been used by communities to assess available resources, determine gaps in services, and plan for change. During these workshops, the community develops a map illustrating how adults with behavioral health needs move through the justice system. The workshop allows participants to identify opportunities for collaboration to prevent further penetration into the justice system.

Texas communities recognized the relevance of this collaborative process to youth service systems as well as adults and began to request workshops focused on youth. The Judicial Commission on Mental Health (JCMH) participated in the Youth SIM Workgroup hosted by the Texas Health and Human Services Commission to review existing adult SIM mapping processes and develop materials and workshop content tailored to the unique needs of Texas youth. This work began with the understanding that kids are different from adults. Studies show that brains

are not fully developed until an individual is well into their 20s. Unlike adults, younger brains do not weigh consequences of actions as effectively and exhibit less impulse control. Executive function—which includes flexible thinking, self-control, and access to working memory that aids decision making—is not fully formed. In short, kids are kids, not adults.

Behavioral health challenges are the perfect storm for kids. Without the right system of support and treatments, they are far more likely to engage in behaviors and actions that are impulsive and often dangerous. Past trauma causes and exacerbates these challenges. The majority of youth in the juvenile justice system have histories of trauma, including physical and sexual abuse. Removal from home, school, and pro-social relationships is also traumatizing. It is absolutely crucial for a community to come together to address the consequences of trauma and prevent referral to juvenile justice systems.

YOUTH SEQUENTIAL INTERCEPT MODEL MAPPING PROCESS

The youth workshop unites a wide array of community stakeholders, all of whom are dedicated to transforming the systems that impact young people with behavioral health challenges. By design, participants engage with people who work in unfamiliar systems. Juvenile court judges work alongside mental health providers or school superintendents. Parents brainstorm possibilities with police and probation officers. People with lived experience of juvenile justice involvement help to frame the discussion.

The mapping process is shaped with a planning team of local stakeholders who set the goals and principles that guide the process. The planning team also mobilizes a broad spectrum of community members from across the county or region representing parts of the system that can make a significant difference in the life of a young person at risk of or currently involved with the juvenile justice system.

The Judicial Commission on Mental Health (JCMH) process includes a virtual mapping workshop followed by a full-day in-person workshop. During the virtual session, participants meet key community leaders who can speak to the unique challenges they face and innovations they have tried at various points when youth are at risk of or currently involved with the juvenile justice system. Participants then identify the resources already available within the community that could provide better outcomes for youth in other parts of the system, especially if the resources were better coordinated and optimized. Next, the community identifies significant gaps and sparks discussion about possible innovations to address those gaps. The participants begin to sort through the possible opportunities to see if there may be an emerging consensus behind certain priorities.

The process began in Bell County with a virtual session on January 23, 2025 through which community members identified resources, gaps, and opportunities to address those gaps. In preparation for the virtual session, a survey and interviews with key experts in the community helped to identify the resources and processes they use to address youth mental and behavioral health challenges. Recordings of interviews with key community informants were shared with other participants to help orient them to each intercept.

Following the virtual session, a broad spectrum of stakeholders convened for a one-day in-person workshop. Participants reviewed the resources and opportunities identified in the virtual sessions. They then generated ideas for system improvement and sorted through the ideas for impact and feasibility. The design ensures that community priorities that have the greatest buy-in from community members across systems rise to the top. These key ideas become the community priorities, and participants then work as teams to develop realistic action plans. Before leaving, participants identify priority champions who assume responsibility for ensuring that the teams continue to work on the priorities.

The in-person workshop for Bell County took place February 26, 2025. Following the workshop, the community has continued to work on their priority action plans. They also met virtually with JCMH to review and edit a draft of this report and again three months following the in-person workshop to check in on progress. Throughout this process and thereafter, the community may request free-of-charge technical assistance from JCMH.

KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

Communities that remain engaged and make significant progress toward their goals have key commonalities. Specifically, they draw on the participation from people with lived experience of mental health and behavioral health challenges or justice involvement, as well as their family members. Successful communities also create formal leadership teams to drive priorities forward. They make use of data to identify progress, adapt their plans, and optimize services. They also know the law as it relates to youth mental health and juvenile justice involvement.

THE POWER OF LIVED EXPERIENCE

Family members of youth with mental and behavioral health challenges play a crucial role by providing other family members:

- Emotional support
- Shared knowledge
- Practical assistance
- Connection to people with resources
- Opportunities and communities of support

Having a family partner who is also addressing similar challenges helps other families to better understand behaviors, navigate complex systems, and advocate for their children. In Texas, Certified Family Partners receive training and certification, and they adhere to a common set of ethics and practices that empower other families to make the best decisions for themselves and their loved ones. Most, if not all, Local Mental Health Authorities in Texas employ Certified Family Partners, providing the families of younger clients with this crucial support.

Additionally, Certified Family Partners often play a key role in reducing stigma around mental health. Many families are hindered in seeking help for their children or loved ones because of misunderstandings about mental health and the shame they may experience when their children exhibit destructive or alarming behavior.

Family Partners help parents and caregivers know they aren't alone. Further, Family Partners provide key insights for stakeholders across the systems that help shape the community's efforts to improve outcomes for youth. The JCMH process always centers lived experience in the mapping process, ensuring that stakeholders hear from families and adults with lived experience of juvenile justice involvement.

In addition to Certified Family Partners, Texas also certifies peer providers to assist people with mental and substance use challenges. In Texas, the certifications include Mental Health Peer Specialists and Recovery Support Peer Specialists. A growing number of peer specialists also obtain certification as Re-Entry Peer Specialists who have lived experience with incarceration as well as recovery from mental health and/or substance use challenges. Re-Entry Peer Specialists can play important roles at any point at which young adults intersect with the adult justice system.

Several organizations and resources provide helpful guidance:

- Via Hope is a Texas nonprofit organization that provides training, technical assistance and consultations related to the family and peer workforce. The organization also trains and certifies reentry peer support specialists.
- PeerForce serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They

provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.

- Texas Certification Board certifies various types of peer specialists, including Certified Family Partners.
- SAMHSA is the federal agency that for decades has worked to promote peers in leadership roles.
- National Association of Peer Supporters
- Philadelphia's DBHIDS Peer Support Toolkit

CONTINUED CROSS-SYSTEM COLLABORATION

Experience from counties across the state shows that the communities generating enduring results in their system change efforts are those that create formal coordinating groups such as Behavioral Health Leadership Teams or other coordinating bodies that facilitate and guide countywide justice and behavioral health cross-systems stakeholder planning.

The team of multi-agency stakeholders should lead in designing, implementing, and monitoring mental health-focused diversion efforts. Representatives from across sectors, including behavioral health, school districts, juvenile probation, the judiciary, defense attorneys, and law enforcement should be included along with people with current knowledge of adolescent mental health needs, evidence-based assessments, and treatments.

County stakeholders might consider reaching out to other communities that have Behavioral Health Leadership Teams such as Texoma, Dallas, Denton, Kaufman, and more. This list includes only a handful of communities as many counties across the state have either launched or are initiating their own coordinating bodies. For technical assistance or connections to other communities in developing a team, county stakeholders can reach out to the Judicial Commission on Mental Health.

EFFECTIVE USE OF DATA

Effective use of data improves decision-making across the spectrum of intercepts from community and school-based supports through juvenile probation. Strategic data gathering and analysis also helps the community to track progress toward its goals. Communities that are adept at data analysis are also more likely to develop innovations previously unimagined.

Some key questions communities might consider as they seek to measure the impact of their initiatives include:

- Number of youth involved at the various intercepts,
- Key characteristics, such as Adverse Childhood Experiences (ACES) scores, whether they are current clients of local mental health authorities, foster care involvement, and more,
- The key reason youth became justice involved, or
- Measures of change as youth engage in programming.

There are only a handful of questions. As communities develop their priorities and actions plans, they might decide on the measures that best demonstrate progress toward their goals.

UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

As communities map gaps and opportunities at each intercept, it is especially important to understand juvenile justice laws and responsibilities. Oftentimes, compliance with existing statute is hindered by the lack of cross-system collaboration and a lack of clarity about which entity is responsible for the law's implementation. Courts are uniquely positioned in this regard to bring together stakeholders and mobilize cooperative efforts to implement the law collaboratively on behalf of children.

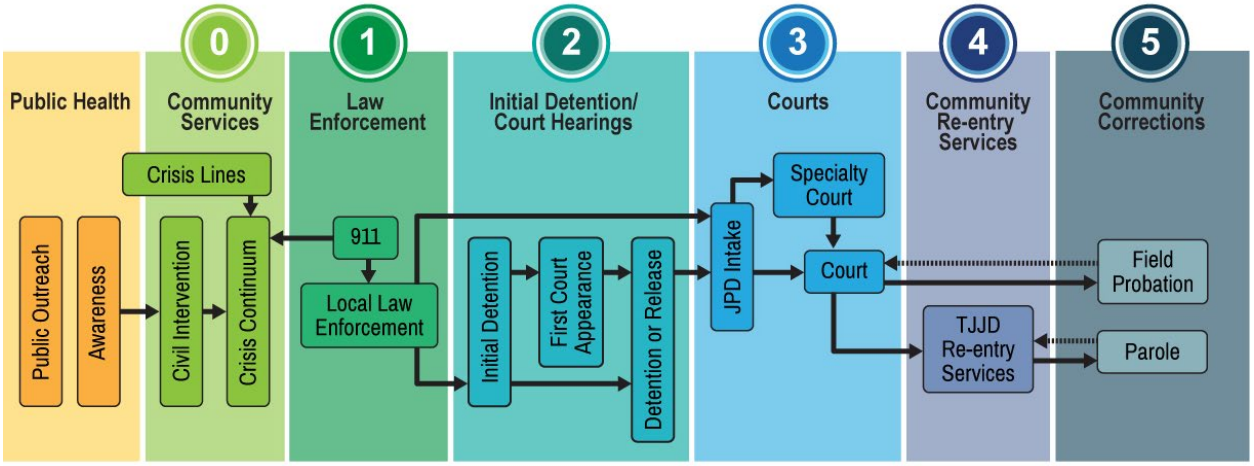
The Judicial Commission on Mental Health recently released the Third Edition of the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book, which provides community and juvenile justice stakeholders with a comprehensive overview of best practices and existing laws at each point at which children and youth intersect or are at risk of intersecting with the juvenile justice system.

RESOURCES AND CHALLENGES AT EACH INTERCEPT

An important objective of the workshop is to create a map of resources at each point at which a youth intersects—or is at risk of intersecting—with the juvenile justice system. The workshop's facilitators work with the participants to identify existing resources and gaps at each intercept. This process is essential to success since the juvenile justice system, schools, and behavioral health services are constantly changing, and identifying the gaps and resources allows for a contextual understanding of the local map. The map can also be used by planners to establish substantial opportunities for improving public safety and public health outcomes for youth with mental health and behavioral health challenges by addressing the gaps and building on existing resources.

Prior to the workshop, a planning team of Bell County leaders identified specific community goals for the workshop:

- Facilitate mutual understanding, collaboration and relationship building between a varied array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery and identify relevant best practices
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services



INTERCEPT 0

Intercept 0 encompasses the public health foundations that help youth and families through early identification of and response to challenges with mental health or intellectual and developmental disabilities (IDD). These foundations encompass basic needs, education, healthy food, safe neighborhoods, and other community-level supports. Intercept 0 also includes the array of community behavioral health and crisis response services designed to connect youth with appropriate services before a crisis begins or at the earliest possible stage of intervention.

INTERCEPT 0 RESOURCES

Workshop participants identified numerous resources already existing in the community that can support youth with behavioral health challenges or IDD and divert them from the justice system.

Intercept 0 Community Services	
Behavioral Health	
Central Counties Services (800) 888-4036	Suicide & Crisis Lifeline 988
Bell County Sheriff's Department Crisis Response Division (254) 933-5412 (non-emergency)	Friends For Life (254) 772-7600
Neurodivergent Friends 254-768-3233	YES Waiver (844) 815-6221 Select 2 for YES Waiver

Meridell-OOC (Meridell Achievement Center) (512) 244-2200	Step Up Texas STARRY
Bell County Autism Intervention Team (BAIT)	The Bell County Sheriff's Office (BCSO) Crisis Intervention Team (CIT) (254) 933-5412
Georgetown Behavioral Health Institute (877) 500-9151	STAR Health (877) 782-7445
The Arc of Texas (512) 476-7044	The Timothy Center (512) 331-2700
Lyra Health	Central Texas Mental Health (512) 964–6992
Canyon Creek Behavioral Health 254-410-1627	Cedar Crest Hospital (855) 971-3685
Austin State Hospital (512) 452-0381	
Health Care	
TCHATT (Texas Child Health Access Through Telemedicine)	McLane Children's Hospital (254) 724-5437
CHIP (Children's Health Insurance Program) (800) 647-6558	AdventHealth Central Texas (254) 690-2000
Bell County Indigent Healthcare (254) 933-5300	Baylor Scott and White (844) 279-3627
Body of Christ Community Clinic (254) 613-5192	
School-Based Services	
Belton ISD Delta Program (254) 215-7000	The Unincluded Club (254) 217-2635
STARRY Counseling (254) 773-5802	FAYS with STARRY (254) 213-2035
Positive Action (208) 733-1328	Project HEARTBEAT Belton ISD Homelessness Assistance (254) 215-2095

Killeen ISD Child and Youth Services (254) 336-0000	Temple Police Department Summer Camps (254) 298-5700
Killeen IMPACT Mentor Program (254) 336-0000	Ralph Wilson Youth Club (254) 939-5757
Belton High School (BHS) Mentor Program (254) 215-2611	Homeless Program (HARP) Killeen ISD (254) 336-0240
Communities in Schools Program Central Texas	Texas Project First
Child Protection	
Bell County Child Welfare Board (254) 291-0073	Texas Department of Family and Protective Services (512) 929-6900
Child and Youth Services at Fort Cavazos (254) 287-8029	Foster Angels of Central Texas (512) 732-2329
Annie E. Casey Foundation (410) 547-6600	Central Texas Youth Services (254) 939-3466
Ad Litem Attorneys (817) 203-2220	Child Welfare (800) 394-3366
CASA of Central Texas (830) 626-2272	Aware Central Texas (254) 213-2986
Garden of Hope (254) 268-8181	Foster Love Bell County (254) 831-3141
Basic Needs	
Temple Housing Residential Corp (254) 773-2000	HOP (Housing Opportunities for Persons With AIDS) (512) 854-4100
SNAP (Supplemental Nutrition Assistance Program) (800) 777-7328	Feed My Sheep (254) 239-9863
WIC (Women, Infants, and Children Program) (800) 942-3678	Habitat for Humanity (254) 680-4007

Hungry Souls Program (512) 524-9067	St. Vincent de Paul Food Pantry (512) 251-6995
Killeen Empowerment Center (254) 554-0973	Hill Country Transit District Central Texas HOP
Family Violence	
Family Crisis Center Hotline (956) 423-0304	National Domestic Violence Hotline (800) 799-7233
Friendship of Women (956)-544-7412	She Will Foundation (254) 383-8802
Mujeres Unidas (Women Together)	Tip of Texas Family Outreach
Families in Crisis (254) 634-118	Alliance for Safety and Justice (510) 836-4700
Unbound Now - Human Trafficking Prevention (888) 373-7888	STARRY Fatherhood Program (254) 244-2400
Methodist Children's Home (800) 964-9226	Food Care Center (254) 554-3400
Substance Use Recovery	
SCAN (Serving Children and Adults in Need)	Cedar Crest Hospital & Residential Treatment Center (833) 613-0875
Newport Academy (877) 929-5105	Christian Farms Treehouse (254) 933-9400
Rock Springs (512) 819-1155	Charlie Health (866) 484-8218
SAMHSA (Substance Abuse and Mental Health Services Administration) (877) 726-4727	Word of Life Substance Abuse (800) 779-4314
San Marcos Treatment Center (800) 848-9090	Cenikor (888) 236-4567
Virtue Recovery Center (866) 371-0882	

Community & Neighborhood Supports	
Boys and Girls Clubs of America (404) 487-5700	The 411 House (254) 541-4392
Heart of Texas Goodwill Industries Temple: (254) 773-5656 Belton: (254) 613-4284 Killeen: (254) 634-487	Rainbow Youth Center (713) 528-1000
Christian House of Prayer (254) 690-2273	Helping Hands Ministry Food Distribution Service (254) 939-5777
United Way of Central Texas (254) 778-8616	The Unincluded Club 254-217-2635
Hill Country Community Action (830) 249-8643	YMCA of Central Texas (254) 690-9622
CTX Bears	Boys & Girls Clubs of Central Texas (254) 699-5808
Scouting America (formerly Boy Scouts of America)	St. Francis Ministry (785) 825-0541
Hope House (254) 939-0124	Impac Outreach (254) 598-0240

INTERCEPT 0 GAPS AND OPPORTUNITIES

Lack of Mental Health Services or Awareness of Service Availability

Workshop participants noted the lack of mental health and substance misuse resources and placements within the county, especially services serving youth. There are not enough beds for crisis stabilization or respite. Schools lack adequate funding for additional counselors or social workers. Further, families of youth with substance use challenges have only a limited number of resources. Even when services are available, parents or referral agencies either lack awareness of the resources or there is mistrust that inhibits access.

The community members participating in the SIM workshop strongly suggested expanding services. Specifically, they recommended increasing the number of mental health crisis beds, mental health providers, and substance misuse treatment services. Additionally, participants

recommended improving timely access to needed services, reducing the likelihood of future mental health crises and juvenile justice referrals. Also, they saw an opportunity to address language barriers through translation services or bilingual providers. Finally, community members recommended improving transportation options for families to ensure that youth can access the needed resources.

Resource Coordination and Inter-Agency Collaboration

Participants indicated that there is inadequate coordination between services. Many organizations and agencies work in silos, so it is difficult to track the child across agencies. Communication between resources is inadequate. The county lacks a centralized resource list; as a result, service providers and parents are unaware of the supports available to them and their children.

The community identified several opportunities to address these gaps. First, they suggested creating multi-disciplinary teams to coordinate service delivery for youth. Additionally, participants saw opportunities to create partnerships between agencies such as linkages between community services, schools, juvenile probation, and neighborhood supports. There was broad consensus that there needs to be a way of tracking youth across the various services. Also, when youth interact with police when they respond to crises such as domestic disturbances or traumic events, they suggested creating a Handle with Care program, wherein, police communicate with schools about the incident. This would allow schools to respond appropriately, as they are forewarned that the child will likely benefit from gentle attention.

Neighborhood Supports

The SIM participants noted the lack of neighborhood supports and gathering places that could serve to promote interconnectedness and wellness. They recommended providing financial assistance to lower-income families to help them place their children in youth sports. They also suggested adding more gathering places such as community gardens.

Parental Engagement

As is common in most counties, community members recognized gaps in parental engagement and participation in programming for youth. Often, youth lack parental supervision. Participants saw a need to boost participation and hold parents accountable when they don’t engage.

Additionally, they agreed that there need to be more incentives for parents to participate as well as improved efforts to address the barriers to parental engagement.

INTERCEPT 0 BEST PRACTICES

BEST PRACTICE: EARLY INTERVENTION – TRAUMA RECOVERY AND JUVENILE JUSTICE INVOLVEMENT

There is an undeniable correlation between adverse childhood experiences and later juvenile justice involvement. Without early detection and intervention, the consequences for children are quite severe. Young trauma survivors may experience cognitive impairment and other health risks. It is very common for youth who did not receive early intervention to exhibit problematic and sometimes criminal activity, including harmful substance misuse.

Many children demonstrate signs of traumatic stress early and throughout their childhood. Preschool aged children might have nightmares or have extreme fear of separation. Elementary school aged children might demonstrate inordinate levels of guilt and shame or have difficulty concentrating. Children might show signs of depression, eating disorders, and drug use.

It is crucial for pediatricians, teachers, counselors, and caregivers to learn to identify and address unresolved trauma in young children before it manifests in problematic behavior and other lifelong consequences. As the community develops its strategy, it might consider training from Educational Service Centers and pediatric associations. Parents can also learn to identify and address trauma in a patient and compassionate manner.

BEST PRACTICE: INTENSIVE CARE COORDINATION

Serious mental and emotional disorders among children represent the most complex and costly challenges to Texas communities. The Centers for Medicare and Medicaid Services in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) identified the need for Intensive Care Coordination (Wraparound) services for youth and families, especially when their needs exceed what a single agency could provide. They recognized the need for a flexible and individualized approach to serving youth and families with complex challenges. Texas is an early adopter of the wraparound model of care.

To be successful, wraparound services must move beyond a single agency to include shared responsibility between organizations. The seven components of intensive care coordination include:

1. Assessment and Service Planning
2. Accessing and Arranging for Services
3. Coordinating Multiple Services
4. Access to Crisis Services
5. Assisting the Child and Family in Meeting Needs
6. Advocating for the Child and Family
7. Monitoring Progress

BEST PRACTICE: FOSTER EARLY MENTAL HEALTH IDENTIFICATION AND INTERVENTION

According to research, nearly half of all mental illness starts before age 14, yet early identification and intervention strategies remain inadequate for youth. Most frequently, the mental health challenges first present themselves as crises at the emergency room, not in schools or in mental health clinics. Failure to intervene early can have long lasting impact well into adulthood. Often youth with untreated mental health challenges self-medicate with drugs and alcohol, leading to co-occurring mental health and substance use disorders. It is imperative that communities develop early identification strategies that extend beyond emergency rooms and first responders.

While some physicians conduct early and periodic screening, diagnosis, and treatment, these are services covered only by Medicaid. A more robust strategy would involve incentivizing pediatricians and family care physicians to conduct screenings. Through the Child Psychiatry Access Network (CPAN), any pediatrician in the state can be connected with a mental health expert within 5 minutes to do a consultation on a child with concerning psychiatric symptoms. School-based screening can also be effective, making it crucial to involve school districts in communitywide efforts to identify and treat childhood mental illness early.

All these efforts are important, but they may require policy changes, whereas communities can initiate communitywide awareness efforts at any time. Parental education and resource awareness not only helps families know who and when to call for help, they also reduce stigma associated with mental illness.

BEST PRACTICE: MENTAL HEALTH AND JUVENILE JUSTICE INTERAGENCY COLLABORATION

The goal of interagency collaboration is to learn from each juvenile referral, through data analysis and dialogue, to develop innovative approaches to prevent future juvenile referral for at-risk youth. Some principles of effective collaboration may include:

1. Commit to Formalized, Sustained, Integrated Approaches and Cross-System Collaboration Between Mental Health, Juvenile Justice, School, and Youth-Serving Organizations.
    - Create a core team of multi-agency stakeholders to implement and monitor diversion efforts.
    - Develop a continuum of evidence-based and trauma-informed services for youth and families outside the juvenile justice system.
    - Bolster protective factors that strengthen family connections and individualized support for both youth families.
2. Utilize Standardized Mental Health Screening and Assessment Tools
    - Ensure that juvenile justice and mental health agencies mutually select the appropriate assessment and screening tools and provide common training on the use of these tools.
    - When screening indicates a need for further evaluation, employ an individualized assessment of the needs, strengths and barriers of both the young person as well as their family.
    - Ensure that none of the information collected for mental health screening and assessment jeopardizes the legal interests of the youth.
3. Develop a Continuum of Evidence-Based Treatment and Practices
    - View the youth's mental health needs from the lens of responsivity; when a young person is experiencing mental health symptoms, their ability to learn and change behavior is limited. Identify and treat the mental health symptoms to improve responsiveness to interventions designed to address criminogenic needs.
    - Ensure that all partners, including school staff, teachers, law enforcement, juvenile services staff, and mental health providers are all trained on how to identify mental health symptoms and signs of crisis. All partners should be trained on how to therapeutically respond and de-escalate the situation.
    - Ensure that youth who are diverted from the juvenile justice system are connected with community resources in a coordinated manner. Aim for services within the least restrictive setting.
    - Continually assess the capacity of local resources across the community to provide evidence-based and trauma-informed services, including mental health and

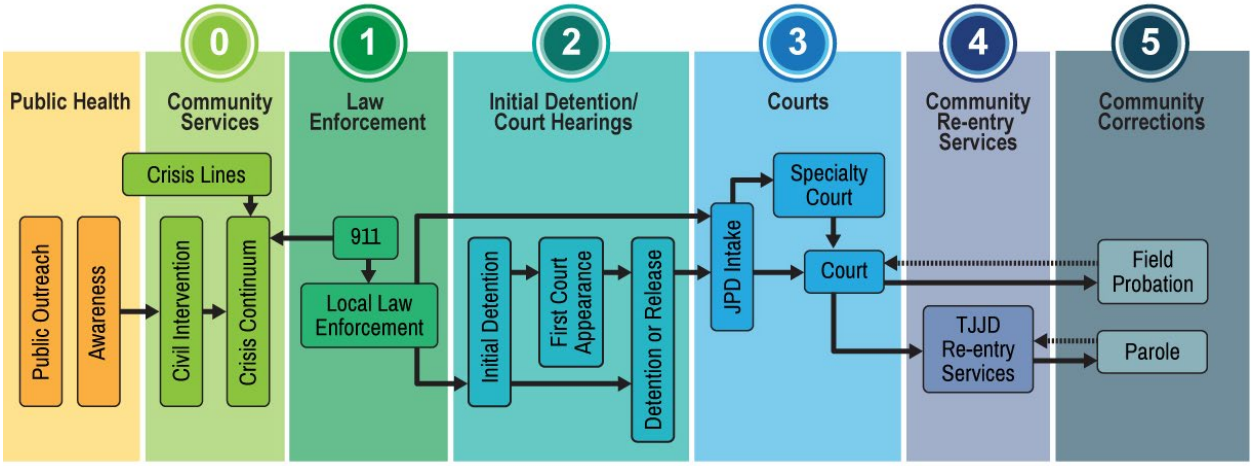
substance use. Collaborate to continually expand capacity through interagency coordination and service optimization.

4. Provide Specialized Training for Intake or Probation Officers
    - When juvenile referral is necessary, such as when youth behavior puts them at risk of harm to themselves and others, ensure that specialized officers are extensively trained on working with youth with mental health diagnoses.
    - Ensure that probation officers are experts in screening and assessments. Mental health agencies should provide continual support and training to ensure probation staff have the resources they need to effectively serve youth with mental health diagnoses.
    - Work collaboratively across systems, including juvenile services, schools, and youth-serving organizations, to improve family engagement. View family engagement as the goal and responsibility of all organizations.

BEST PRACTICE: ESTABLISH GOALS FOR YOUTH CRISIS CARE

Some of the goals to work toward may include:

- Keep youth in their home and avoid out-of-home placement as much as possible. The YES Waiver Program, which provides a highly individualized set of services that are tailored to specific youth and family needs, is a good example of wraparound care that prevents out-of-home placement.
- Integrate family and youth peer support, ensuring that caregivers are paired with Certified Family Partners and kids with youth peer support.
- Communities should also ensure that everyone who plays a role in youth crisis response, from law enforcement to mental health authorities are trained appropriately and help to design the tailored response by the community.



INTERCEPT 1

Intercept 1 focuses on the initial contact with law enforcement and encompasses the array of responses to youth with mental illness or IDD who may be engaging in delinquent conduct, experiencing mental health crisis, or both.

INTERCEPT 1 RESOURCES

Intercept 1 Law Enforcement	
Bell County Sheriff's Office	Belton Police Department
Killeen Police Department	Temple Police Department
Harker Heights Police Department	Salado ISD Police Department
Salado Police Department	Morgan's Point Resort Police Department
Nolanville Police Department	Bartlett Police Department
Little River-Academy Police Department	Bell County Constables
Rogers Police Department	Troy Police Department
Holland Police Department	Killeen ISD Police Department
Burlington Northern Santa Fe Police Dept.	Central Texas College Police Department

Univ. of Mary Hardin Baylor Police Dept.	Texas A&M Central Texas Police Dept.
Baylor Scott & White Police Department	

INTERCEPT 1 GAPS AND OPPORTUNITIES

Participants from law enforcement focused more on the services and supports for families rather than augmented resources for themselves. They agreed that many kids aren't even aware of the consequences of their behavior. The SIM participants understood that family dynamics exacerbate behavioral challenges. Parents often lack the skills to adequately address these challenges.

Police recommended improved services to strengthen families. They recommended better coordination between providers, improving timely access and communication. Understanding that big behaviors often manifest when kids are in school, participants recommended STARRY Step-Up technical assistance for school resource officers. The community also discussed the possibility of creating a crisis triage center, linked with inpatient and outpatient providers, for law enforcement to bring youth in behavioral health crisis in lieu of juvenile justice referral.

Police as Partners in Creating Successful Outcomes for Youth

Chief Gary McHone helped to create the Salado Independent School District Police Department. Through the process, he educated school personnel about what, by law, officers can or can't do, ensuring that everyone has reasonable expectations. For instance, he provides them with the Department's essential job functions. On-campus police can ensure the safety of students and staff but not monitor classes or cafeterias for disciplinary infractions.

Most importantly, he forms a strong partnership with school counselors, administrators, and teachers. Where it is legal and appropriate, they share information about youth who may be at risk of behavioral health crisis. This gives his team forewarning so that they are prepared to deescalate. He is also better informed about intellectual and developmental disabilities and is better equipped to identify and appropriately respond to certain behaviors.

Through good communication and a strong partnership with schools, he said, "We know what's going on. We have the knowledge and tools we need to respond and deescalate."

This is only one example of the ways that Bell County law enforcement partners with schools and the community. Chief Shawn Reynolds also serves as a volunteer in the "Strengthening Families" program, which engages with parents and caregivers of youth with behavioral challenges. The program fosters positive family engagement, teaches valuable parenting skills, and provides youth with an enriching way to connect with family and community.

INTERCEPT 1 BEST PRACTICES

BEST PRACTICE: CO-RESPONDER APPROACH

In a Co-Responder Team Model, at least one law enforcement officer and one mental health professional jointly respond to situations that likely involve a behavioral health crisis. A co-responder team can de-escalate situations and promote diversion to services.

BEST PRACTICE: DEVELOP COMPREHENSIVE DELINQUENCY PREVENTION

Strategies that are aimed at reducing the risk of juvenile referral focus on protective factors that keep kids safe, mentally healthy, and on track in school. It is important to recognize that

delinquency arises when youth are exposed to a multitude of risk factors in their families and environments.

A comprehensive strategy focuses on increasing youth academic achievement and positive parental relationships. Additionally, pairing youth with mentors has been demonstrated to prevent delinquency. Years of evidence has shown that positive role models dramatically improve youth outcomes, even for youth with significant mental and emotional health issues. There is no single program that can accomplish these goals. A comprehensive prevention strategy involves multiple approaches that are tailored to individual youth. It is imperative that schools, parents, and police all recognize that prevention works best in conjunction with intentional efforts to build resilience, involve youth, and see the best in them.

BEST PRACTICE: DISABILITY AWARENESS TRAINING FOR LAW ENFORCEMENT

The Arc National Center on Criminal Justice & Disability partners with law enforcement across the country to increase awareness and provide learning resources on intellectual and developmental disabilities (I/DD). People with I/DD often have limitations in intellectual functioning and adaptive behaviors such as social, practical, and conceptual skills. The most common diagnoses include autism, Down syndrome, Fragile X syndrome, and Fetal Alcohol Spectrum Disorder. Not every person with a developmental disability has an intellectual disability.

Often there are no outward signs that an individual has I/DD, and the officer might misinterpret behavior that is related to their diagnosis as suspicious. When confronted, people with I/DD often react with fear, thus reinforcing officer suspicion. The interaction can then cascade, with the person with I/DD running away from the officer, stimming (hand flapping, rocking, spinning, or repetition of words or phrases), not following commands, or not looking at the officer's face.

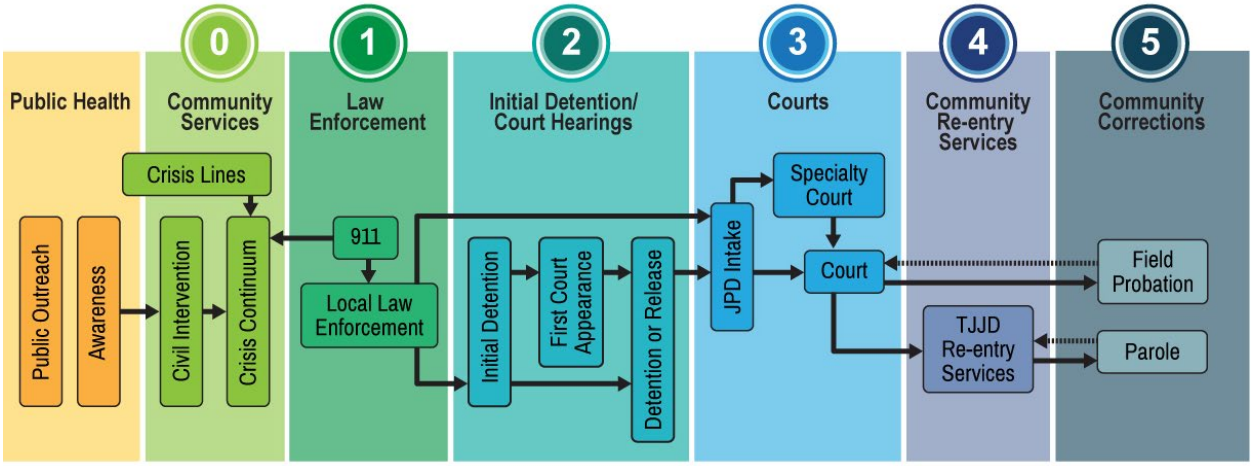
Often people with I/DD will not understand the officer and, out of fear, pretend to understand or quickly admit to committing a crime. Also, when the person with I/DD has been the victim of a crime, their interactions with police cause them increased fear and distress, making them hesitant or unclear in describing what happened to them. For these reasons, it is imperative that law enforcement receive special training about I/DD.

Some of the techniques recommended by The Arc include:

1. Making a personal connection as quickly as possible. Help them feel safe. Listen to the individual's family or caregivers for tips on how to calm them down. If a youth does run away, consider why they might be afraid.
2. Recognize that stimming helps the person with I/DD to calm down. Give them space before attempting to make a personal connection. Recognize that the individual may communicate in unexpected ways.
3. If the individual does not immediately follow commands, make sure they understand. Wait at least 7 seconds for the information to be processed. Ask the person to repeat the direction or command in their own words. The officer can also physically demonstrate what they'd like the person to do.
4. Don't assume that a lack of eye contact is disrespect. This may be a typical response for someone with I/DD.
5. When there is suspicion of a law violation, ask the person to repeat back what the officer said, especially when reading their Miranda rights. Ensure that the person has an attorney or another support person to advocate for them.
6. When there is suspicion that the individual with I/DD is a victim of a crime, ask them what would help them feel safe. Let them know you believe them. Get them to tell their story in their own way and in their own time. Recognize that trauma will make it especially difficult for a person with I/DD to communicate.

BEST PRACTICE: FIRST OFFENDER PROGRAMS

The Judicial Commission on Mental Health's "Texas Juvenile Mental Health and Intellectual Disabilities Law Bench Book" (2023 – 2025), p. 52, describes law enforcement's statutory discretion to divert youth from juvenile justice referral and instead address law violations through First Offender Programs.



INTERCEPT 2

Intercept 2 encompasses youth who are detained and have a detention hearing. This intercept is the first opportunity for judicial interaction in the juvenile justice system, including intake screening, early assessment, appointment of counsel and pretrial release of youth with mental illness, substance use disorder, or intellectual and developmental disabilities.

INTERCEPT 2 RESOURCES

Intercept 2 Pretrial/Detention	
Bell County Juvenile Services	Positive Achievement Change Tool (PACT) Risk and Needs Assessment MAYSI-II Adverse Childhood Experiences
Staff Trained in Trust-Based Relational Intervention & Trauma-Informed Care	Referral to Multi-Systemic Therapy

INTERCEPT 2 GAPS AND OPPORTUNITIES

When discussing gaps and opportunities at intercept two, there was broad consensus that parental engagement and accountability was sorely lacking, diminishing the effectiveness of programming across all intercepts. This is especially true when youth are referred to juvenile detention. Many families often lack the capacity to engage at this crucial moment, when Juvenile

Services is performing assessments, mobilizing treatment plans, and coordinating with Central Counties Services. Parents need to be part of this process. Community members strongly emphasized the need to help build family support systems. They recommended providing additional supports such as transportation to remove barriers to engagement. Additionally, they saw an opportunity to develop a mentorship program for justice-involved youth, providing them with stable and positive relationships. Finally, the participants suggested creating a podcast to engage community members and reach parents with relevant information about behavioral health and juvenile justice.

Participants recognized the need for better coordination between schools and juvenile detention. They recommended sharing of educational and counseling records as part of creating multi-systemic coordination. They noted the need to develop memoranda of understanding (MOUs) between all parties and indicated that Texas statutes authorize the sharing of information in service of the goal of creating a multi-system approach.

The community members also saw the need for better training on identifying and working with people with intellectual and developmental disabilities including autism. There is already an effort in Bell County to train law enforcement about autism. Participants suggested expanding this training and making it available to defense attorneys, prosecutors, and judges.

INTERCEPT 2 BEST PRACTICES

BEST PRACTICE: COLLABORATION BETWEEN LOCAL SCHOOLS AND JUVENILE DETENTION

Collaboration between schools and juvenile services is essential to maintain educational continuity and support academic progress of youth. Some key best practices include:

1. Information Sharing: Develop formal agreements to facilitate the secure and legal exchange of educational records between schools and juvenile detention.
2. Coordinated Lesson Planning:
    a. Align curricula inside juvenile detention with local school curricula.
    b. Provide joint training session for educators from both settings to share effective teaching techniques and address the unique needs of detained youth.
3. Monitor Academic Progress
    a. Create individualized education plans for students with special needs, to ensure they receive the appropriate support and accommodations in juvenile detention and in local schools.

b. Implement ongoing assessments to monitor academic progress.

4. Transition Supports
    a. Begin planning for the youth's transition from detention back to school upon entry into the detention center. Involve the child's educators, counselors, and family members.
    b. Provide mentorship to youth as they transition back to school.

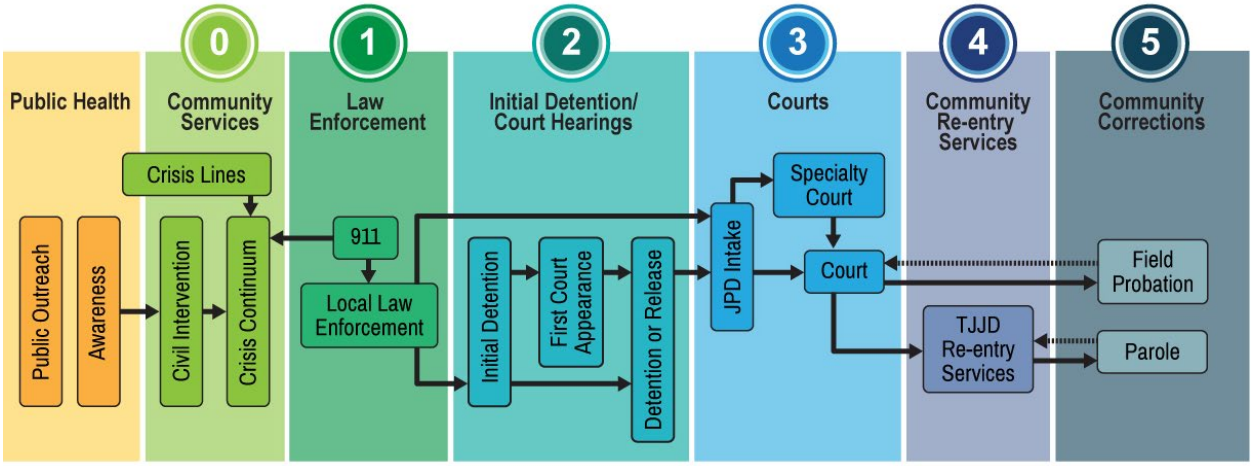
BEST PRACTICE: ENSURE PRESUMPTION OF RELEASE

According to state law (Tex. Fam. Code § 54.01(e)), it is presumed that a youth will be released from detention except under certain circumstances such as:

- Risk that the child might abscond,
- Unsuitable supervision,
- Lack of a parent or caregiver to whom the court can release the child,
- The child is at risk of harming themselves or others, or
- Previous delinquent conduct.

Most of these conditions can be satisfied when the child's mental and behavioral health challenges can be addressed quickly, and the child can be safely returned home to their family or caregiver. As described previously, a comprehensive strategy does not look solely at finding an alternative placement, but also addresses the comprehensive needs that keep kids at risk when returned to home following release from detention.

For instance, juvenile probation could work collaboratively with a local mental health authority or other community service provider to mobilize wraparound case management for the child and family. A county might utilize short term respite centers for youth. Alternatively, they might pair family members with a certified family partner who has similar lived experience. They might also engage inpatient or therapeutic group homes. When the focus is on bolstering protective factors for the child or family, releasing the child from detention can also decrease the likelihood of future juvenile involvement.



INTERCEPT 3

Intercept 3 involves the supports and approaches within courts that influence the future path for juvenile justice-involved youth with mental health needs and intellectual and developmental disabilities. These approaches encompass trauma-informed courtrooms, specialty courts, and specialized training for judges, defense attorneys, prosecutors, and court personnel.

INTERCEPT 3 RESOURCES

Intercept 3 Courts	
The Honorable Rebecca DePew County Court at Law 3	Juvenile Truant Conduct Court
Centex Child Protection Court #1 The Honorable Christopher Cornish	Centex Child Protection Court #2 The Honorable Dallas Sims
Temple Teen Court	Harker Heights Teen Court
Belton Teen Court	Killeen Teen Court

INTERCEPT 3 GAPS AND OPPORTUNITIES

Participants broadly agreed that Bell County courts would benefit from more training and specialization. They saw this as an opportunity improve training on intellectual and

developmental disabilities (IDD). They also encouraged prosecutors, judges, and defense attorneys to get training in trauma-informed court systems. Most participants saw this process as an opportunity to create a mental health specialty court for youth in the juvenile system. Some participants also suggested additional specialty court programming for youth with IDD.

Unsurprisingly, participants urged more parental engagement and accountability in the court process. Recognizing that parents may not have the knowledge and skills to address behavioral challenges, they suggested adding a behavioral intervention specialist to work with families. Some participants also recommended creating a family justice center to house the juvenile court as well as programming for parents and caregivers.

INTERCEPT 3 BEST PRACTICES

BEST PRACTICE: FAMILY ENGAGEMENT IN JUVENILE COURT

It is imperative that families are engaged in the juvenile court process to produce positive outcomes for youth. They are the most important factors in promoting positive behavior and skill building. Promoting positive family engagement is associated with optimal mental health outcomes, school achievement, and positive peer relationships.

Most communities struggle to engage families effectively. It is not uncommon for courts and probation staff to become more directive, considering ways to require families to remain involved, which makes partnering with the family to create optimal outcomes a challenge. Sometimes courts have no clear way of promoting family engagement throughout the process.

Courts might consider shaping their family engagement strategies as follows:

- Recognize how juvenile court obligations impact the functioning of a family that already struggles with its own behavioral health and logistical challenges,
- Develop interventions based on the capacities and needs of family members who would be responsible for ensuring their child remains engaged,
- Seek out evidence-based models that divert children from detention and keep them with their families as far as possible, and
- Establishing measurable objectives regarding positive family engagement and collecting data to track outcomes.

Additionally, courts and juvenile probation offices might consider creating more formal partnerships with families of justice involved youth. For instance, the Juvenile Probation Department of Pierce County, Washington, established a family council to assist the court and probation in shifting toward a family-centered approach. The Department of Youth Services in Massachusetts established virtual family counseling services to help families address their unique needs rather than create a single program or class that may or may not address family needs. The Department also hired a Director of Family Engagement to work with families and ensure that the court best partners with families as the experts. Montana developed a family mentoring program, pairing parents with family partners. These are just a few examples of successful approaches to family engagement.

In Williamson County, Texas, the Juvenile Probation Department excels at parent and family engagement. In support of their goals, they have recruited community members and businesses to provide treats, experiences, and accessible events for families whose children are involved in the juvenile justice system.

These are just a few examples of successful approaches to family engagement.

BEST PRACTICE: STREAMLINED FITNESS RESTORATION PROCESS

According to Texas Health and Human Services, a streamlined process of fitness restoration might include:

- Continuity of care for youth found unfit to proceed,
- Regular review of fitness restoration cases across juvenile justice and local mental health authority stakeholders,
- Outpatient fitness restoration, and
- Regular trainings and education to courts on Family Code Chapter 55, which relates to proceedings concerning children with mental illness or intellectual disabilities.

The Judicial Commission on Mental Health also outlines best practices for reviewing fitness reports, which include:

- Ensure that attorneys who receive the child's fitness report understand it and determine whether it is an accurate portrayal of the child.
- Question whether the language attributed to the child matches the lawyer's own observations.

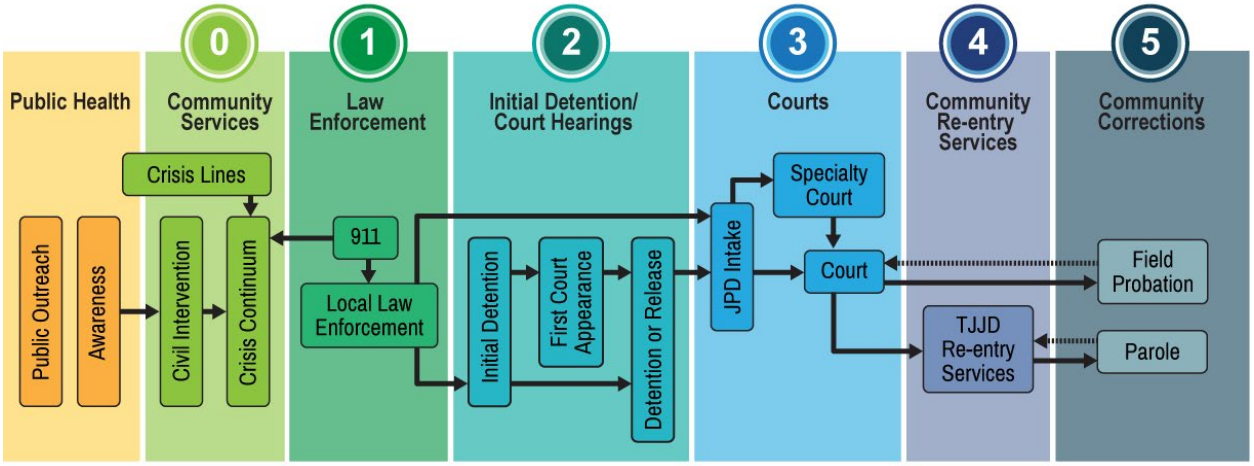
- Lawyers should be aware of descriptions such as those listed below, which may indicate that the child is not currently fit to proceed, even if fitness reports might say otherwise:
    - "The child appears at least marginally fit to proceed at this time."
    - "The child's cognitive functioning is within the borderline range, but their adaptive behavioral functioning is noticeably below expectation."
    - "The child was partially oriented to time."
    - "The child did not know the name of the home where they were living."
    - "The child's communication was rated within the severely impaired range."
- Understand that children are either fit to proceed or not, there is no "sliding scale" of fitness. It might be necessary for attorneys to object to fitness determinations that are based on a "partially fit" assessment.
- Speak to the child at least by phone prior to determining whether to object to the report, and to request additional time.

BEST PRACTICE: TRAUMA-INFORMED JUVENILE COURT SYSTEMS

According to the National Child Traumatic Stress Network, more than 80 percent of juvenile justice-involved youth report having experienced trauma with many of them having experienced multiple, chronic, and pervasive personal trauma. It is imperative that juvenile courts and staff of organizations that serve juvenile-justice involved youth receive training on trauma and to adopt trauma-informed practices to protect children.

Some of the applicable principles include:

- Creating a culture of trauma-informed care,
- Collaboration within and across systems,
- Respect for youth and family voice,
- Recognize and address the potential for secondary trauma, or the trauma that occurs when working with and serving youth with experiences of trauma, among court and probation staff,
- Providing ongoing quality training,
- Promote information sharing between entities to spark innovation and harness best practices,
- Establish a training system informed by data, and
- Ensure that training is adequately funded and sustainable.



INTERCEPT 4

Intercept 4 encompasses youth who are transitioning from juvenile detention or state custody. Services in this intercept include those that will address risk factors that increase the likelihood of future juvenile justice involvement as well as resources that help to bolster protective factors—such as family stability, positive peer group, and vocational training—that help a child with behavioral health challenges transition back into school and the community.

INTERCEPT 4 RESOURCES

Intercept 4 Reentry	
Bell County Juvenile Services Transition Planning	Workforce Solutions of Central Texas Temple: (254) 742-4400 Killeen: (254) 200-2000

INTERCEPT 4 GAPS AND OPPORTUNITIES

Transition Planning

Participants saw a gap in transitional services to help youth successfully return to school following juvenile justice involvement. To accomplish this, they recommended better communication between Juvenile Services and schools. They suggested initiating re-entry meetings between

juvenile probation officers, school administrators, and counselors, and urged all parties to establish the necessary memoranda of understanding.

Service Coordination

Justice-involved youth with behavioral health challenges often require a host of services from multiple entities, including Juvenile Services, Central Counties, and other community providers. Participants recognized the need to develop a system that connects all departments to track the child's progress across services. They suggested developing a flowchart to track youth through the process across agencies, thereby breaking down silos and improving service coordination.

Re-entry Programming

The SIM participants indicated there is a need for a broader array of reentry resources for youth in Bell County. While Juvenile Services does transition planning with youth, there are few organizations with re-entry programming specifically for youth. They recommended augmenting re-entry resources and suggested creating a mentorship program to provide one-on-one support for kids leaving the juvenile justice system.

Parental Engagement

Across all intercepts, community members emphasized the need for better family engagement, and this is especially true at the point of re-entry. They recommended programming aimed to help build family support systems, including affordable parenting classes, behavioral specialists, and family counseling. The need is so urgent, participants recommended finding ways to require parental engagement such as through court order.

INTERCEPT 4 BEST PRACTICES

BEST PRACTICE: START REENTRY PLANNING UPON JUVENILE REFERRAL

According to the Justice Center of the Council on State Governments, the most effective reentry planning occurs when the planning begins at intake and continues through family reintegration and aftercare. Successful outcomes require case management that begins with the end in mind: resilient children bolstered by protective factors within their families and communities. This requires the juvenile probation department to work with case managers within the community

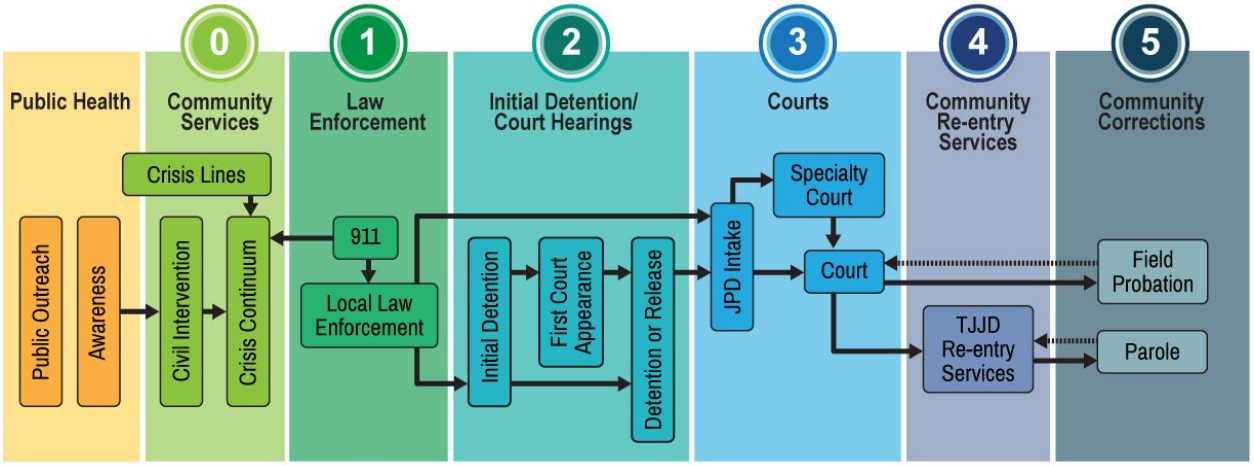
to identify the risk factors that must be addressed to achieve successful reentry. A flexible and individualized approach is most likely to achieve success.

BEST PRACTICE: SCHOOL TRANSITION

Justice-involved youth are at high risk of falling behind their peers, forcing them to repeat grades and increasing the likelihood they drop out of school entirely. State law (Texas Education Code § 37.023) requires that all returning students have a transition plan, but many districts are either unaware of these obligations or they lack the training and guidance to do transition planning effectively. As an additional support, the Texas Legislature passed H.B. 5195 in 2023, which added section 54.021 to the Texas Family Code to ensure that youth in detention facilities receive education and services while detained. By the 21st day of a youth's detention, the detention facility must assess the child and develop a written plan to reach rehabilitation goals and provide a status report every 90 days.

Recommendations for improving transition planning include:

- Utilize a team-based approach to school transition, including family, school, juvenile probation, and community providers such as local mental health authorities,
- Foster efficient records transfer from juvenile detention to schools, also ensuring that education services within juvenile detention are aligned with ISD curriculum requirements,
- Develop an individualized transition plan that accounts for the unique needs and challenges of family members as well as youth,
- Stay up to date on relevant research, especially when developing individualized interventions, and
- Perform regular monitoring and tracking.



INTERCEPT 5

Intercept 5 encompasses youth under juvenile justice community supervision. This intercept combines youth programming and youth/family service coordination to provide the supports necessary to help youth with behavioral health needs succeed.

INTERCEPT 5 RESOURCES

Intercept 5 Community Supervision	
Bell County Juvenile Services	Bell County IMPACT Program
GED Classes	Probation Staff Assist Youth in Obtaining Vocational Training & Driver's License
Multi-Systemic Therapy Referral to Central Counties Services	Texas Juvenile Justice Department Reentry and Parole

INTERCEPT 5 GAPS AND OPPORTUNITIES

As discussed throughout this process, parent engagement is the top priority to improve outcomes for youth in juvenile probation. In addition to the multiple recommendations in other intercepts, participants suggested Positive Parenting classes. They also suggested initiating a "Strengthening Families Program" in Bell County, an evidence-based, volunteer driven, family engagement program.

How Bell County is Leading the Way

Dawn Owens serves as the Chief Juvenile Probation Officer at Bell County Juvenile Services. She's been with the Department for 25 years, and she started working with young people as early as high school. Her passion for kids inspired her to earn degrees in psychology and criminal justice. She worked in clinical outpatient services and then in residential treatment. In residential treatment, she started working with youth in the juvenile justice wing and loved it. The experience led her to make juvenile probation her long-term career.

Her department is a leader in identifying and addressing the unique needs of youth with autism spectrum disorder (ASD). They adopted a screening tool, helping them identify kids with ASD early and referring them to specialized providers. They also collaborate across agencies to improve the way that law enforcement and other juvenile justice practitioners identify and respond to youth with ASD. Bell County Juvenile Services works with partners to equip law enforcement officers with sensory kits to help youth with ASD to regulate and deescalate. The kits include items such as headphones, fidget toys, and dry erase boards for kids who are nonverbal. Dawn also recognized the outsized role a local prosecutor and her son with ASD play in Bell County. They train law enforcement within the County and across the state.

In 2015, Bell County Juvenile Services became one of the first departments in the state to move away from an offense-based model toward a positive achievement change tool. This approach guides her staff to tailor case management to the specific and unique needs of each child. They also incorporate trauma screening, thereby allowing them to further tailor their approach to youth engagement.

With Dawn in the lead, Juvenile Services responded to the sudden drop in provider availability following the Covid epidemic by establishing partnerships with local universities. Today, they have a robust field practicum program for graduate students of counseling and social work. Additionally, Dawn and her team innovated by expanding the use of virtual platforms to better engage with youth. They learned that kids interface better with technology than adults and saw this as an opportunity to connect youth with the providers and programs they need despite the local shortage of providers.

INTERCEPT 5 BEST PRACTICES

BEST PRACTICE: DEVELOP A COMMUNITY APPROACH TO JUVENILE PROBATION

Many of the best practices already mentioned in this report, including wraparound case management, family engagement, and reentry planning, all serve to improve probation outcomes. In a rural area with limited resources, juvenile probation departments may lack the internal resources and community services that might be available in larger cities. This requires

courts and probation departments in smaller counties to reimagine how probation can best partner with local mental health authorities, schools, CRCGs, and other community resources to achieve best outcomes. Juvenile probation does not have to be in it alone.

For instance, when probation partners with schools to ensure youth with mental health, learning, or developmental disorders receive the proper educational supports, they can achieve better educational outcomes. As an example, Disability Rights Texas partners with the Harris County Juvenile Probation Department to assist them in advocating for special educational services and accommodations.

Juvenile probation departments in smaller areas might also consider using certified peers with relevant lived experience to work alongside youth with mental and emotional health challenges and certified family partners to work with families. Departments could also recruit mentors and other volunteers to assist with positive youth development.

Juvenile probation departments might also consider partnering with a workforce development board or other vocational resources to establish training and job preparation programs for youth on probation. The Annie E Casey Foundation provides a number of examples across the country of successful workforce/probation partnerships.

These are just a few examples of partnerships that can help smaller counties achieve optimal juvenile probation outcomes.

BEST PRACTICE: FAMILY ENGAGEMENT IN JUVENILE SERVICES AND PROBATION

Bell County Juvenile Services makes investments in family engagement and youth transition back to home and the community, dedicating juvenile probation officers to this effort. They also collaborate closely with CCS to promote successful home transition for youth on the CCS caseload. As the community works toward implementing its family engagement strategy, team leaders might benefit from considering how family engagement approaches are changing. The Annie E. Casey Foundation offers strategies for shifting practices and thinking around family engagement:

1. Make youth and family partnerships a key priority
2. Ensure that the term “family” encompass parents as well as other family caregivers,
3. Simplify language that juvenile professionals use,

4. Involve youth and families in case planning,
5. Look broadly at the needs of youth and families, encompassing everything from reducing transportation barriers to connecting youth with recreational activities,
6. Provide ongoing training to probation staff and partners, ensuring that they are always on the leading edge of emerging best practices, and
7. Engage youth and families in efforts to improve the overall juvenile system for everyone, including future clients.

PRIORITIES FOR CHANGE

Following the discussion on gaps and opportunities, the participants brainstormed priorities that might address gaps and help the community seize opportunities. They produced dozens of suggestions. They were then asked to rate the priorities on a one-five scale:

5 = Idea would have tremendous impact, and we should work on it immediately
1= Might be a good idea, but not a high priority at this time

After five rounds of community members reading and rating the ideas, participants identified a list of high/immediate, moderate/near future, and priorities for later.

Bell County Youth SIM Priorities	
High/Immediate	Parental education to help them address behavioral challenges early
	Create a juvenile mental health specialty court
	Implement a "Strengthening Families" program in Bell County
	Increase availability of reentry programming
	Improve and streamline mental health intake process for kids
Moderate/Near Future	Require parents to engage with court ordered programming
	Develop a safe transition center for youth returning to the community
	Increase residential options for youth who require longer-term structured services and treatment
	Promote service coordination and cooperation between the array of youth-serving agencies, schools, and organizations
	Expand mentorship programming
Priorities for Later	Law enforcement de-escalation training when responding to threats made by youth to their parents, preventing arrest
	Increase respite care options
	Improve trust and communication across systems
	Expand parenting skills classes

After reviewing the emerging priorities, participants were given three adhesive dots to vote for their top priorities. They wrote their initials on the ideas that they were willing to give their time and effort to make a reality in Bell County. At the end of this process, four key priorities emerged.

Priority 1: Education and Programming to Support Families

Priority 2: Increase Knowledge of and Access to Behavioral Health Services

Priority 3: Juvenile Mental Health Specialty Court

Priority 4: Expand Re-Entry Programming

ACTION PLANS

Workshop participants were invited to join one of the four priority groups to create an action plan. Each team developed a plan with objectives and near/long term tasks. Afterwards, each group reviewed the plans developed by other teams. All participants were encouraged to make suggestions and raise considerations for these plans, thereby helping each team to improve upon the plans. The teams identified a time and date for their next meetings, as well as champions to coordinate communication among team members.

The purpose of the action planning activity was to create a site-specific action plan with clearly defined, attainable, prioritized short-term and long-term steps addressing the gaps identified during the workshop. The plans will be further refined and implemented by each team following the workshop.

The action plans on the following pages are the initial drafts developed during the workshop. The teams have already made specific plans to continue meeting, so these drafts will not reflect the work done after the workshop and prior to the publication date of this report. Readers should contact team members for the most current information on these action priorities.

PRIORITY 1: EDUCATION AND PROGRAMMING TO SUPPORT FAMILIES

Participants (*=Champion): Nicole Garza*, Chief Shawn Reynolds*, Jayson Barney, Larry Berg, Antwuan Brinson, Kylie Brooks, Rodney Duckett, Deyanira Duffy, Benjamin Duiker, Karen Ewton, Iris Felder, Bari Gamble, John Gauntt Jr., Sean Harvey, Lillian Hawkins, Barney Jackson, Tony Jimenez, Hilary Kerekes, Jazmyne Lee, Deionesha Lenoir, Juliethe Leon, Susie Marek, Barbara Maufas, Chief Gary McHone, Sandy Minor, Michael Moers, Erika Parker, Makayla Register, Chief Shawn Reynolds, Carlos Sanchez, Commander Gary Smith, Keith Smith, Tiffany Sommerfield, Allen Teston , Kim White, Scott Winn

Next Meeting: April 3, 1:00 - 2:00pm, Temple Police Department

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Bring a "Strengthening Families" Program to Bell County	Obtain funding. Grant writing. Identify the organization that will administer the program.	Establish referral partnerships with Juvenile Services, ISD's, Central Counties Service, and other orgs that work with families of children with behavioral health challenges.	Recruit/Train Volunteers	
Engage Youth with Behavioral Health Challenges	Identify clubs, programs, and little leagues, and after school programming. Identify ways to help cover the costs for these programs for youth from low-income households.	Outreach to youth to encourage to join.		
Expand the Use of Certified Peers (MHPS, RSPS) to Work with Youth	Obtain additional funding to hire peers, possibly in schools or juvenile services.	Hire peers or optimize funding by partnering with peer-led organizations or Central Counties.		
NOTES: With respect to "Strengthening Families Program", establish selection criteria, connect with specialty courts, ensure families of youth transitioning from juvenile detention, are invited, use grant templates already developed by Strengthening Families Program. Belton ISD agreed to host programming. With respect to engaging youth, connect with youth ministries, Big Brothers Big Sisters program. Collaborate with Temple ISD Wildcat Mentors. Libraries have programs.				

RESEARCH AND PRACTICES RELATED TO PRIORITY ONE

Earlier sections of this report discuss best practices along the SIM continuum. With respect to Priority 1, Education and Programming to Support Families, the priority planning team might benefit from considering these relevant best practices:

- Family Engagement in Court

- Family Engagement in Juvenile Services and Probation

PRIORITY 2: INCREASE KNOWLEDGE OF AND ACCESS TO BEHAVIORAL HEALTH SERVICES

Participants (*=Champion): Brenda Jones*, Jayson Barney, Selena Bennett, Antwaun Brinson, Misty Carter, Kasba Degrate, Sean Doherty, DeeDee Duffy, Bari Gamble, John Gauntt Jr., Lillian Hawkins, Jessica Holt, Brenda Jones, Hilary Kerekes, Deionesha Lenoir, Susie Marek, Tierra Mccoun, Chief Gary McHone, Carlos Sanchez, Carmen Sanders, Tiffany Sommerfield, Johnnie Wardell, Melissa Wolfe, Alyssa Wright
Next Meeting: Wednesday, April 2 from 2:00-3:00pm via MS Teams (Carlos will send the link)

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Engage Youth Mental Health Task Force	Reach out to subcommittee and explore strategies for using youth to connect to youth - Johnnie & Carlos			
Youth Mental Health First Aid	Identify more trainers and trainees - Bari			
Connect the Dots Community Health Summit	Promote more broadly - Bari & Johnnie	Explore wider participation		
Bell County Resource List	Reach out to CRCG about possibly hosting a resource webpage	Promote webpage with QR code and other means		

NOTES:
Overall: Youth need to trust the programs.
MHFA: Region 12 has MHFA training once a month for the next 4 months.
Summit: Need to advertise the Community Health Summit more. How can we speak or get our info out? Send out info to all participants.
Resource List: CRCG can be a good custodian of the list; contact Juliethe Leon. Courts need resources to refer families; also law enforcement, school counselors, pastors. Use a QR code to get info out. Include YouTube videos from agencies. 211 is a good resource (and should also get the info on the list). How do we get info out to people - social media campaign or flyers?

RESEARCH AND PRACTICES RELATED TO PRIORITY TWO

Earlier sections of this report discuss best practices along the SIM continuum. With respect to Priority 2, Increase Knowledge of and Access to Behavioral Health Services, the priority planning team might benefit from considering these relevant best practices:

- Intensive Care Coordination
- Foster Early Mental Health Identification and Intervention
- Mental Health and Juvenile Justice Interagency Collaboration
- Establish Goals for Youth Crisis Care

PRIORITY 3: JUVENILE MENTAL HEALTH SPECIALTY COURT

Participants (*=Champion): James Arnold, Selina Bennett, Antwuan Brinson, Kylie Brooks, Misty Carter, Kasba Degrate, Rebecca DePew, Deyanira Duffy, Bari Gamble, Nicole Garza, John Gauntt Jr., Sean Harvey, Lillian Hawkins, Gill Hollie, Jessica Holt, Anne Jackson, Gregory Johnson, Hilary Kerekes, Jazmyne Lee, Deionesha Lenoir, Juliethe Leon, Kristi Lloyd, Jackie Madsen, Tierra McCoun, Gary McHone, Sandra Minor, Mahogany Moore, Jim Murphy, Dawn Owens, Erica Parker, Charles Rice, Carmen Sanders, Keith Smith, Tiffany Somerfeld, Kim White, Melissa Wolfe, Kristen Zajicek

Next Meeting: Tuesday, April 22 at 12:00pm (hybrid meeting, location TBD)

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Convene committee to discuss MH courts	Judge Gregory Johnson, John Gauntt Jr., Judge Rebecca DePew, Dawn Owens, Hilary Kerekes, Misty Carter, James Arnold, Antwuan Brinson,	Pretrial? Include parent support / peer support.		
Identify partners	CCS (MST, case management), STARRY (IDD, screening), BCJS (med management)			
Gather info on other juvenile specialty MH courts	Explore other counties (Comal, Travis, Collin)	John Gauntt Jr., JCMH (Molly Davis), Rebecca DePew		
Identify funding	Any opportunities with the Legislative Session?	Explore grant opportunities - Kylie Brooks, Dawn Owens, Gil Kasba, Holly Degrate		
Revise based on data		Gather data		
NOTES: Would they be diagnosed before or after the offense? Some may have MH struggles but no diagnosis.				

RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

Earlier sections of this report discuss best practices along the SIM continuum. With respect to Priority 3, Juvenile Mental Health Specialty Court, the priority planning team might benefit from considering these relevant best practices:

- Trauma-Informed Juvenile Court Systems

PRIORITY 4: EXPANDING RE-ENTRY PROGRAMMING

Participants (*=Champion): Jay Dann*, Juliethe Leon*, Jayson Barney, Kylie Brooks, Misty Carter, Jay Dann, Kasba Degrate, Rodney Duckett, Deyanira Duffey, Iris Felder, Bari Gamble, John Gauntt Jr., Sean Harvey, Lillian Hawkins, Jessica Holt, Deionesha Lenoir, Tierra Mccoun, Michelle Mitchell-Carroll, Lee Vi Moses, Makayla Register, Jennifer Rower, Carmen Sanders, Tiffany Sommerfeld, Doug Taylor, Penny Taylor, Kim White, Scott Winn

Next Meeting: Wednesday, April 30 at 10:00am at Bell County Juvenile Services

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Develop and maintain parent/guardian support services	Transportation is an example	Start at this point		
Create a framework for transition	Include student voice and service-oriented communication. Look at Ohio and Pennsylvania models, Sparks, Dr. Gage Lang	Start at this point		
Ensure youth have a qualified and consistent mentor			Start at this point	
Develop a transitional living / therapeutic school / center / program				Start at this point
NOTES: Activities such as sports and clubs for youth (older / teens) that are not grade-driven, maybe after school or on weekends.				

RESEARCH AND PRACTICES RELATED TO PRIORITY FOUR

Earlier sections of this report discuss best practices along the SIM continuum. With respect to Priority 4, Expand Re-entry Programming, the priority planning team might benefit from considering these relevant best practices:

- Start Reentry Planning Upon Juvenile Referral

- School Transition

RECOMMENDED NEXT STEPS

The Youth SIM Mapping process serves as a springboard to continued and enduring collaboration between stakeholders across all intercepts. To create the systemic changes outlined in the Bell County goals, a whole community approach is required. To ensure that the community stays engaged, the following next steps are highly recommended.

STRENGTHEN ACTION TEAM PLANNING

The most effective way to make progress and increase communitywide motivation is through action planning. During the in-person workshop, Bell County created four priority teams as well as priority champions. These key stakeholders are responsible for moving the action plans forward. To ensure continued momentum:

1. **Clarify the Role of Priority Champions:** These individuals assume responsibility for scheduling meetings, tracking commitments, checking on progress, and overseeing the various tasks associated with the action plan. This does not mean that the priority champions do all the work, which is often how collaborations devolve. Instead, the champions facilitate the discussions and check-in sessions, ensuring that participants know their roles and have a clear sense of the tasks necessary to move toward each benchmark. They check in on progress, asking that people honor their commitments or bring roadblocks to the full group to allow for mutual problem solving.

2. **Enlist People with Lived Experience:** Few things can motivate a group more than working side by side with families and young adults who have had to navigate the juvenile justice system. They bring an indispensable clarity about the urgency of the work, and their perspective will unleash ideas, strategies, and insights.

3. **Schedule Meetings and Find Meeting Locations Well in Advance:** Effective action teams jointly schedule regular meetings and set meeting locations well in advance. In this way, people know their deadlines for tasks. They also have the meetings on their calendars. Priority champions send reminders of upcoming meetings as well as tasks to be completed by that meeting.

4. **Chart Progress:** Every action team created a workplan, which included tasks and benchmarks at three-, six-, and twelve-month intervals. These plans may change and evolve, but it is essential that the teams have an updated version of the plan ready at

every meeting. All progress should be noted, and future benchmarks clearly identified. In this way, the community can chart progress, which builds momentum. It also facilitates learning, as the team can evaluate the factors that are contributing to plans being completed or not.

5. **Coordinate with All Teams:** Bell County has a Youth Mental Health Taskforce, which will add a subgroup to track progress on the four priorities. It would be important for each action team to participate in the Taskforce and to provide regular updates. This allows the full community to engage with the work of all teams, which is essential as the leadership seeks to obtain funding, develop data sharing agreements, and respond to emerging priorities.

It is also helpful to recognize the leadership and efforts of community members who give their time, resources, and efforts to create system change in Bell County. Award ceremonies, recognition in the local press, and other creative ways to recognize people will build motivation and propel local leadership. The community might also consider orienting new elected officials to the work of the community, inviting them to be part of these efforts.

PRIORITIZE IMPLEMENTATION OF CURRENT STATUTES

Many statutes are difficult to implement as they require coordination between multiple agencies, and the statutes do not designate the lead agency. Further, the laws require cross-sector planning and resource allocation. As Bell County achieves its goals, orients the Behavioral Health Leadership Team, and builds momentum, it will be in a better place to implement the more complex features of state law.

As stated in the background section of this report, the Judicial Commission on Mental Health recently released the Third Edition of the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book, which provides community and juvenile justice stakeholders with a comprehensive overview of best practices and existing laws at each point at which children intersect or are at risk of intersecting with the juvenile justice system. For a comprehensive overview of the Texas juvenile justice system, statutes and case law, refer to Texas Juvenile Law, 9th Edition, by Professor Robert O. Dawson.

REMAIN CURRENT WITH THE LATEST RESEARCH AND BEST PRACTICES

The field of youth justice is constantly evolving, with new research and promising innovations emerging constantly. Moreover, every time a county such as Bell brings together stakeholders from across systems to create systemic change for youth, these communities develop their own unique approaches to common problems. Remaining current on the latest research is key. Of equal importance is connecting with other communities across Texas who have also completed their own youth SIM mapping.

The Judicial Commission on Mental Health is your resource for continued technical assistance (TA). The TA site includes training and education, a video library, and peer networking resources. You can contact JCMH directly with questions and requests for assistance.

APPENDICES

APPENDIX	TITLE
Appendix 1	Commonly Used Acronyms
Appendix 2	General Resources
Appendix 3	Bell Youth SIM Map
Appendix 4	Workshop Participant List
Appendix 5	Workshop Agenda
Appendix 6	Best Practices at Each Intercept
Appendix 7	Key References

APPENDIX 1| COMMONLY USED ACRONYMS

ACEs – Adverse Childhood Experiences	BJA – Bureau of Justice Assistance	CCP – Code of Criminal Procedure
CIRT – Crisis Intervention Response Team	CIT – Crisis Intervention Team	CSO –County Sheriff's Office
DAEP – Disciplinary Alternative Education Program	DAO –District Attorney's Office	HB – House Bill
HHSC – Health and Human Services Commission	IDD – Intellectual or Developmental Disability	IDEA – Individuals with Disabilities Education Act
IEP – Individualized Education Program	JCMH – Judicial Commission on Mental Health	JJAEP – Juvenile Justice Alternative Education Program
LE – Law Enforcement	LIDDA – Local IDD Authority	LMHA – Local Mental Health Authority
MH – Mental Health	MHC – Mental Health Court	MI – Mental Illness
MOU – Memorandum of Understanding	PD – Police Department	PDO – Public Defender's Office
PH – Public Health	RTC – Residential Treatment Center	SAMHSA – Substance Abuse & Mental Health Services Administration
SB – Senate Bill	SH – State Hospital	SRO – School Resource Officer
TASC – Texas Association of Specialty Courts	TCHATT – Texas Child Health Access Through Telemedicine	TCIC – Texas Crime Information Center
TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments	TIDC – Texas Indigent Defense Commission	TJJD – Texas Juvenile Justice Department
TLETS – Texas Law Enforcement Telecommunications System		Additional acronyms are described at the bottom of this page.

FUNDING RESOURCES

Council of State Governments Justice Center https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/	DOJ Office of Justice Programs https://www.ojp.gov/funding/explore/current-funding-opportunities
Humanities Texas https://www.humanitiestexas.org/grants/apply	The Meadows Foundation https://www.mfi.org/
Office of the Texas Governor https://gov.texas.gov/organization/financial-services/grants	Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/grants
Texas Health & Human Services Commission https://www.hhs.texas.gov/business/grants	Texas Indigent Defense Commission http://www.tidc.texas.gov/funding/
U.S. Department of the Treasury: Assistance for State, Local, and Tribal Governments https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments	U.S. Grants https://www.usgrants.org/texas/personal-grants

GRANT WRITING RESOURCES

Grants.gov https://www.grants.gov/web/grants/applicants/applicant-training.html	HHSC Funding Information Center https://www.dshs.texas.gov/fic/gwriting.shtm
Nonprofit Guides http://www.npguides.org/index.html	Nonprofit Ready https://www.nonprofitready.org/grant-writing-classes
Texas Specialty Court Resource Center http://www.txspecialtycourts.org/training-grant.html	University of Texas Grants Resource Center https://diversity.utexas.edu/tgrc/

MENTAL HEALTH COURT PROGRAM RESOURCES

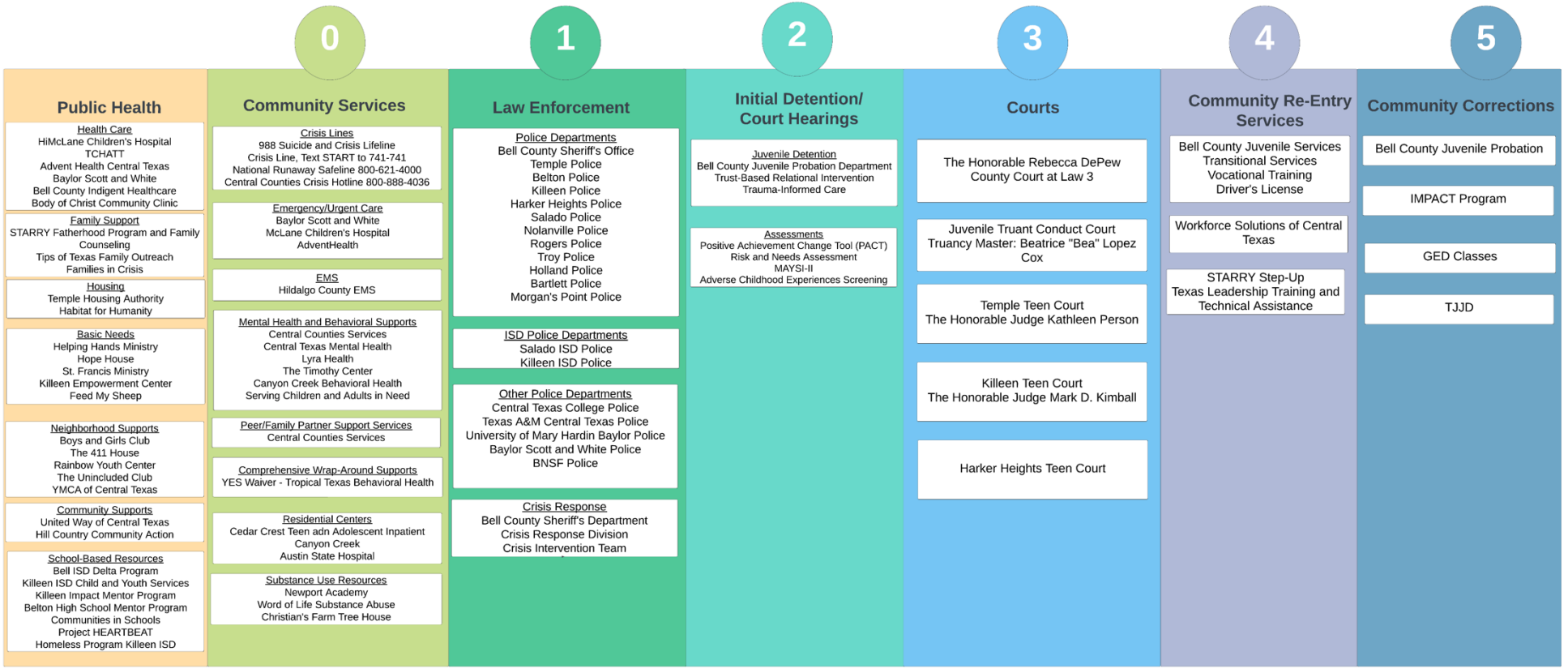
Council of State Governments Justice Center – *Developing a Mental Health Court: An Interdisciplinary Curriculum* https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf	Council of State Governments Justice Center – *A Guide to Collecting Mental Health Court Outcome Data* https://csgjusticecenter.org/wp-content/uploads/2020/01/MHC-Outcome-Data.pdf
Council of State Governments Justice Center – *A Guide to Mental Health Court Design and Implementation* https://csgjusticecenter.org/wp-content/uploads/2020/01/Guide-MHC-Design.pdf	Council of State Governments Justice Center – *Mental Health Courts: A Guide to Research-Informed Policy and Practice* https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf
Council of State Governments Justice Center – Mental Health Court Learning Modules https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/	Judicial Commission on Mental Health: *10-Step Guide* http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf
Judicial Commission on Mental Health http://texasjcmh.gov/technical-assistance/mental-health-courts/	Texas Association of Specialty Courts http://www.tasctx.org/
Texas Specialty Court Resource Center http://www.txspecialtycourts.org/	

TECHNICAL ASSISTANCE RESOURCES

Activities of the Service Members, Veterans, and Their Families Technical Assistance Center https://www.samhsa.gov/smvf-ta-center/activities	Correctional Management Institute of Texas http://www.cmitonline.org/technical-assistance.html
Doors to Wellbeing: National Consumer Technical Assistance Center https://www.doorstowellbeing.org/	HHSC's Technical Assistance Center https://txbhjustice.org/services/sequential-intercept-mapping

Judicial Commission on Mental Health http://texasjcmh.gov/technical-assistance/	Justice Center: The Council of State Governments https://csgjusticecenter.org/resources/justice-mh-partnerships-support-center/
National Center for State Courts https://www.ncsc.org/services-and-experts/areas-of-expertise/access-to-justice/tech-assistance	National Child Traumatic Stress Network https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems/justice
National Family Support Technical Assistance Center https://www.nfstac.org/request-ta	National Mental Health Consumers' Self-Help Clearinghouse https://www.mhselfhelp.org/technical-assistance
National Training & Technical Assistance Center for Child, Youth, & Family Mental Health https://nttacmentalhealth.org/trainings-ta/	NPC Research https://npcresearch.com/services-expertise/technical-assistance-and-consultation/
Opioid Response Network https://opioidresponsenetwork.org/	Technical Assistance Collaborative https://www.tacinc.org/what-we-do/customized-ta-training/
Texas Specialty Court Resource Center http://www.txspecialtycourts.org/tta_bureau.html	

APPENDIX 3| BELL COUNTY YOUTH SIM MAP



APPENDIX 4| PARTICIPANT LIST

First Name	Last Name	Title/Role	Organization
Taha	Ansari	Psychiatrist	BSW Health
James	Arnold	Director of Behavioral Health	Central Counties Services
Jayson	Barney	Behavior Interventionist	Belton ISD
Chris	Bazar	Constable Elect	Precinct 2
Selina	Bennett	Residential Staff Clinician	Bell County Juv. Services IMPACT Academy
Larry	Berg	Chief of Police	Belton Police Department
Roger	Bilodeau	Detective	Temple Police Department
Bernard	Brannum	Special Crimes Unit Supervisor	Temple Police Department
Duana	Brashear	Superintendent	Rogers ISD
Antwuan	Brinson	Guardian Ad Litem	Bell County
Kylie	Brooks	Grant Administrator	Bell County
Susan	Buckley	Assistant Superintendent of Admin. Service	Killeen ISD
Misty	Carter	MST Supervisor	Central Counties Services
Jennine	Cintron	Prosecutor	Bell County Attorney's Office - Civil Division
Mark	Currier	Assistant County Attorney	Bell County Attorney's Office
Jay	Dann	Probation Officer- Reentry	Bell County Juvenile
Kasba	Degrate	Program Facilitator Coordinator	IMPAC Outreach
Rebecca	DePew	Judge County Court at Law # 3	Bell County
Jessica	Diem	Deputy Chief of Staff	State Representative Brad Buckley
Sean	Doherty	Sergeant	Killeen Police Department
Rodney	Duckett	Community Facilitator	IMPAC Outreach
Deyanira	Duffy	Director of STEP UP Texas	STARRY
Benjamin	Duiker	CID Commander	Harker Heights PD
NaToyia	Duncan	Children's Subject Matter Expert- MCOT	Central Counties Services
Karen	Ewton	Assistant Principal	Salado ISD
Iris	Felder	Executive Director for Administrative Services	Killeen ISD
Bari	Gamble	Youth Advocate Coordinator	Central Texas Youth Services
Nicole	Garza	TTAP	STARRY
John	Gauntt, Jr.	Assistant County Attorney	Bell County Attorney's Office
Sean	Harvey	Behavior Specialist	Belton ISD
Lillian	Hawkins	Deputy Court Clerk II	Justice of the Peace Court - Precinct 4 Place 2
Lorna	Hermosura	Research Scientist	University of Texas at Austin
Gill	Hollie	Coordinator	Temple ISD
Jessica	Holt	Assistant Director	Bell County Juvenile Services

First Name	Last Name	Title/Role	Organization
Erik	Hydorn		Killeen ISD
Anne	Jackson		Bell County Attorney's Office
Barney	Jackson		
Judge Nicola	James	Judge	Justice of the Peace Court - Precinct 4 Place 2
Anthony	Jimenez	TTAP	STAARY STEP-UP Texas
Gregory	Johnson	Justice of the Peace 4-1	Bell County
Brenda	Jones	Deputy Court Clerk II	Justice of the Peace Court - Precinct 4 Place 2
Tangela	Jones	Deputy Court Clerk II	Justice of the Peace Court - Precinct 4 Place 2
Hilary	Kerekes	LCSW - Behavioral Health Coordinator	Bell County
Casey	Koenig	Community Intake Administrator	Texas Juvenile Justice Department
Jazmyne	Lee	Healthy Homes Youth Specialist	Harker Heights Police Department
Deionesha	Lenoir	Facility Administrator	Bell County Juvenile Services
Juliethe	Leon	Area Manager Community Based Programs	Bell County Juvenile Services
Kristi	Lloyd	Area Supervisor	Bell County Juvenile Services
Jackie	Madsen	Youth Advocate	Central Texas Youth Services
Susie	Marek	Project Coordinator	Friends For Life
Barbara	Maufas	Administrative Assistant	AYADD Outreach Center
Tierra	Mccoun	Deputy Court Clerk II	Justice of the Peace Court - Precinct 4 Place 2
Gary	McHone	Chief	Salado ISD Police Department
Monica	Mendoza	LPC-S	Central Texas Youth Services
Sandra	Minor	Executive	AYADD Outreach Center
Michelle	Mitchell-Carroll	Youth Advocate	Central Texas Youth Services
Michael	Moers	Principal	Inspire Academies - Bell County Campus
Mahogany	Moore		ABA Therapy
Lee Vi	Moses	Director of Student Services	Belton ISD
Jim	Murphy	Ast. Bell County Attorney, Juvenile Prosecutor	Bell County Attorney's Office
Amanda	Necessary	Director of Student Services	Temple ISD
Michael	Novotny	Superintendent	Salado ISD
Dawn	Owens	Chief Juvenile Probation Officer	Bell County Juvenile Services
Erika	Parker	Deputy Court Clerk II	Justice of the Peace Court - Precinct 4 Place 2
Kristi	Paulsen	Guardian ad Litem	Bell County
Makayla	Register	Peer support specialist 2 MHPS	Central County Services
Shawn	Reynolds	Chief of Police	Temple Police Depart
Charles	Rice	Area Supervisor	Bell County Juvenile Services
Jennifer	Rower	CEO	BRAINATION, Inc.
Carlos	Sanchez	Behavioral Health Crisis Director	Central Counties Services

First Name	Last Name	Title/Role	Organization
Carmen	Sanders	Assistant Director	Bell County Juvenile Services
Susan	Scott	Manager of Community Programs and Support	Texas Juvenile Justice Department
Dallas	Sims	Associate Judge	Centex Child Protection Court #2
Gary	Smith	CID Commander	Temple Police Department
Keith	Smith	Detective	Temple Police Department
Tiffany	Sommerfeld	Director of Counseling	Belton ISD
Doug	Taylor	Director	Belton ISD
Penny	Taylor	Director of Safety and Security	Killeen ISD
Allen	Teston	Deputy Chief	Temple Police Department
Barbara	Theilen	Executive Assistant	Central Counties Services
Johnnie	Wardell	CEO	Central Counties Services
Kim	White	Law Enforcement Training & Technical Assistance	STEP UP Texas
Bobby	Whitson	Commissioner, Precinct 2	Bell County
Scott	Winn	Training and Technical Assistance Professional	STARRY
Melissa	Wolfe	Juvenile Detective	Harker Heights Police Department
Alyssa	Wright	Intern	Central Texas Youth Services
Kristen	Zajicek	IDD	Central Counties Services

Youth Sequential Intercept Model Mapping Workshop

Bell County
Wednesday, February 26, 2025
Central Texas Council of Governments, 2180 N Main St, Belton, TX 76513

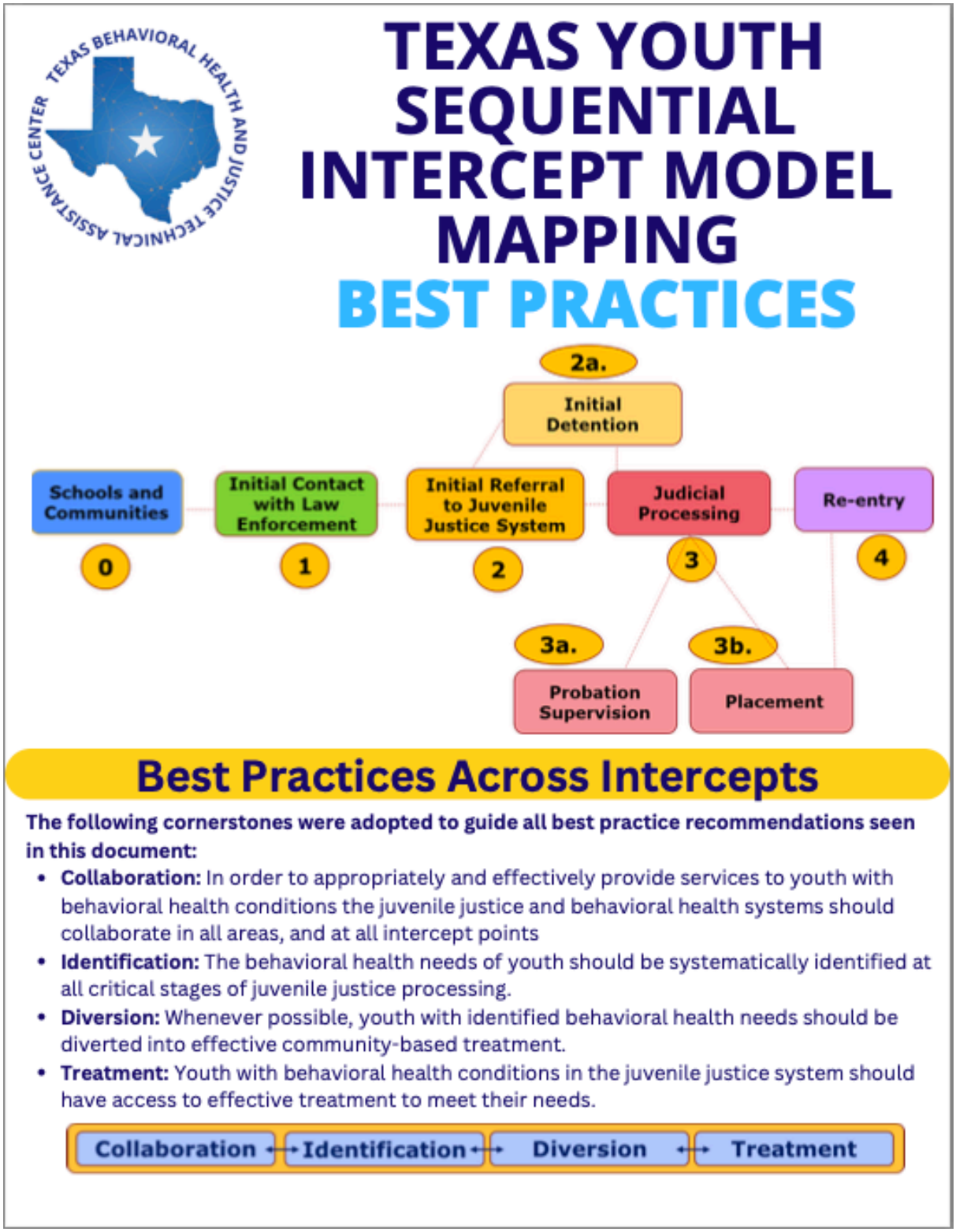
Purpose and Goals:

- Facilitate mutual understanding, collaboration and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize key steps toward system transformation and improved service delivery and identify relevant best practices
- Create a longer-term strategic action plan, optimizing use of local resources and furthering the delivery of appropriate services

AGENDA

8:30 am	**Registration & Networking**	
9:00 am	**Opening Remarks** Judge Rebecca DePew	Welcome & Community Goals
9:20 am	**Orienting to This Work** Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:40 am	**Overview of Judicial Commission** Molly Davis	
9:45 am	**Overview of SIM Mapping** Doug Smith	Overview of Model Importance of Lived Experience
10:30 am	**Break**	
10:45 am	**Establishing Priorities** Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
11:45 am	**Lunch**	
12:20 pm	**Action Planning** Doug Smith	Group Work Presentation to Full Group
1:40 pm	**Break**	
1:55 pm	**Refining the Action Plan** Doug Smith	Gallery Walk Group Work
2:35 pm	**Next Steps & Summary** Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
3:00 pm	**Adjourn**	

APPENDIX 6| BEST PRACTICES AT EACH INTERCEPT



INTERCEPT 0: SCHOOLS AND COMMUNITY BASED SERVICES BEST PRACTICES

EARLY IDENTIFICATION AND PREVENTION

- Universal school-based needs and risk assessments
- Mental health screenings by primary care providers
- Information sharing agreements across behavioral health and justice stakeholders
- Regular meetings/staffings of Community Resource Coordination Groups and Children's Advocacy Centers

SCHOOL-BASED DIVERSION AND BEHAVIORAL HEALTH SUPPORTS

- Multi-tiered Systems of Support (MTSS)
- Onsite school mental health providers, case management, wraparound services and family engagement specialists
- Treatment referral pathways (i.e. Texas Child Health Access Through Telemedicine, ,TCHATT, and Child Psychiatric Access Network (CPAN)
- Alternatives to exclusionary discipline
- Regular evaluation of school discipline policies (i.e. review code of conduct)
- Juvenile Justice Alternative Education Programs (JJAEP)/ Disciplinary Alternative Education Program (DAEP) transition planning and continuity of care

SOMEONE TO CALL

- Crisis hotlines (988 Suicide and Crisis Lifeline)
- Child and family helplines
- Mentorship programs

SOMEONE TO RESPOND

- Youth Mobile Crisis Outreach Teams (Youth Crisis Outreach Teams, or Mobile Response and Stabilization Services)
- Certified Family Partners
- Wraparound case management (i.e. YES Waiver)

A PLACE TO GO

- Children's Crisis Respite Units
- Trauma-informed Residential Treatment Centers (RTCs)
- Intensive Outpatient Programs (IOPs) and Partial Hospitalization Programs for children (PHPs)
- Youth Assessment Centers
- Substance use disorder treatment centers (detox, inpatient, outpatient)

INTERCEPT 0: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
Early Identification and Prevention	
Universal school-based risk and needs assessments	Use validated screening tools used for youth flagged with behavioral needs. See Mental Health Screening Tools for Grades K-12
Mental health screenings by primary care providers	Standardize the use of depression and anxiety screening for youth ages 8-18 during pediatric wellness visits. See Pediatric Symptom Checklist-17 or the Strengths and Difficulties questionnaire
Information sharing agreements	Establish Memorandums of Understanding (MOUs) between school mental health professionals and the LMHA/LBHAs to support continuity of care for youth with identified behavioral health needs.
School-based Diversion and Behavioral Health Supports	
Multi-Tiered Systems of Support (MTSS)	MTSS is a comprehensive **three-tiered** system of support to provide both universal and tailored mental health support to school-aged youth. • Universal mental health promotion and training • Targeted mental health intervention • Intensive mental health intervention
Alternatives to Exclusionary Discipline	Regularly review district discipline policies and consider the use of restorative justice practices, diversion programing and family support to reduce expulsions. Remove code of conduct language reflecting zero tolerance policies. See the School Crime and Discipline Handbook for guidance.
Onsite school behavioral health providers	Establish partnerships between LMHAs/LBHAs and school-based mental health providers to provide a system of support to youth and their families.
Crisis Continuum: Someone to Call, Someone to Respond, a Place to Go	
Crisis Hotlines	24/7 call, text and chat lines for people experiencing a behavioral health crisis. Operators provide screening, intervention and referrals to community resources.
Crisis Outreach Teams	Qualified mental health professionals proving community-based crisis assessment, intervention and continuity of care. Youth MCOT providers coordinate with schools, law enforcement, hospitals and detention facilities to provide care.
Children's Crisis Respite Units	Short-term residential crisis services for youth with low risk of harm to self or others. Provide 24-hour observation in a home-like environment to provide youth a "break" from existing environmental stressors.

INTERCEPT 1: LAW ENFORCEMENT & EMERGENCY HEALTH SERVICES BEST PRACTICES

LAW ENFORCEMENT MENTAL HEALTH TRAINING

- Mental Health Deputies with specialized youth training
- Crisis Intervention Team Training: CIT for Youth
- Youth Mental Health First Aid (MHFA) training for law enforcement
- Behavioral health specific trainings on adolescent brain development, trauma informed practices, crisis intervention and de-escalation and adverse childhood experiences

POLICE DIVERSION PROGRAMS

- Regular referral to behavioral health treatment and providers
- Warning notices for youth engaging in disruptive behaviors
- Informal law enforcement dispositions without referral to juvenile court (internal conditions set)
- First Offender Programs (Tex. Fam. Code Sec. 52.031)
- Collaboration with parents and guardians to select conditions of release

LAW ENFORCEMENT AND MENTAL HEALTH PROVIDER COLLABORATION

- Law enforcement behavioral health co-responder teams
- Resource sharing between behavioral health providers and law enforcement
- Dispatch and police coding of calls involving children experiencing a mental health related crisis
- Role clarification and protocol evaluation on school-based law enforcement response to disruptive behaviors
- Data and information sharing between law enforcement, school districts and behavioral health providers (e.g. MOUs)

INTERCEPT 1: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
Law Enforcement Mental Health Training	
Crisis Intervention Team Training: CIT for Youth	CIT for Youth provides training to law enforcement officers to help prevent mental health crises and to help de-escalate crises when they occur. Involves collaboration between law enforcement, families and youth, schools, community mental health providers and child-serving agencies committed to ensuring that youth in a mental health crisis are identified and referred to appropriate mental health services.
Tailored behavioral health trainings for law enforcement	**Youth MHFA:** Teaches guardians, teachers, school administrators, peers, law enforcement, community behavioral health providers, and juvenile justice stakeholders how to identify and respond to an adolescent who is experiencing a behavioral health crisis. **Trust Based Relational Therapy:** An attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. For additional specialized behavioral health trainings on adolescent brain development, Adverse Childhood Experiences, and de-escalation strategies explore the Neurosequential Model of Therapeutics.
Police Diversion Programs	
Regular referral to behavioral health treatment and providers	Law enforcement departments can establish a referral process after or during crisis episodes to coordinate care with behavioral health providers who otherwise may not be aware of mental health related emergency incidents.
First Offender Programs	Involves voluntary rehabilitation services designated by a law enforcement agency or the juvenile board prior to the filing of a criminal charge against a child accused of conduct indicating a need for supervision or a Class C misdemeanor. (Tex. Fam. Code Sec. 52.031)
Law Enforcement and Mental Health Provider Collaboration	
Co-responder Teams	Paired teams of specially trained officers and mental health clinicians that respond to mental health calls for service. Trained in specialized youth interventions.
Role clarification and protocol evaluation on school-based law enforcement response	Involves school resource officers or school-based law enforcement establishing protocol that guide decisions related to behavioral interventions in the classroom. School administrators, teachers and school behavioral health staff should all be educated on appropriate use of law enforcement intervention in schools and explore alternatives to law enforcement response when appropriate.

INTERCEPT 2: INITIAL REFERRAL AND INITIAL DETENTION BEST PRACTICES

JUVENILE PROBATION BEHAVIORAL HEALTH ASSESSMENT, TREATMENT, AND INTERVENTION

- ◯ Validated risk and needs assessment tools to make treatment recommendations and referrals
- ◯ Detention-based behavioral health providers (consider telehealth options)
- ◯ Detention liaisons and case managers
- ◯ High quality correctional education
- ◯ Evidence-based treatment in detention (e.g., Multi-systemic Therapy, Dialectical Behavioral Therapy, Neurosequential Model of Therapeutics)
- ◯ Trauma informed trainings for all detention and juvenile probation staff
- ◯ Regular review of detention discipline policies

COURT DIVERSION AND PREVENTION PROGRAMS

- ◯ Administrative conditions of release at intake (Tex. Fam. Code Sec. 53.02)
- ◯ Use risk-needs assessments to inform court recommendations
- ◯ Reduced juvenile justice system involvement for youth with low risk to re-offend
- ◯ Appointed counsel when there is any question about the parent or guardian's ability to retain counsel
- ◯ Specialized conditions of release to connect youth to treatment
- ◯ Fines replaced with pro-social activities (community service, mentoring programs etc.)

JUVENILE JUSTICE STAKEHOLDER COLLABORATION

- ◯ Regular juvenile justice meetings between juvenile probation, detention, LMHA/LBHA, courts and the child's guardian
- ◯ Coordinated case planning between child protection and juvenile justice staff for youth who are involved in both systems
- ◯ Tracking juvenile justice referral data
- ◯ Behavioral Health Services Online (BHSO) to identify youth with prior public mental health systems involvement
- ◯ MOUs and ROIs between juvenile court and LMHA/LBHAs to share relevant behavioral health assessment data

INTERCEPT 2: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
Juvenile Probation Behavioral Health Assessment, Treatment, and Intervention	
Validated risk and needs assessments	Validated risk and needs assessments provide an opportunity to assess the primary cause of the youth's delinquent behavior (dynamic risk factors) and focus interventions on these factors. Dynamic factors are those that can be changed as part of the normal developmental process or through system interventions. Use the PACT and MAYSI to inform treatment referrals and conditions of release.
Regular review of detention discipline policies	Adopt policies that require administrative review of all restraints and seclusions. Consider alternatives (when appropriate) to administrative seclusions using trauma-informed approaches to care. • See SAMHSAs recommendations
Detention-based behavioral health providers	Clinicians positioned within detention facilities and juvenile probation departments can attend to ongoing crisis mental health needs and offer SUD treatment, brief therapy interventions and case management to detained youth.
Court Diversion and Prevention Programs	
Specialized conditions of release	Opportunity for judges to connect youth with behavioral health needs to evidence-based treatment and prosocial activities such as community service or mentoring programs. Conditions should be informed by what services are available in the community to support youth with behavioral health needs and the capacity of the youth and their guardian to comply with the conditions.
Juvenile Justice Stakeholder Collaboration	
Coordinated Case Planning	Ongoing collaboration between child welfare and juvenile justice staff to communicate content of their respective case plans, identify gaps and redundancies and become aware of requirements with which youth and their families must contend. See Child Welfare and Juvenile Justice System Involvement snapshot.
Use Behavioral Health Services Online (BHSO)	Local probation departments can use BHSO to identify youth who have had contact within the last 3 years (probable or exact matches) with the public mental health system to coordinate care and ensure there is continuity in service provision.
Track juvenile referral data	Explore relevant trends in outcomes data including, number of juvenile probation referrals, number of positive youth screenings for Serious Emotional Disturbance (SED) or SUD, number of connections to treatment, and rates of recidivism.

INTERCEPT 3: JUDICIAL PROCESSING, PROBATION SUPERVISION AND PLACEMENT BEST PRACTICES

SPECIALIZED COURT INTERVENTIONS

- Specialty juvenile treatment courts
- Specialty court caseloads in rural counties
- Juvenile court case managers and liaisons
- Developmentally appropriate assessment tools to create individualized treatment plans
- Juvenile court personnel training in trauma informed approaches to care and decision making

PRE-TRIAL INTERVENTIONS

- Pre-trial supervision and diversion programs:
  - Supervisory Caution
  - Deferred Prosecution Program
  - Referral to Community Resource Coordination Group (CRCG)
- Family engagement: provide education, involve in treatment planning, and assist in accessing social supports

STREAMLINED FITNESS RESTORATION PROCESSES

- Continuity of care for youth found unfit to proceed
- Regular meetings between court and juvenile justice stakeholders to review the status of fitness restoration cases in the county
- Outpatient fitness restoration as an alterative to inpatient fitness restoration
- Regular trainings and education to courts on Chapter 55 (see Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book)

INTERCEPT 3: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
Specialized Court Interventions	
Specialty Juvenile Treatment Courts	Provide opportunities to keep youth in the community, provide connection to community-based services and reduce recidivism by treating the behavior (e.g. mental health courts and juvenile drug courts). See resources on how to start a mental health court here.
Juvenile Court Case Managers/ Liaisons	Role established to coordinate care in the community for youth identified with ongoing behavioral health needs between school, courts, community providers and county detention facilities. Juvenile case managers can be employed by justice and municipal courts to support early identification of behavioral health needs and inform both judges and prosecutors of a youth's treatment needs.
Pre-trial Interventions	
Pre-Trial Supervision and Diversion Programs	Voluntary opportunities for juvenile probation departments and courts to offer pre-adjudication diversion programs to youth in order to access treatment in the least restrictive setting. • *Supervisory Caution (also known as counsel and release)* - Can include referrals to a social services agency or a community-based first offender program, contacting parents to inform them of the youth's activities, or warning the youth about the activities in the accusation. • *Deferred Prosecution*- Alternative to formal adjudication for delinquent conduct or Conduct Indicating a Needs for Supervision (CINS). Can be offered by a probation officer, a prosecutor or a judge. (Tex. Fam. Code Sec. 53.03) • *Referral to CRCG*- Diversion option for youth under 12 years of age. The CRCG develops a community referral and service plan that offers recommendations to the probation department who then can monitor compliance with the plan for up to three months. (Tex. Family Code Sec. 53.01 (b-1))
Streamline Fitness to Proceed Processes	
Continuity of care for youth found unfit to proceed	• Establish one point of contact between the county and state hospital (or private inpatient facility) that the youth is receiving restoration services. • Ensure the case moves froward while the juvenile is hospitalized to ensure speedy resolution upon return (i.e. address discovery issues, and plea offers). • Coordinate transportation within three days of notice that a juvenile has been restored. • Establish quick court hearing setting policy upon return from state hospital to avoid decompensation.

INTERCEPT 4: RE-ENTRY BEST PRACTICES

TRANSITION PLANNING

- ◯ Detention-based care coordinators or mental health liaisons
- ◯ Formalized family engagement processes (e.g. family genograms, family team meetings, family youth policy committees and engagement specialists)
- ◯ Regular behavioral health, education and juvenile justice stakeholder case staffing (explore existing Child Advocacy Center or Community Resource Coordination Group infrastructures)
- ◯ Pre-release intakes with LMHA/LBHAs

TRAUMA-INFORMED SUPERVISION PRACTICES

- ◯ Graduated response matrix to guide supervision officer's response to technical violations of supervision
- ◯ Tailored mental health training for juvenile probation officers
- ◯ Specialized mental health and substance use caseloads
- ◯ Supervision plans guided by risk and needs assessments
- ◯ Regular trend analysis on supervision practices and outcomes

COORDINATED AFTER-CARE SERVICES

- ◯ School-reenrollment after confinement process
- ◯ Access for youth and families to wraparound behavioral health resources (see intercept 0)
- ◯ Use of peers and family partners to support youth and families through transition
- ◯ Youth referrals to mentoring programs
- ◯ Supportive parental skill development

INTERCEPT 4: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
Transition Planning	
Formalized Family Engagement	Create processes and protocols to support the involvement of guardians in key decision making throughout a youth's juvenile justice system involvement (from intake through reentry). Some examples include: • *Family identification training*- Probation staff receive training on how to identify and engage with a youth's caregiver network. • *Family genograms/ecomaps*- Visual tool to help facilitate conversations about existing social and system supports with youth and their family. • *Family/youth policy committees*- Opportunity for juvenile justice systems to incorporate youth and families' voices by creating advisory boards, conducting regular surveys and administering interviews for youth exiting facilities or community programs.
Pre-release intakes with LMHA/LBHA	Juvenile probation departments can establish MOUs with LMHA/LBHAs to conduct intake assessments with youth identified as having an ongoing behavioral health need (in detention, post adjudication treatment facilities or TJJD facilities) prior to release. This provides an opportunity for a youth to be authorized into treatment with a LMHA/LBHA and improves continuity of care by reducing wait times for youth to be connected to services in the community. (See Texas Admin. Code Rule 301.353)
Coordianted After-Care Services	
School-reenrollment after confinement processes	Facilitate timely reenrollment in school for youth exiting juvenile justice facilities by removing barriers related to the transfer of educational records between locations, barriers to records sharing, and credit transfer policies that are not always compatible between districts. Reenrollment can best be facilitated by liaisons or transition coordinators that facilitate the transfer of credits and school records and navigate the logistics involved in the transition process by acting as a point of contact for youth and their families.
Trauma-Informed Supervision Practices	
Graduated Response Matrix	Tool used to support objective decision making through standardized guidelines on responses to youth behavior and technical violations of probation. Employs a continuum of interventions to address youth misbehavior, as warranted by youth's assessed risk level and the nature of their non-compliance. See example matrix on page 39 of Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System.
Supervision plans guided by risk and needs assessments	The Risk-Needs Responsivity Model suggests that supervision plans should assess a youth's likelihood to reoffend, identify the dynamic risk factors that may need to be addressed and tailor intervention to the youth's learning style, motivation and strengths.

APPENDIX 7| KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, *TEXAS JUVENILE MENTAL HEALTH AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LAW BENCH BOOK* (3d Ed. 2023-2025), https://texasjcmh.gov/media/secdby2j/jbb-2023-corrected-formatting-with-links-4-26-24.pdf
2	THE JUSTICE CENTER, COUNCIL OF STATE GOVERNMENTS, HOW TO USE AN INTEGRATED APPROACH TO ADDRESS MENTAL HEALTH NEEDS OF YOUTH IN THE JUSTICE SYSTEM (2022), https://csgjusticecenter.org/publications/how-to-use-an-integrated-approach-to-address-the-mental-health-needs-of-youth-in-the-justice-system-2/?mc_cid=473739da81&mc_eid=eadd5775fa
3	NATIONAL CENTER FOR STATE COURTS, *JUVENILE JUSTICE MENTAL HEALTH DIVERSION GUIDELINES AND PRINCIPLES*, (2022), https://www.ncsc.org/__data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf
4	NATIONAL CENTER FOR STATE COURTS, FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT'S RESPONSE 19 (2018), https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf. *See also*, https://www.ncsc.org/behavioralhealth.
5	POLICY RESEARCH ASSOCIATES, THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP), https://express.adobe.com/page/dSrgsE34zIea9/. *See also*, https://www.prainc.com/im/.
6	SAMHSA GAINS CENTER, DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*, 57 PSYCH. SERVICES 544, 544-49 (2006), https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544. The Youth Sequential Intercept Model in this report adopts the traditional model but also expands it to include new intercepts that allow for a better understanding of early intervention to effectively address those with mental health issues before they enter the criminal justice system.
7	PURVIS, KARYN B., ET AL, TRUST-BASED RELATIONAL INTERVENTION (TBRI): A SYSTEMIC APPROACH TO COMPLEX DEVELOPMENTAL TRAUMA, DECEMBER 2013, CHILD YOUTH SERV. 34(4): 360-386. HTTPS://PMC.NCBI.NLM.NIH.GOV/ARTICLES/PMC3877861/