# Youth Sequential Intercept Model Mapping Workshop

June 2025

**Report for:**

## Kendall County

Prepared by:
The Texas Judicial Commission on Mental Health

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

JCMH
Texas Judicial Commission on Mental Health

# Youth Sequential Intercept Model Mapping Report for Kendall County, TX

**Workshops Held:**

*Virtual Session:*
April 16, 2025

*In-Person:*
May 15, 2025

**Final Report**:

June 2025

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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 KENDALL COUNTY (2025).

## ACKNOWLEDGEMENTS

The JCMH is thankful for the assistance of the Kendall County planning team: Bryce Boddie, Joanne F. Bradley, Mike Cokerham, Michael Colvin, Michael Davis, Rebecca Foley, Jasmine Glaser, Katherine McDaniel, Judge Dave Neighbor, Margaret Pastorino, Krista Pomeroy, Michelle Quade

## 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/disability-and-health/articles-documents/communicating-with-and-about-people-with-disabilities.html.

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

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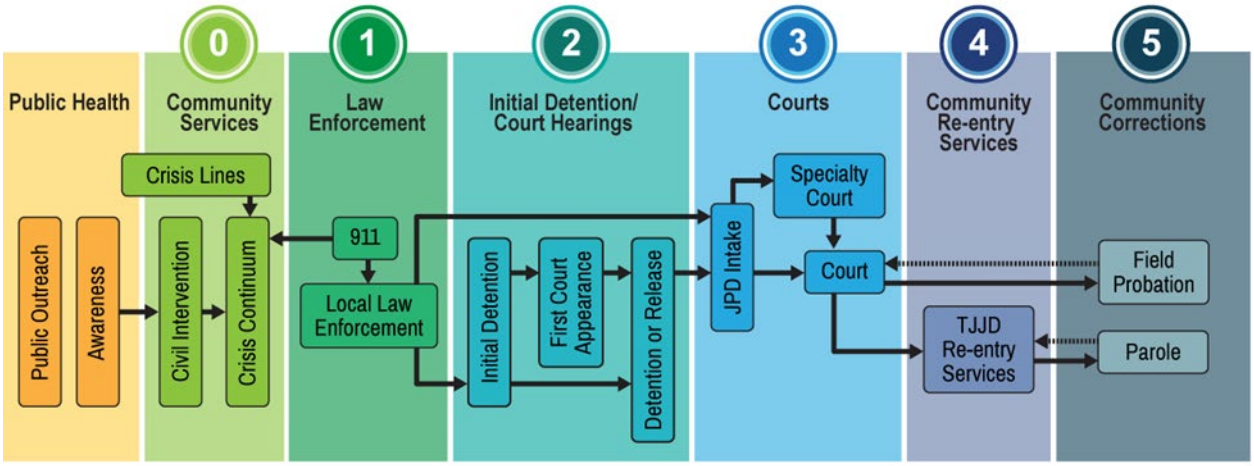


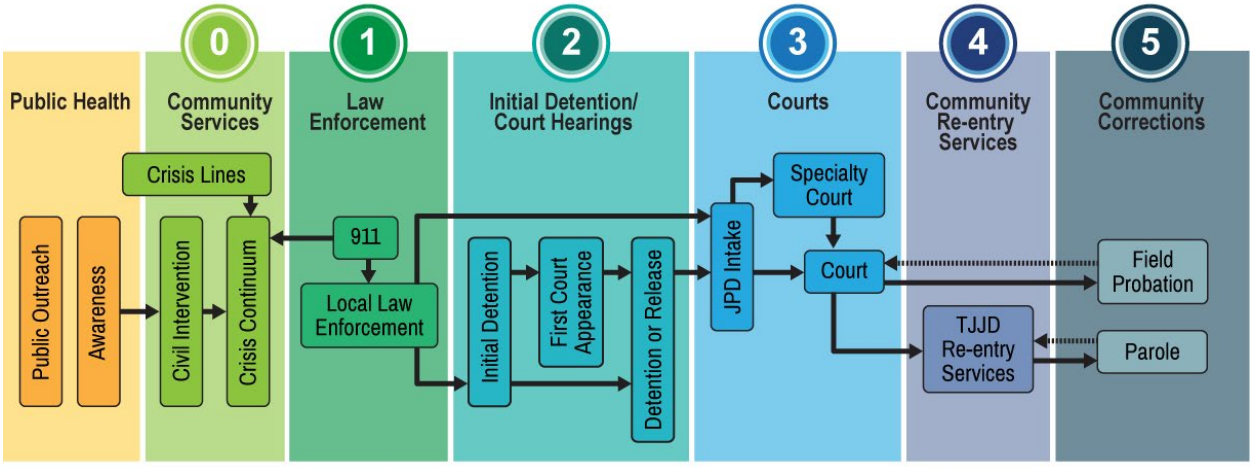

## EXECUTIVE SUMMARY

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 85 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:** Ensure Rapid Access to Crisis Intervention or Mental Health Services
**Priority 2:** Expand Prevention and Intervention School Programming
**Priority 3:** Expand Juvenile Probation Staff and Youth Prevention / Intervention Programs
**Priority 4:** Create Seamless Person-Centered Community Resource Center

The report provides a detailed blueprint for Kendall 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 Kendall County with a virtual session on April 16, 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 Kendall County took place May 15, 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 the *Kendall County Behavioral Health Advisory Coalition* to facilitate and guide countywide justice and behavioral health cross-systems stakeholder planning.

This team of multi-agency stakeholders should lead the collective effort to advance the priorities identified by the community, supporting team champions and including them in planning 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 also consider reaching out to other communities that have Behavioral Health Leadership Teams such as Texoma, Dallas, Denton, Kaufman, and more to share information and best practices. 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, 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.

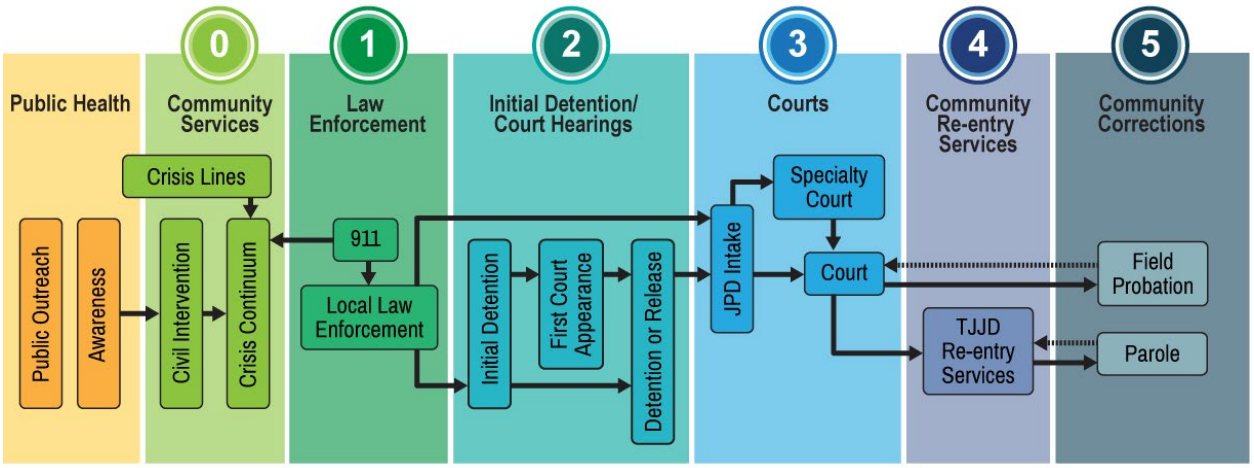
The Judicial Commission on Mental Health has released the Third Edition of the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book, which provides community and juvenile justice stakeholders with a comprehensive overview of best practices and existing laws at each 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 Kendall 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

| **Intercept 0<br>Community Services** | |
|---|---|
| **Behavioral Health** | |
| Hill Country Mental Health and Developmental Disabilities (MHDD) Centers | Youth Crisis Respite |
| TCHATT | San Antonio Behavioral Healthcare Hospital |
| Kendall County Behavioral Health Advisory Coalition (KCBHAC) | Hill Country Family Services |
| SJRC: Touchstone Program | Laurel Ridge Treatment Center |
| Innova Joy | NAMI Greater San Antonio<br>Online Classes |

| | |
|---|---|
| Genesis Behavioral Health<br>Low-Cost Counseling for Students | YES Waiver Program |
| K'STAR Inc. | |
| **Health Care** | |
| Methodist ER Boerne | UT Health Hill Country |
| CommuniCare Boerne Campus | Fair Oaks Emergency Room |
| **School-Based Services** | |
| Boerne ISD | Comfort ISD |
| Hill Country Family Services | |
| **Child Protection** | |
| DFPS Region 8 | Kendall County Child Services Board |
| Clarity Child Guidance Center | Roy Maas Youth Alternatives |
| Love Kendall County Kids | Hill Country Crisis Council |
| Common Thread | CASA Kendall County |
| **Basic Needs** | |
| Hill Country Daily Bread Ministries | SJRC Family Resource Center |
| Hill Country Family Services | Kendall County Giving Connections Directory |
| **Family Violence** | |
| Kendall County Women's Shelter | Hill Country Crisis Council |
| SJRC Family Resource Center | Hill Country Family Services |
| Transformation House | |
| **Substance Use Recovery** | |
| Starlite Recovery Center | Hill Country Mental Health and Developmental Disabilities (MHDD) Centers |

| | |
|---|---|
| Hill Country Council on Alcohol & Drug Abuse | 3rd Millennium |
| Life Change Center | |
| **Community & Neighborhood Supports** | |
| Boerne Family YMCA | Boerne Public Library |
| Boys & Girls Club of Boerne | Young Life |
| Ransomed Life | PFLAG |
| Ablaze Ministries | Local church groups |
| Youth Sports (little League, karate, games etc.) | |

**Kendall County is a Model of Cross-Sector Collaboration**

Bryce Boddie, LMSW, plays a central role in strengthening Kendall County's behavioral health system. As chair of the Kendall County Behavioral Health Advisory Coalition, Boddie convenes local leaders—including county officials, school superintendents, law enforcement, and nonprofit partners—to address service gaps and plan for future needs.

Under his leadership, the Coalition has advanced several important initiatives. These include placing a mental health professional within the county jail and embedding qualified mental health professionals in schools through SB 292 funding. These efforts reflect a broader commitment to prevention, early intervention, and coordinated care.

Looking ahead, Boddie and the Coalition are focused on expanding services to meet the needs of a growing population, projected to exceed 100,000 by 2035. Priorities include developing a multi-systemic therapeutic team to support at-risk youth and families, launching an Assisted Outpatient Treatment program, and increasing access to intensive outpatient services for both adults and children. A particular area of focus is improving access to Spanish-speaking therapists, especially in the northern part of the county.

The Coalition's work spans all levels of the Sequential Intercept Model, from prevention and crisis response to reentry and long-term support. By facilitating cross-sector collaboration and aligning resources, Boddie and his partners are helping to build a more responsive, integrated behavioral health system tailored to Kendall County's unique needs.

## INTERCEPT 0 GAPS AND OPPORTUNITIES

## INTERCEPT 0 – COMMUNITY SERVICES AND PREVENTION

**Streamlining Access to Services**

In many ways, Kendall County is a model of cross-sector collaboration. The participants in the Youth SIM workshop also saw areas in need of improvement, such disconnected systems and inefficient processes. They saw this process as an opportunity to create a cross-sector behavioral health nonprofit to unify services. They also suggested hosting a resource fair to connect families with services while also creating new connections between frontline staff members of the various organizations. Additionally, participants suggested afterschool and summer youth programs and centralizing access to legal aid.

**Mental Health Programming**

The SIM participants identified a shortage of school-based mental health providers, including bilingual counselors. They saw this shortage as an opportunity to expand school-based licensed counselors and suggested improving NAMI's presence in the school, initiating a youth-led mental health education program. The stakeholders also noted the relationship between the counselor shortage in school and increases in juvenile referrals. They suggested developing a diversion program led by a licensed counselor.

The shortage of licensed mental health counselors in the community also increases the likelihood of crisis and juvenile referral. Parents often must wait for months for services, and face transportation challenges when they do find providers. Kendall County is served by Alamo Regional Transit, but the service is demand-based and must be scheduled well in advance. Additionally, there is a lack of respite care for families, so the cumulative strain on parents and caregivers of children with behavioral health challenges. The participants recommended creating a 24/7 crisis respite center staffed by Hill County MHDD.

Importantly, the community members participating in the Youth SIM workshop recognized the importance of reducing stigma around mental health. They saw this as everyone's responsibility and expressed a shared commitment to promote mental health in Kendall County.

**Workforce Development**

The community also recognized that workforce readiness helps older youth transition from school to the workplace. This is especially true for youth exiting the juvenile justice system. They recommended that the county launch a workforce development program within Kendall County Juvenile Services.

## 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:

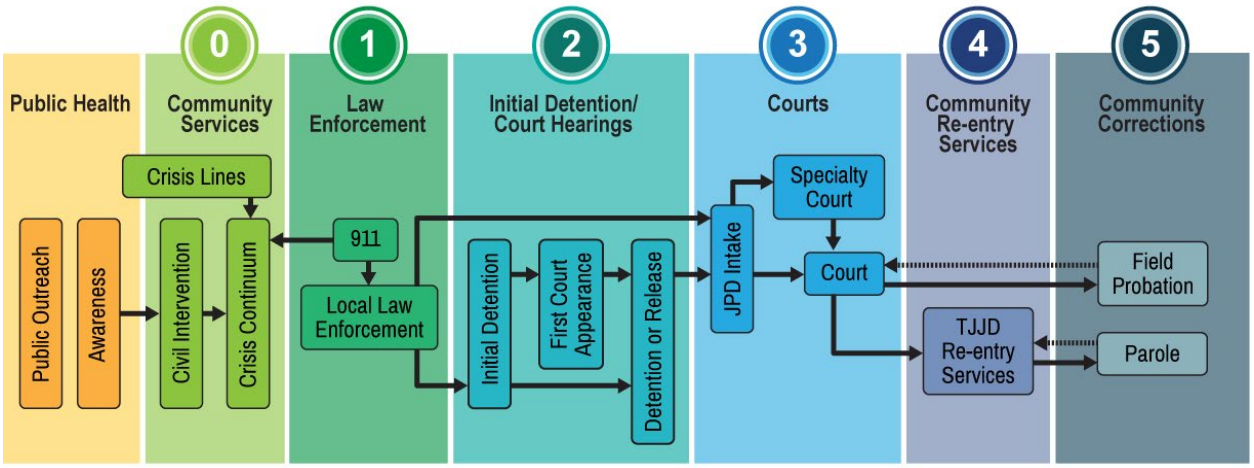
1. Commit to Formalized, Sustained, Integrated Approaches and Cross-System Collaboration Between Mental Health, Juvenile Justice, School, and Youth-Serving Organizations.
    - Create a core team of multi-agency stakeholders to implement and monitor diversion efforts.
    - Develop a continuum of evidence-based 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 of 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<br>Law Enforcement | |
|---|---|
| Boerne PD | Kendall County Sheriff's Office (KCSO) |
| Michael Davis<br>Boerne ISD Safety and Security Resource Officer<br>Boerne Police | Boerne ISD<br>School Resource Officer<br>Kendall County Sheriff's Office |
| Comfort ISD<br>School Resource Officer<br>Kendall County Sheriff's Office | Boerne ISD<br>Fair Oaks<br>School Resource Officer |
| PACT Team at Boerne ISD | Hill County MHDD Staff<br>Embedded with Kendall County Sheriff's Office |
| Kendall County Youth Diversion Program | Fair Oaks Ranch PD |

**A Rare and Indispensable Asset**

Rebecca Foley serves as the Mental Health Officer for the Boerne Police Department. She is a law enforcement officer as well as a trained mental health practitioner, a rare combination, making her an indispensable asset in Kendall County. She emphasizes the value of collaborative relationships among agencies, noting that coordination between law enforcement, probation, schools, and mental health providers has improved significantly in recent years. She highlights the county's commitment to early intervention and restorative practices, pointing to recent efforts to divert youth from deeper system involvement through school-based support and community partnerships.

Officer Foley stresses the importance of trauma-informed care and how the county has begun training school personnel and juvenile staff to recognize and respond to trauma-related behaviors. She emphasizes that youth involved in the system have complex needs that require integrated services, and she advocates for increased investment in family-centered approaches and peer support.

One of the primary challenges Foley identified is the limited availability of mental health services in the area, especially for youth in crisis. Wait times and transportation barriers often hinder timely access to care. Foley also pointed to a lack of transitional support for youth returning from residential placements or detention, underscoring the need for reentry planning and mentorship opportunities. Her vision includes creating more upstream solutions that empower families and address root causes before youth become justice involved.

## INTERCEPT 1 GAPS AND OPPORTUNITIES

While Kendall County Sheriff's Office and local police departments are staffed by qualified mental health officers (QMHO), they are not available 24/7. The participants recommended adding officers and shifts to create full-day QMHO coverage. They also saw the need for continued efforts to train officers on youth mental health, trauma, and IDD. Additionally, participants suggested improved crisis triage protocols, ensuring that youth in crisis are connected to the right level of support before resorting to hospitalization or juvenile detention. They emphasized the need to create youth-specific crisis response.

Stakeholders also identified gaps in truancy response in Kendall County. They saw the need to create improved and more accessible truancy prevention and diversion programs.

## 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 (IDD). People with IDD 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 IDD, and the officer might misinterpret behavior that is related to their diagnosis as suspicious. When confronted, people with IDD often react with fear, thus reinforcing officer suspicion. The interaction can then cascade, with the person with IDD 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 IDD will not understand the officer and, out of fear, pretend to understand or quickly admit to committing a crime. Also, when the person with IDD 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 IDD.

Some of the techniques recommended by The Arc include:

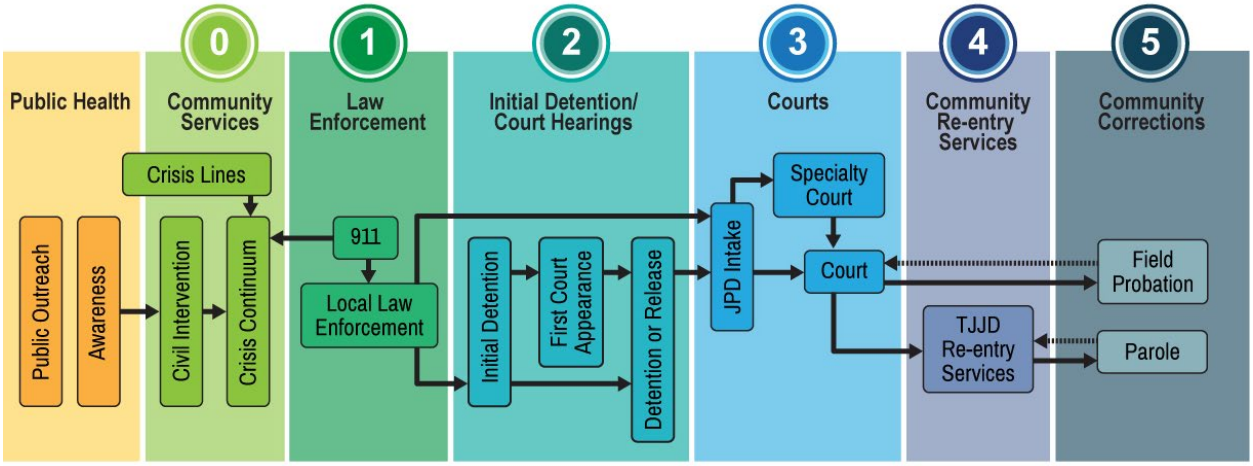
1. Making a personal connection as quickly as possible. Help them feel safe. Listen to the individual's family or caregivers for tips on how to calm them down. If a youth does run away, consider why they might be afraid.
2. Recognize that stimming helps the person with IDD to calm down. Give them space 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 IDD.
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 IDD 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 IDD 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<br>Pretrial/Detention | |
|---|---|
| Hill Country Mental Health and Developmental Disabilities Centers<br><br>Youth Crisis Respite | **Present at Hearings**<br>Judge, DA, prosecutor, Juvenile PO |
| **Legal Representation**<br>Attorneys are appointed shortly after being notified of the initial hearing. Typically, attorneys meet with youth on the day of initial hearing. | **Training**<br>Contracts w/various counties, and each has their own resources for training. Training on trauma required for detention & probation staff. |
| **Visitation**<br>Juvenile Probation allows parents/guardians on contact & visitation lists. Due to contracting with facilities outside of the County, juveniles sometimes have less in person contact. | **Medications**<br>Medication delivered for existing prescriptions. Facility may refill the prescription, if needed. Efforts are made to deliver medication to the facility as soon as received. |

**Counseling**

Services are not always available to youth in detention. Psychiatric care is coordinated between facility and law enforcement. In emergencies, the facility will respond appropriately and notify the juvenile probation department.

## INTERCEPT 2 GAPS AND OPPORTUNITIES

The participants in the Youth SIM recognized, as a smaller county, Kendall County juvenile services are significantly limited compared to better resourced counties. With fewer juvenile probation officers, it is difficult to dedicate staff time and resources on improving coordination with local services. As a result, juvenile probation would benefit from strengthened connections with local resources, establishing referral partnerships. Further, language barriers pose a serious challenge when working with families and children as their juvenile case progresses through the system, underscoring the need for bilingual services.

To address these gaps, the community saw an opportunity to create a centralized resource and referral system, assisting Juvenile Probation in connecting youth and families with services. They also suggested establishing a dedicated juvenile probation officer to work with youth with mental health needs.

## 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.

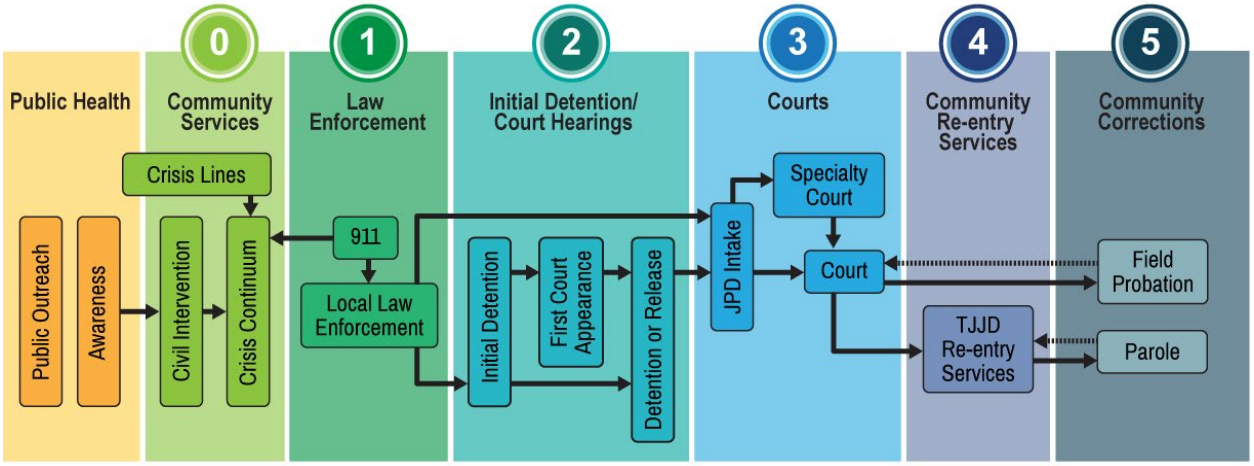
## BEST PRACTICE: ENSURE PRESUMPTION OF RELEASE

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,
- A risk of harm to self or others, or
- Previous delinquent conduct.

Most of these conditions can be resolved 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<br>Courts | |
|---|---|
| Justice of the Peace, Precinct 1<br>Michele Van Stavern | Justice of the Peace, Precinct 2<br>David Neighbor |
| Justice of the Peace, Precinct 3<br>Debby S. Hudson | Justice of the Peace, Precinct 4<br>Frieda J. Pressler |
| Kendall County District Court<br>Judge Kristen B. Cohoon | |

**Intervene Early, Connect Youth with the Right Support**

Katherine McDaniel, Kendall County Assistant District Attorney, serves as the chief prosecutor of juvenile cases. She brings a practical, solutions-focused perspective to the intersection of youth justice and behavioral health, focused on partnerships that extend well beyond the courtroom. Along with key stakeholders in the community, such as juvenile probation, law enforcement, schools, and Hill Country MHDD Centers, she seeks to create alternative pathways to detention, advocating for expanded use of diversion and therapeutic strategies whenever possible. This includes helping to streamline communication, participating in community coalitions, and supporting new initiatives aimed at justice-involved youth.

She said, "When we intervene early and connect youth to the right support, we're less likely to see them return."

One key area McDaniel continues to champion is the creation of specialty courts and community service alternatives that allow youth to repair harm without being pushed deeper into the system. She also supports training for system professionals to better understand trauma and mental illness, which she sees as essential for everyone working with current and potential justice-involved youth.

Through her role, McDaniel helps bridge the legal system and the broader behavioral health response. Her work reflects a shared commitment in Kendall County to build a justice system that balances accountability with care—and ultimately helps youth get back on track.

## INTERCEPT 3 GAPS AND OPPORTUNITIES

Currently, there are no youth-specific specialty courts within Kendall County. The participants saw this as an opportunity to establish both mental health as well as substance misuse specialty courts for youth in the juvenile system. They also recommended expanded use of community-service alternatives and other second-chance programs. Additionally, the community members saw this as another opportunity to improve inter-agency collaboration to ensure youth in the juvenile court system are connected with adequate supports.

The participants also saw this process as an opportunity to improve the emergency detention process. They suggested creating a centralized resource officer to support court navigation.

## 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.

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:

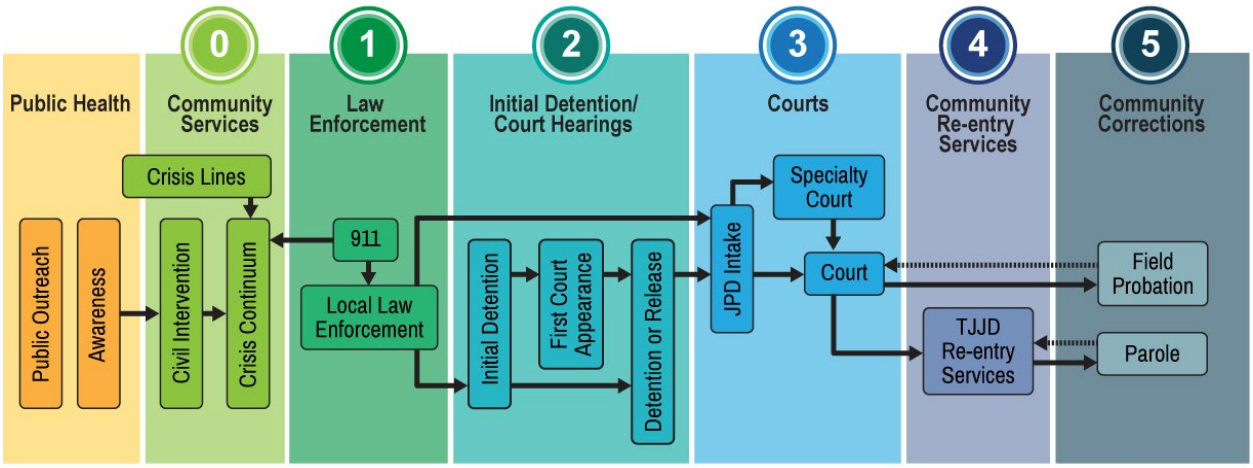
- Ensure that attorneys who receive the child's fitness report understand it and determine whether it is an accurate portrayal of the child.
- Question whether the language attributed to the child matches the lawyer's own observations.
- Be aware of descriptions such as those listed below, which may 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 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

As Kendall County is a smaller county, there are fewer reentry resources outside of the transitional support provided by Kendall County Juvenile Probation and Kendall County public schools. However, Hill Country MHDD Centers does provide continuity of care services (TCOOMMI) for juvenile justice involved youth on their caseload.

### INTERCEPT 4 GAPS AND OPPORTUNITIES

In Kendall County, there are scarce aftercare supports and limited reentry programs for youth exiting the juvenile justice system and transitioning back home and to school. Participants indicated that school reintegration planning is not as strong is it needs to be. Further, youth leaving the juvenile system have very limited vocational training or workforce experience. Additionally, peer mental health and recovery supports are either absent or unavailable to youth.

The stakeholders see an opportunity to vastly improve reentry. For instance, they suggested partnering with local businesses to help youth develop work experience. They also promoted an expansion of mentorship programs like Ablaze Ministries. Additionally, community members saw the opportunity to expand peer support, embedding certified peers in schools as well as with mental health deputies. Finally, the stakeholders suggested strengthening alternative education pathways.

## 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.

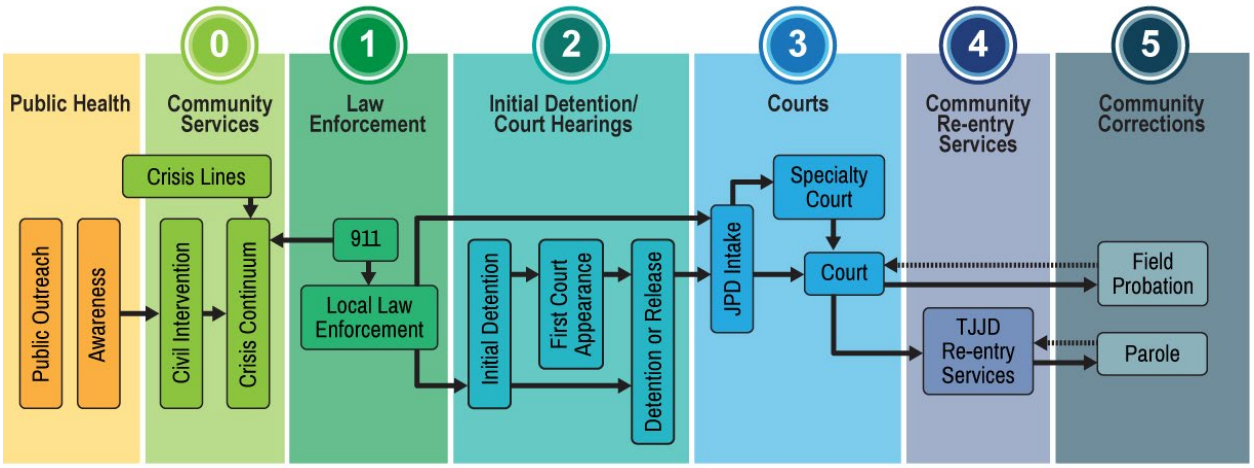
### BEST PRACTICE: SCHOOL TRANSITION

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

Community supervision is provided by:

- Kendall County Juvenile Probation, or
- Texas Juvenile Justice Department

### INTERCEPT 5 GAPS AND OPPORTUNITIES

The stakeholders participating in the Youth SIM indicated there are no long-term family navigation or structured support groups for families and caregivers of youth on juvenile probation. Further, there are no embedded clinical staff within Kendall County Juvenile Probation. Opportunities for community reintegration and leadership development are sparse.

The participants brainstormed innovations to address these gaps. They suggested embedding social workers within Juvenile Probation to lead support groups and provide individual counseling. They also suggested creating recovery high schools, alternative education, and workforce training programs. Some participants suggested creating community and recreation programs by leveraging existing resources such as churches and local nonprofits.

## 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.

There 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

Kendall County Juvenile Justice Department dedicates officers to family engagement and youth transition back to home and the community. 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.

| **Kendall County Youth SIM Priorities** | |
|---|---|
| High/Immediate | Ensure sustainability of existing and future initiatives by identifying a point person and long-term funding sources |
| | Rapid access to crisis intervention or mental health services |
| | Employ family partner within juvenile probation |
| | Expand programming for youth in juvenile probation |
| Moderate/Near Future | Prevention and awareness through education |
| | Early intervention within schools |
| | Develop a resource group of therapists |
| | Increased school-based mental health resources |
| Priorities for Later | Mental health training |
| | Home visits when youth behavior is identified by school resource officers |
| | Youth-to-youth peer mentor program |
| | Collaboration with local business for on-the-job training opportunities |

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 Kendall County. At the end of this process, four key priorities emerged.

**Priority 1:** Ensure Rapid Access to Crisis Intervention or Mental Health Services

**Priority 2:** Expand Prevention and Intervention School Programming

**Priority 3:** Expand Juvenile Probation Staff and Youth Prevention / Intervention Programs

**Priority 4:** Create Seamless Person-Centered Community Resource Center

# 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: RAPID ACCESS TO CRISIS INTERVENTION OR MENTAL HEALTH SERVICES

- *Our priority is to ensure a rapid response to youth in crisis and connection to supportive services.*

Priority champions: Michael Davis and Liane Vasquez

### OBJECTIVES:

- Prevention and intervention school programming (see priority 2)
- Youth Crisis Outreach Team
- Psychiatric Intensive Care
- Mental health workforce

### TASKS:

- Youth Crisis Outreach Team (YCOT) - specialized staff to respond, intervene, and follow-up on youth crisis
    - Explore by talking to organizations with existing teams
    - Establish structure
    - Identify potential funding sources
- Psychiatric Intensive Care (PIC) - a unit at Baptist Hospital for children and youth under voluntary placement up to 23 hours with 6-10 beds, 1-2 nurses or aides
    - Hospital administrative meeting (Sheriff, Chamber, Therapist)
        - Financial impact on pediatric floor
        - Cost savings of not using ER beds
        - Cost savings of not transferring people to JADC, etc.
- Mental health workforce - local therapists and trainees
    - Increase placement sites for mental health clinical students
        - Reach out to new placements
        - Supplement existing placements
    - Draw on local therapists as a bridge to services
        - Train local therapists in crisis response
        - Ask for pro bono commitment

### FEEDBACK:

- Youth Crisis Outreach Team
    - Is MCOT not currently responding to schools?
    - MCOT recently expanded to 2 days/week, not sure if for schools
    - Hill Country crisis is available 24/7; a program partnering with the Sheriff is 7 days/week
    - Really interested to learn more about the development of YCOT
    - May not need separate YCOT; need to introduce SROs to MCOT
    - YCOT is more intensive than MCOT; more follow-up for 90 days
    - Is there enough workforce for YCOT?

    - This legislative session may provide funding for YCOT
    - Hill Country placed a crisis therapist and a peer support specialist with BISD
    - Specialized youth unit is good
    - Need training for law enforcement on IDD and behavior
- Psychiatric Intensive Care
    - These conversations already happened; Baptist said they don't want to have a mental health unit but will donate land if anther organization wants to do it
    - Also need inpatient unit
    - Stepping stones - need all in Kendall County
    - Can walk into Hill Country if in crisis
    - Support idea of youth psychiatric IC
- Mental health workforce
    - This would connect to YCOT

Next meeting: ***Friday, June 27 from 9:00-12:00pm at 916 East Blanco Rd., Suite 500*** (bring your own food/beverage)

## RESEARCH AND PRACTICES RELATED TO PRIORITY ONE

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

- Intensive Care Coordination
- Establish Goals for Youth Crisis Care

## PRIORITY 2: EXPAND PREVENTION AND INTERVENTION SCHOOL PROGRAMMING

- *Our priority is to expand prevention and intervention school programming that will set students and families up for success in life. We'll know if this is working because we'll see:*
  - *Less criminal referrals, self harm and self injury, and increase in school success and connection*
  - *A shift from responsive to preventative workload using data*
  - *Increased parent involvement, decreased absenteeism*
  - *Consistency across roles and schools*

Priority champions: Michelle Holcomb and Krista Pomeroy

### OBJECTIVES:

- Linking in community resources
- Preventative education

### TASKS:

- Parenting modules

### FEEDBACK:

- Specific to students, parents, staff
- How to create parent involvement in a non-threatening way?
- Create videos to direct parents towards
- How can we reduce stigma around going to events?
- Training for all staff (teachers, SROs)
- Connection to nonprofits, support network
- Student peer-to-peer networks, peer advisory group
- Linking to NAMI-Kerrville
- Working with schools to find funding that has focus on behavioral health services
- Create a broad education for many groups
- Nonprofit referral network
- Student peer advisory group
- Emotional support animal room
- Vs. both behavioral health services and academic services

Next meeting: ***Monday, June 9 at 9am on Zoom***

## RESEARCH AND PRACTICES RELATED TO PRIORITY TWO

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

- Early Intervention – Trauma Recovery and Juvenile Justice Involvement
- Foster Early Mental Health Identification and Intervention

## PRIORITY 3: EXPAND JUVENILE PROBATION STAFF AND YOUTH PREVENTION / INTERVENTION PROGRAMS

- *Our priority as a community is to expand youth programming, which will:*
  - *Increase the quality and quantity of services for justice-impacted youth*
  - *Improve outcomes for justice-involved youth*
  - *Strengthen the child and family*

Priority champions: Jasmine Glaser and Elise Villers

**OBJECTIVES:**

- Leverage existing strategic partnerships to increase capacity and collaboration between probation, ISDs, nonprofits, LMHAs, and counties
- Meet staffing needs within Juvenile Probation

How do we do this:

- Increase grant funding and capacity for youth programing focused on intervention/prevention

**TASKS:**

- Meet staffing needs within Juvenile Probation
  - Use existing partnerships to find qualified candidates and to increase awareness of open positions (note: There has been an open position for an additional juvenile probation officer since September.)
- Increase grant funding and capacity for youth programming focused on intervention/prevention
  - Connect with nonprofits for grant writing support.
  - Utilize already existing programs and services from nonprofits and organizations to support county efforts.

**FEEDBACK:**

- Develop stronger partnerships between probation and ISDs
- Make existing and lasting relationship with Bexar County Probation department (from a BISD SRO)
- Share Child Find information across county to address assessment and early identification needs of IDD
- Reentry supports and points of contact in schools (gentle handoff from probation to ISD)
- Utilize and grow the Youth Work Group
- Collaborate with Communities in Schools (note: BISD does not qualify for CIS, Title 1)
- Collaborate to develop new and utilize existing parenting programs

Next meeting: ***Tuesday, June 17 at 11am on Zoom***

## RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

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

- Mental Health and Juvenile Justice Interagency Collaboration
- Comprehensive Delinquency Prevention
- Collaboration Between Local Schools and Juvenile Detention
- Start Reentry Planning Upon Juvenile Referral
- Develop Community Approach to Juvenile Probation
- Family Engagement in Juvenile Service and Probation

## PRIORITY 4: CREATE SEAMLESS PERSON-CENTERED COMMUNITY RESOURCE CENTER

- *Our priority is to provide a navigated experience of Kendall County resources.*

Priority champions: Bryce Boddie and Margaret (Meg) Pastorino

### OBJECTIVES:

- Measurable improvements
- Physical structure
- Co-location
- The staff
- Single intake / screening
- Sustainable funding

### TASKS:

- Establish a backbone organization
- Collect essential data
- Needs assessment
- Marketing / developing
- Related social determinants of health
- MOUs and other administrative matters
- Dedicated point person
- Find space, design, and manage
- Develop an advisory board

### FEEDBACK:

- Funding? Sustainable funding is a high priority
- Can you partner with an established agency?
- MOU & any type of good or bad fit for Center
- What would the screening look like?
- Clarify roles
- All entity measurements
- Is this Center youth-specific?
- Multi-organization buy-in for Community Center: dedicated development officer, location, staff and coordination, funding

Next meeting: ***Friday, June 13 at 10am at the Boerne Library + Zoom***

## RESEARCH AND PRACTICES RELATED TO PRIORITY FOUR

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

- Intensive Care Coordination

# 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 Kendall 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, Kendall 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:** Building on its strong track record in cross-sector collaboration, County leaders will realize success far more quickly and effectively by incorporating action team captains into existing formal and informal planning discussions. 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 Kendall 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. The formal and informal structures of cross-system collaboration in Kendall County are ideal venues to assess the extent to which the systems of youth mental health and juvenile justice are aligned with current statutes.

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

## GRANT WRITING RESOURCES

| | |
|---|---|
| Grants.gov<br>https://www.grants.gov | HHSC Grant Information<br>https://www.hhs.texas.gov/business/grants |
| University of Texas Grants Resource Center<br>https://diversity.utexas.edu/tgrc/ | Nonprofit Ready<br>https://www.nonprofitready.org/grant-writing-classes |
| Texas Specialty Court Resource Center<br>https://www.txspecialtycourts.org/resources/grants.html | |

## MENTAL HEALTH COURT PROGRAM RESOURCES

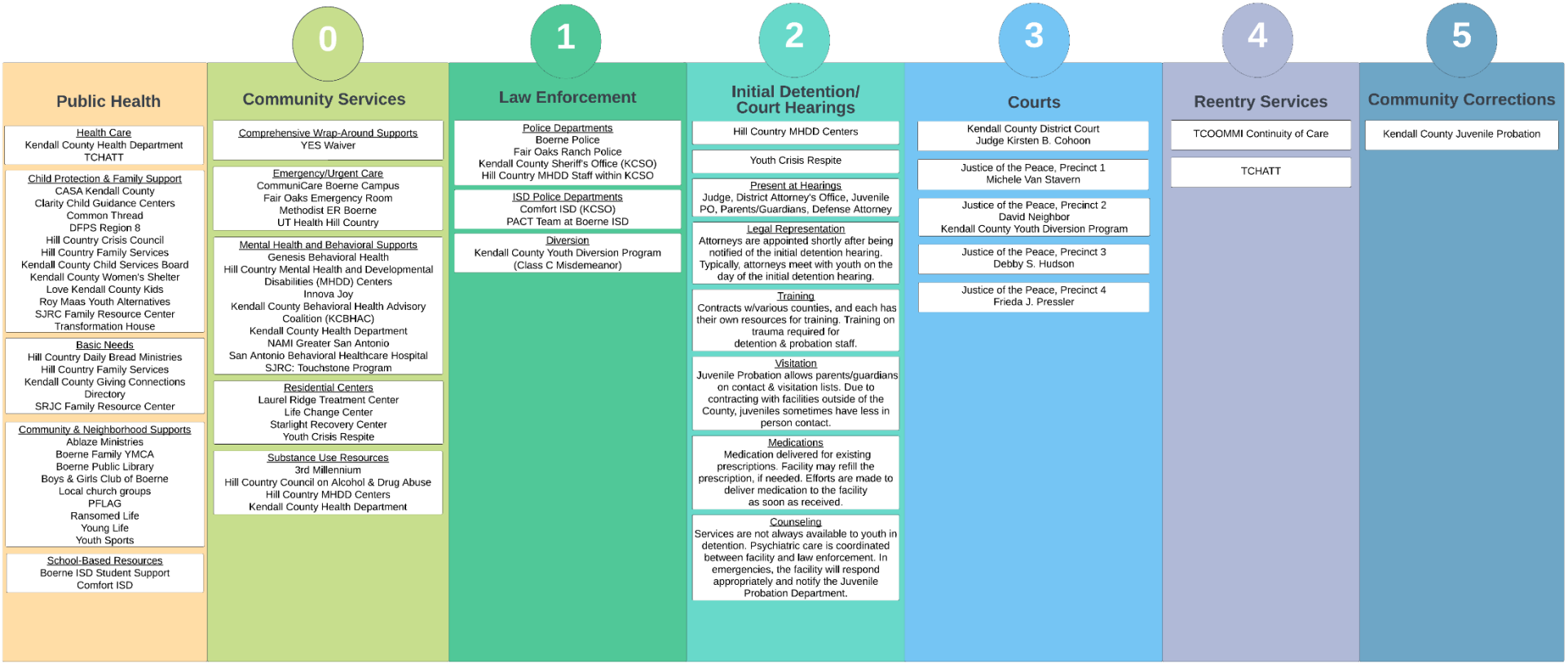
| | |
|---|---|
| Council of State Governments Justice Center – *Developing a Mental Health Court: An Interdisciplinary Curriculum*<br><br>https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf | Council of State Governments Justice Center – *A Guide to Collecting Mental Health Court Outcome Data*<br><br>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*<br><br>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*<br><br>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<br><br>https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/ | Judicial Commission on Mental Health: *10-Step Guide*<br><br>http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf |
| Judicial Commission on Mental Health<br><br>http://texasjcmh.gov/technical-assistance/mental-health-courts/ | Texas Association of Specialty Courts<br><br>http://www.tasctx.org/ |
| Texas Specialty Court Resource Center<br><br>http://www.txspecialtycourts.org/ | |

## TECHNICAL ASSISTANCE RESOURCES

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

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

## APPENDIX 3| KENDALL COUNTY YOUTH SIM MAP



## APPENDIX 4| PARTICIPANT LIST

| First Name | Last Name | Title/Role | Organization |
|---|---|---|---|
| Vickie | Adams | Coalition Director | Hill Country Council on Alcohol and Drug Abuse |
| Staci | Almager | CEO | HCFS |
| Amy | Anderson | MHFA Grants Director/Coordinator/Training Specialist | Hill Country MHDDC |
| Selma | Angelucci | Executive Director | Boerne Hill Country Family YMCA |
| Deborah | Balli | Founder/President | Teen Lifeline Collective |
| Stephanie | Bautista | Student Support Specialist | Boerne ISD |
| Jen | Belz | Executive Director/LPC | Genesis Counseling Center |
| Bryce | Boddie | Senior Director for Behavioral Health | Hill Country Family Services |
| Glen | Boehm | Owner | Boehm Commercial Group |
| Joanne | Bradley | Chief Juvenile Probation Officer | Kendall County Juvenile Probation |
| Patti | Brouhard | Community Educator | Communities in Schools SA |
| Jessica | Carroll | Belong Intern | SJRC Texas Belong |
| Diana | Chavarria | Program Coordinator | AACOG |
| Michael | Cokerham | Mental Health Deputy | Kendall Co SO |
| Michael | Colvin | Director CISD | CISD |
| Randy | Consford | Director of Special Projects | Hill Country MHDD |
| Joan | Cortez | Director of Crisis Services | Hill Country MHDD |
| Tristan | Cureton | Peer Support Specialist | Hill Country MHDD |
| Michael | Davis | Coordinator of Safety & Security | Boerne ISD, Safety & Security |
| Linda | De La Fuente | Coordinator | Meals on Wheels |
| Alessandra | Deike | ADA | Kendall County DA Office |
| Maggie | Evans | LPC-A | Genesis Behavioral Health |
| Wanda | Ferguson | Team Lead Family Partner | Hill Country MHDD |

| | | | |
|---|---|---|---|
| DeAnn | Fierro | Licensed Professional Counselor | Genesis Counseling Center |
| Rebecca | Foley | Mental Health Officer | Boerne PD |
| Jennifer | Forbes | Grant coordinator | Kendall County |
| Rachel | Franco | School Counselor | Boerne ISD |
| Carlin | Friar | Trustee | Boerne ISD |
| Joyce | Garcia | QMHP | Hill Country Family Services |
| Mireya L. | Garcia | Sr. Director of Clinical & Medical Services | RMYA |
| Jasmine | Glaser | Juvenile Probation Officer | Kendall County Juvenile Probation |
| Eric | Gomez | Mental Health Officer | Boerne Police Department |
| Rebecca | Gonzalez | Nationally Certified School Psychologist | Boerne ISD |
| Samantha | Gonzalez | Director of Client Services | Hill Country Family Services |
| Amy | Harding | Outreach Director | Hill Country CASA |
| Carla | Hartman | Behavioral Specialist | Boerne ISD |
| Lynn | Heckler | Board member | Christian Journey Courses |
| Susanna | Hogan | President | PFLAG |
| Michelle | Holcomb | Private Practitioner, LPC-S, Owner | Hill Country Intervention & Counseling, LLC |
| Richard | Holmberg | President | Drug Free Comfort |
| Debby | Hudson | Justice of the Peace | Kendall County, JP Precinct 3 |
| Kane | Jaggers | Sr. Regional Director | SJRC Texas\|Belong |
| P.J. | Lozano | pj@ablaze.us | Vice President |
| Trisha | Marquiss | APS Investigator | DFPS |
| Katherine | McDaniel | First Assistant District Attorney | Kendall County Criminal District Attorney's Office |
| Marion | McKenzie | Community Liaison | SJRC Texas\|Belong |
| Ashlee | Miller | Senior Director of Clinical Care | Hill Country MHDD Centers |
| Graciela | Mitchell | Criminal Paralegal | Lovorn Law Firm |
| Valerie | Negrete | Youth Prevention Specialist | HCCADA |
| David (Dave) | Neighbor | Judge | Justice of the Peace, Precinct 2, Kendall County, Texas |

| | | | |
|---|---|---|---|
| Claire | OBrien | Board Member | HCCADA / SACADA |
| Daniel | Owen | Principal | Boerne ISD |
| Margaret | Pastorino | Clinic Director - Kendall County Mental Health | Hill Country MHDD Centers |
| Ariel | Peters-Angelucci | Owner & Therapist of private practice | APA Psychotherapy PLLC |
| Krista | Pomeroy | Chief Student Support Officer | Boerne ISD |
| Ben | Powers | Retired | Retired |
| Sandra | Preininger | Outreach Coordinator | The Ecumenical Center |
| Frieda | Pressler | Judge | Kendall County |
| Thomas | Price | CEO | T2 Educational Consulting |
| Patricia | Ptak | Owner | Counseling Center of Boerne |
| Michelle | Quade | Mental Health Deputy, Officer | Kendall County Sheriff's Office Mental Health Division |
| Jessica | Quinones | Mental Health Specialist | Hill Country MHDD Centers |
| Melissa | Ramirez | Director of Children Services | Hill Country MHDD |
| Yvette | Reyna | Executive Director of Community Engagement | Boerne ISD |
| Frank | Ritche | Mayor | City of Boerne |
| Andrea | Salazar | Prevention Program Director | Hill Country Council on Alcohol & Drug Abuse |
| Kim | Seelman | Lead Nurse | Boerne ISD |
| Douglas | Smith | | |
| Aaron | Sowell | Development Director | Ablaze Ministries |
| Landon | Sturdivant | Deputy CEO | Hill Country MHDD Centers |
| Cindy | Todd | Clinical Director | Genesis Behavioral Health |
| Richard | Tomlinson | Member | Older Adult Group |
| Michele | Van Stavern | Justice of the Peace | Kendall County Justice of the Peace Pct 1 |
| Liane | Vasquez | Public Health Nurse | DSHS |
| Nickie | Villanueva | Operations Manager | Rise Recovery |
| LaMinda | Villarreal | Director of Social Work | Hill Country Family Services |

| | | | |
|---|---|---|---|
| Elise | Villers | Juvenile Prosecutor | Kendall County DA Office |
| Lisa (Danni) | Vinyard | School Counselor | Boerne ISD - Fabra Elementary |
| Aubrie | Walker | Coalition Coordinator | HCCADA |
| Robb | Weller | Senior Vice President | Jefferson Bank |
| Charles | Wetherbee | Attorney | Law Office of Charles Wetherbee |
| Anthony | Winn | Senior Director of Mental Health | Hill Country MHDD |
| Sarah | Womble | Principal | Comfort ISD |
| Michelle | Zaumeyer | Director of Forensic Services | Hill Country MHDD Centers |
| Lucy | Ziegler | LPC | Lucy K. Ziegler LPC |

# Kendall County Youth Sequential Intercept Model Mapping Workshop

**Thursday, May 15, 2025**
**Boerne ISD Administration Center**
**235 Johns Rd., Boerne TX 78006**

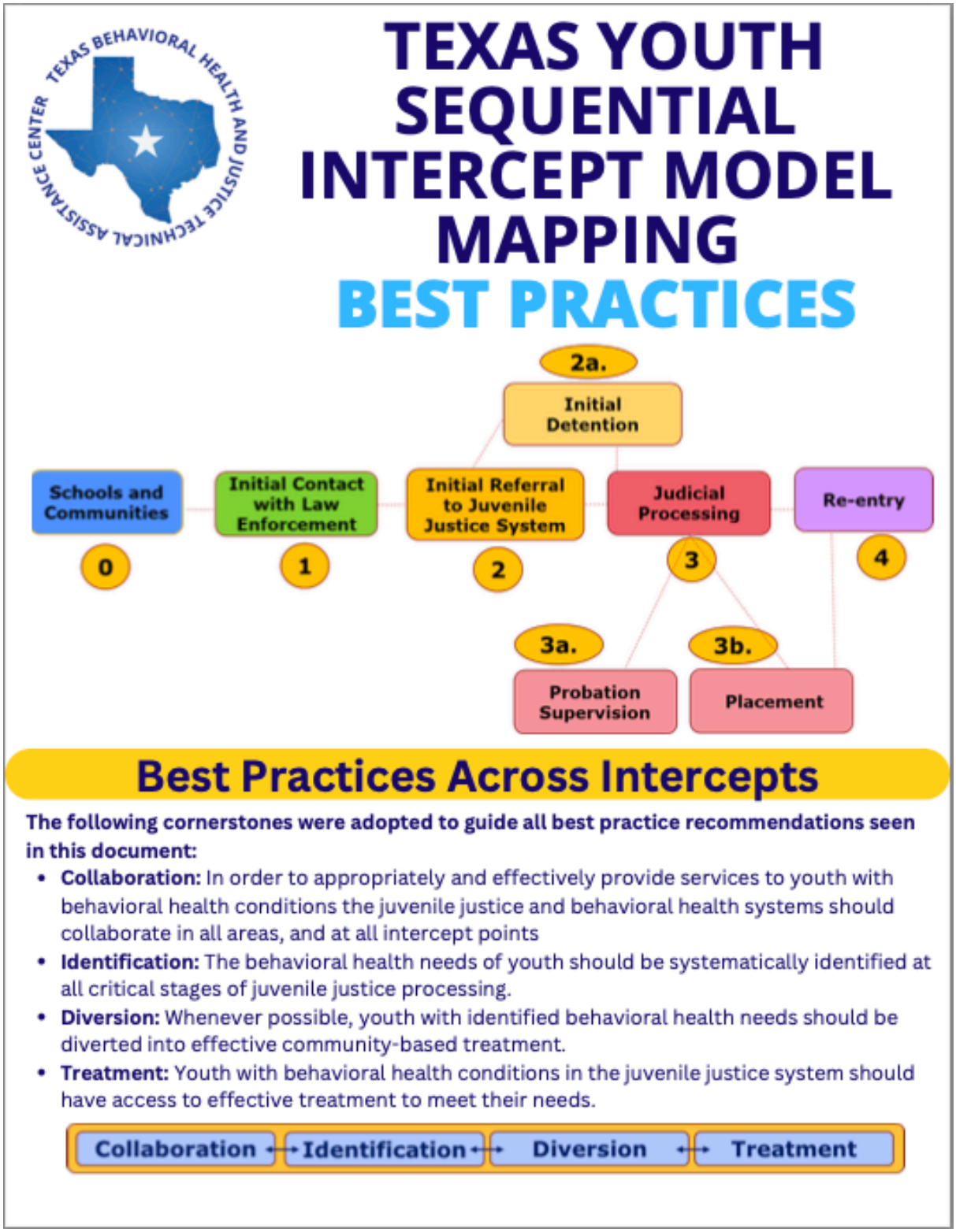
Purpose and Goals:

- 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** | Welcome & Community Goals |
| **9:20 am** | **Orienting to This Work**<br>Lynda Frost | Hopes for the Mapping Process<br>Why Collaboration Matters |
| **9:40 am** | **Overview of Judicial Commission**<br>Rose McBride | |
| **9:45 am** | **Overview of SIM Mapping**<br>Doug Smith | Overview of Model |
| **10:30 am** | **Break** | |
| **10:45 am** | **Establishing Priorities**<br>Lynda Frost | Identify Possible Priorities<br>Identify Opportunities for Collaboration |
| **11:45 am** | **Lunch** | |
| **12:20 pm** | **Action Planning**<br>Doug Smith | Group Work<br>Presentation to Full Group |
| **1:40 pm** | **Break** | |
| **1:55 pm** | **Refining the Action Plan**<br>Doug Smith | Gallery Walk<br>Group Work |
| **2:35 pm** | **Next Steps & Summary**<br>Lynda Frost | Meeting to Review Draft Report<br>3-month Progress Check-In<br>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.<br>• Universal mental health promotion and training<br>• Targeted mental health intervention<br>• 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.<br><br>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.<br><br>**Trust Based Relational Therapy:** An attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children.<br><br>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.<br><br>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.<br>• 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.<br>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).<br><br>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.<br><br>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.<br>• *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.<br>• *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)<br>• *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.<br>• Ensure the case moves froward while the juvenile is hospitalized to ensure speedy resolution upon return (i.e. address discovery issues, and plea offers).<br>• Coordinate transportation within three days of notice that a juvenile has been restored.<br>• 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:<br>• *Family identification training*- Probation staff receive training on how to identify and engage with a youth's caregiver network.<br>• *Family genograms/ecomaps*- Visual tool to help facilitate conversations about existing social and system supports with youth and their family.<br>• *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.<br><br>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/ |