Youth Sequential Intercept Model
Mapping Workshop

May 2025

Report for:

Burleson 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 Burleson County, TX

Workshops Held:

Virtual Session:
February 25, 2025

In-Person:
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Final Report:

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Workshop Facilitated and Report Drafted By:

Lynda Frost, JD, PhD
Lynfro Consulting

Douglas Smith, MSSW, ACC
D-Degree Coaching and Training

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 BURLESON COUNTY (2025).

ACKNOWLEDGEMENTS

The JCMH is thankful for the assistance of the Burleson County planning team: Sergeant Shawn Edwards, Pam Kothmann, Beverlie Lilie, Hayley Nichols, Albert Ramirez, Robin Walker, Sergeant Jonathon Weichert, Ashley Zboril.

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.

JCMH STAFF CONTRIBUTORS

Kristi Taylor, J.D.	Molly Davis, J.D.	Kama Harris, J.D.
Executive Director	*Director of Operations*	*Director of Policy and Education*
Michael Garcia	Andy Perkins, J.D.	Rose McBride
Legal Assistant	*Staff Attorney*	*Communications Manager*

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.

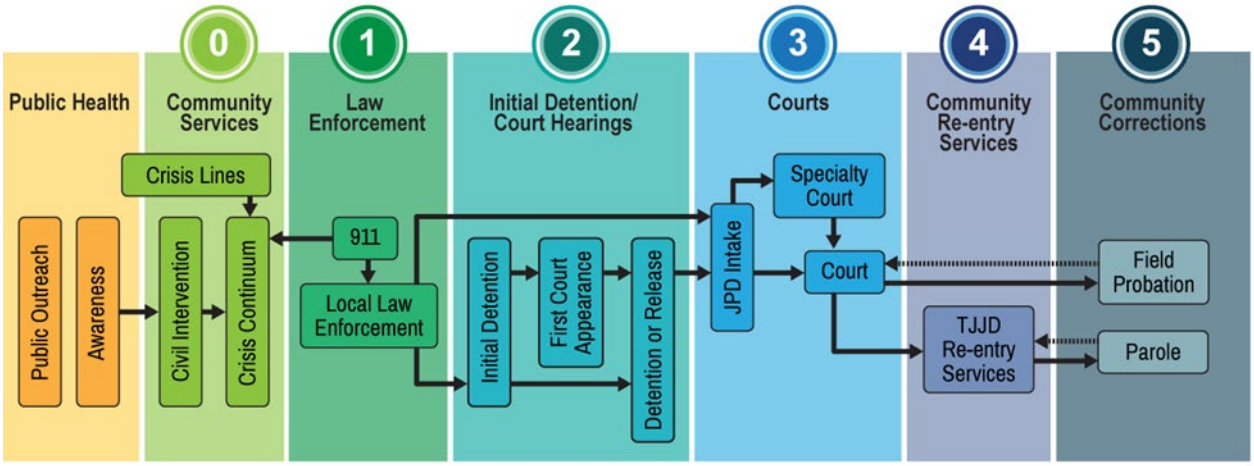
For more information on mental health language, see https://hogg.utexas.edu/news-resources/language-matters-in-mental-health.

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/.

TABLE OF CONTENTS



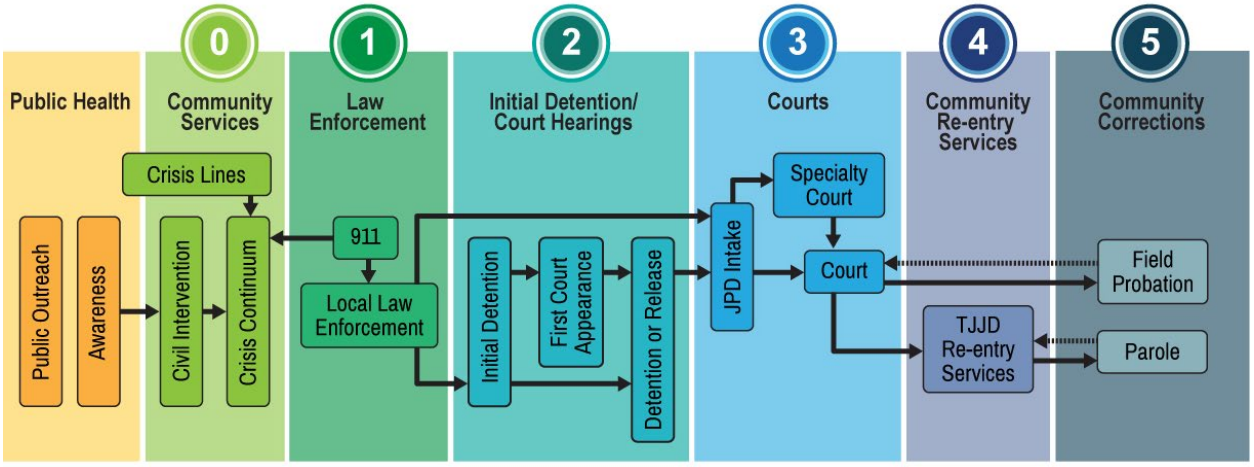
EXECUTIVE SUMMARY

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 50 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 three key priorities for change:

Priority 1: Parent Engagement & Education
Priority 2: Services and Supports for Parents and Families
Priority 3: Peer Support in Schools

The report provides a detailed blueprint for Burleson 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 Burleson County with a virtual session on February 25, 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 Burleson County took place March 21, 2025. Following the workshop, the community has continued to work on their priority action plans. They also met virtually with JCMH to review and edit a draft of this report and again three months following the in-person workshop to check in on progress. Throughout this process and thereafter, the community may request free-of-charge technical assistance from JCMH.

KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

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

THE POWER OF LIVED EXPERIENCE

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

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

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

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

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

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

Several organizations and resources provide helpful guidance:

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

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

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

CONTINUED CROSS-SYSTEM COLLABORATION

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

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

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

EFFECTIVE USE OF DATA

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

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

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

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

UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

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

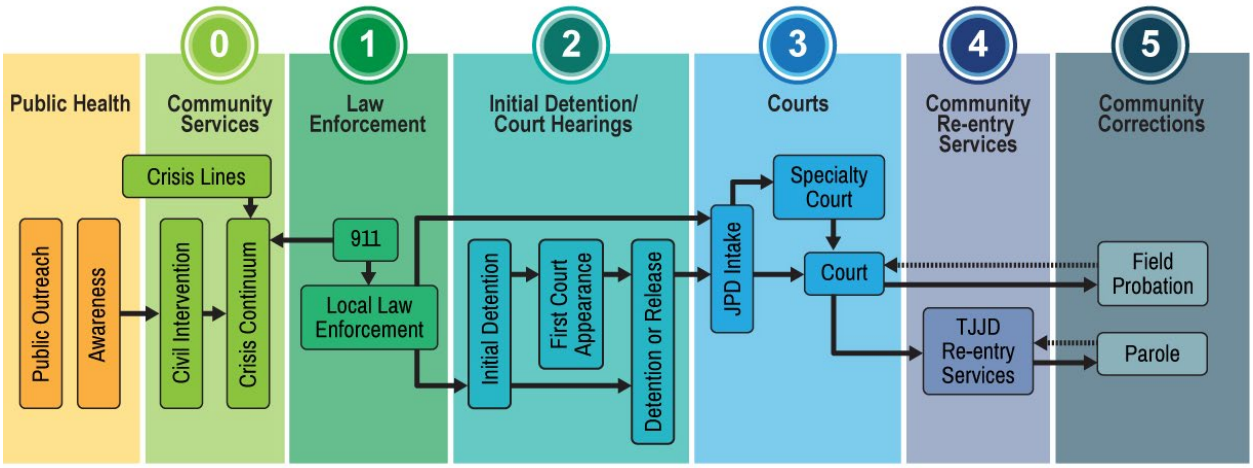
The Judicial Commission on Mental Health has released the Third Edition of the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book, which provides community and juvenile justice stakeholders with a comprehensive overview of best practices and existing laws at each 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 Burleson County leaders identified specific community goals for the workshop:

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



INTERCEPT 0

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

INTERCEPT 0 RESOURCES

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

Burleson County operates the Burleson Health Resource Center (BHRC), which aims to improve the overall health and well-being of residents by providing a "one-stop shop" through which a variety of services and resources may be accessed. Through partnership with agencies and programs within Burleson County and throughout the Brazos Valley, Burleson County residents are provided the help they need to access a broad range of services and resources, including:

- Primary medical and dental care
- Mental health services
- Assistance for older adults and people with disabilities
- Assistance and counseling for survivors of domestic violence and sexual assault
- Assistance and counseling for victims of child abuse and their care givers
- Individual and couples counseling
- Emergency shelter

- Housing, rent and utility assistance
- Substance misuse counseling and treatment / LCDC services
- Legal assistance
- Childcare
- Parent education and anger management
- Transportation to medical and social service appointments
- Basic needs – food and clothing
- Linkage to many other programs and services.

There are two locations, one in Caldwell, and the other in Somerville.

- Caldwell: 1108 Woodson Dr, 979-567-3200
- Somerville: 17202 St. Hwy 36 S, Suite 110, 979-596-2315

One component of the BHRC's programming is its Healthy Living Project, which brings together several partner agencies in delivering a series of presentations to 7th-9th grade students in participating school districts, a collaboration aimed at reduction and prevention of risk-behaviors, and education regarding healthy relationships and choices. Over a period of six weeks in one hour classes, this project typically reaches an average of 175 students per semester, and has proven effective in guiding students and their parents to help they might need through referral to the BHRC's many partners.

Additionally, Burleson County Youth SIM participants identified dozens of additional resources as follows:

Intercept 0 Community Services	
Behavioral Health	
Emergency lines 911 **National Suicide Prevention Lifeline:** 1-800-273-8255 **Suicide & Crisis Lifeline:** 988	MHMR Authority of Brazos Valley 979-567-4377 **Crisis Hotline** 888-522-8262
Burleson County Sheriff's Office- Crisis Intervention Team 979-567-4343	Telebehavioral Care Program 979-436-0700

Houston Behavioral 832-834-7710	Meridell Achievement Center 512-528-2100
Project Unity- Family and Youth Success (FAYS) 979-595-2900	Teen Anger Management (BHRC) 979-567-3200
YES Waiver Wraparound 979-567-4377	Waco Center for Youth 254-756-2171
Cedar Crest 254-613-9871	San Marcos Treatment Center 800-251-0059
NAMI-Brazos Valley Support Groups & Mental Health First Aid Training	Woodland Springs Behavioral Hospital 936-270-7520
Aggieland Autism Center 979-412-1423	Empower Behavioral Health 210-447-0039
Brazos Valley Mental Health and Wellness 979-777-1683	Brazos Valley Coalition on Suicide Prevention 979-450-1752
Canyon Creek Behavioral Health 254-410-5100	Grow and Bloom Counseling 979-406-0464
Promises Behavioral Health 888-608-3767	T-CHATT
Health Care	
The Family Pharmacy 979-595-1700	Burleson County Indigent Healthcare Program 979-595-2800
Health Point Caldwell Clinic 979-567-7080	CHI St. Joseph Health Rehabilitation Hospital 979-393-8390
School-Based Services	
Disciplinary Alternative Education Program (DAEP)	Burleson-Milam Special Services 512-455-7801
Parent and Family Support Services	
Workforce Solutions Childcare Services 979-595-2800	Early Childhood Intervention (ECI) 979-704-3196
Head Start 979-595-2800	Burleson County Family and Community Health 979-567-2308
Methodist Children's Home Family Outreach Program 979-775-2255	Project Unity/Family and Youth Success 979-595-2900

Child Protection	
Texas Department of Family and Protective Services Statewide Intake: 800-252-5400	Scotty's House 979-703-8813
Burleson County Rainbow Room 979-200-8598	
Basic Needs	
Burleson Health Resource Center Caldwell: 979-567-3200 Somerville: 979-596-2315	Brazos Valley Food Bank 979-779-3663
Bread Partners 979-830-0886	Caldwell Chrisian Care 979-567-9711
Elizabeth Lutheran Community Food Pantry 979-567-4286	In God's Hands Ministries 979-406-0157
Family Violence	
Twin City Mission/Phoebe's Home 979-775-2255	County Attorney's Office Victim Assistant Coordinator 979-567-2350
Substance Use Recovery	
Burleson Health Resource Center LCDC Services in Caldwell and Somerville 979-567-3200	BVCASA Intensive Outpatient Services for Youth and Adults 979-846-3560
3rd Day Treatment Center 979-703-8292	Impact Burleson County 979-846-9500
Community & Neighborhood Supports	
Methodist Children's Home Family Outreach Program	Boys & Girls Club- Caldwell location
Transportation	
Brazos Transit District 800-972-0039	

Families Shouldn't Have to Figure It Out Alone

Albert Ramirez is the Director of the Burleson Health Resource Center, which is a unique one-stop shop in two locations in Burleson County, helping families access a wide array of services. Albert specializes in building partnerships, not only with justice and mental health systems, but also with the entire community of schools, churches, and nonprofits. He and other community leaders aim to provide early and coordinated interventions that keep kids in their homes and schools, preventing juvenile justice involvement.

Albert describes his role, "I try to be the glue…the bridge between all these different services. The family shouldn't have to figure it out alone."

Albert emphasizes relationship building, follow-through, and reducing duplication. He and his community collaborators work to identify gaps in the system in real time. They check in personally with families after crises. They alert schools and appropriate agencies when youth are "slipping off the radar." They follow up on case plans, ensuring that parents and children are getting what they need.

The Burleson Health Resource Center and the partnerships Albert and other community leaders have formed serve as a model for other communities to follow. They have built trust with each other, which allows them to act quickly in crisis. They are flexible, "bending roles" when necessary, such as law enforcement officers working alongside social workers. Importantly, everyone is fully committed to the principles of wraparound care, recognizing that complex problems require a highly tailored approach with multiple supports across the system.

INTERCEPT 0 GAPS AND OPPORTUNITIES

The community members participating in the initial virtual mapping identified gaps in resources, communication, and coordination that present key opportunities for innovation.

Provider Access and Case Management

There is limited access to psychiatrists and mental health counselors. Additionally, for children with significant behavioral health challenges, only a small percentage are eligible for wrap-around case management services at the MHMR Authority of Brazos Valley. Burleson County already has a demonstrated track record of community collaboration and service coordination,

but with provider access presenting a challenge to the entire healthcare system, county and civic leaders recognize the need to support ongoing efforts to boost provider access. In the past 5 years, Burleson County has strengthened efforts to serve all areas of the county through the establishment of the BHRC office in Somerville, allowing for strengthened case management services and boosting provider access.

Impacts of Gaps on Schools

Community stakeholders also recognized that schoolteachers and counselors are often the first to identify unaddressed behavioral health challenges in children. Participants indicated that crisis intervention between the school, parents, and counselors is inconsistent, putting the child at risk of Disciplinary Alternative Education Program (DAEP) placement or juvenile referral. They saw this as an opportunity to implement holistic interventions between schools and parents, tailored to the needs of the family. Improved crisis intervention combined with a holistic approach with families would likely results in a reduction in the number of withdrawals from school.

Lack of parental participation in youth behavioral intervention is a major hurdle to improved outcomes for youth. Community members recommended improving the effectiveness of multi-agency staffing and planning sessions for families through strengthening of collaborative partnerships, development of concrete inter-disciplinary service plans tailored to meet the specific and complex needs of families, and accountability for follow up by both families and the agencies committed to serving them.

Participants also recommended engaging school boards on discipline policies. They recommended changes that incorporate more parental involvement and education. Additionally, they recommended more restorative practices in the DAEP, inviting the school community to promote mutual accountability, conflict resolution, and leadership. Additionally, they saw this as an opportunity to create a more structured DAEP re-entry plan that includes training for both parents and youth.

Supports for Adolescents

Participants identified challenges experienced by adolescent youth. There are limited entertainment options in the area. Additionally, several children in this age group are in the foster care system or without housing. Numerous adolescents are referred to the DAEP for vaping, leading stakeholders to suggest that the legislature should consider restricting sales of vapes to

minors. Stakeholders saw this as an opportunity to create a mentorship program, after-school activities, and more healthy entertainment options.

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

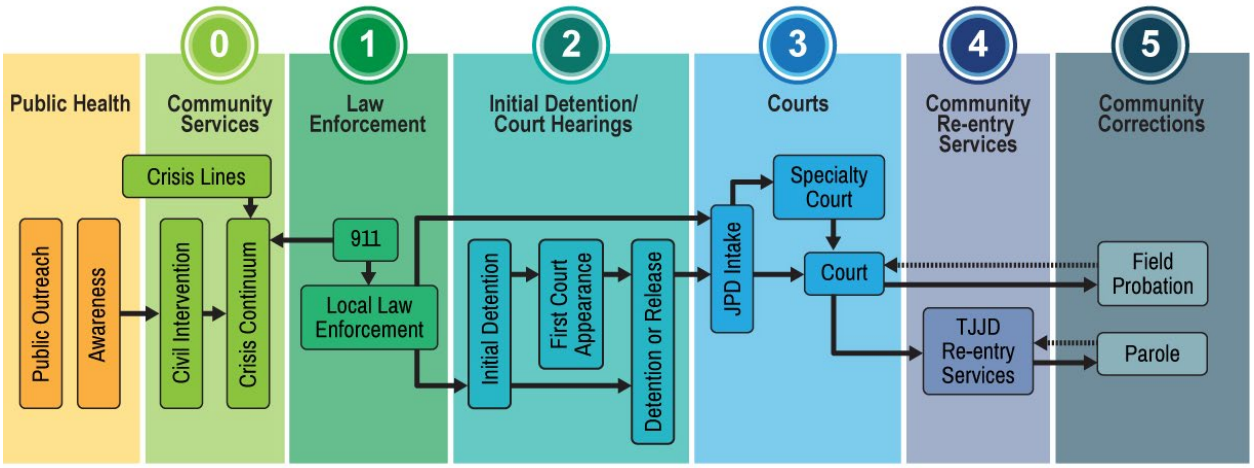
substance use. Collaborate to continually expand capacity through interagency coordination and service optimization.

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 Law Enforcement	
Burleson County Sheriff's Office 979-567-4343	Burleson County Sheriff's Office Crisis Intervention Team 979-567-4343
Precinct 1 Constable Jason Muzny Phone: 979-535-4761	Precinct 2 Constable Dennis J. Gaas Phone: 979-272-3656
Precinct 3 Constable Jay Boykin Phone: 979-567-2303	Precinct 4 Constable Jason Rhodes Phone: 979-596-1412
Caldwell Police Department 979-567-4455	Somerville Police Department 979-596-1633
Sergeant Jonathon Weichert SRO Officer – Burleson County Sheriff's Office	

Leading with Compassion

Sergeant Shawn Edwards has emerged as one of Texas's most respected voices in crisis intervention and mental health-informed policing. Witnessing firsthand the increasing number of mental health crisis calls, the lack of adequate training, and the unrealistic expectations placed on officers, he took decisive action—first by creating a Crisis Intervention Team (CIT) in his previous department, then by launching another widely praised CIT at the Burleson County Sheriff's Office. His team now includes an additional mental health deputy as well as Hayley Nichols, a pretrial mental health caseworker who assists with juveniles**.**

His team has responded to over 1,000 crisis calls, successfully diverting a significant portion away from jail or juvenile detention. Most remarkably, **Burleson County has not had a single competency restoration case in its jail for the past five years**—a powerful testament to early intervention, de-escalation, and community-based alternatives. The team's proactive approach was recognized statewide, highlighting their significant impact on the community. As a member of the Texas Judicial Commission on Mental Health Collaborative Council and a statewide CIT trainer, Sgt. Edwards continues to shape the future of law enforcement in Texas—centering dignity, safety, and cross-system collaboration in every interaction

INTERCEPT 1 GAPS AND OPPORTUNITIES

Participants recognized how the lack of inpatient mental health treatment options in and near the county is a significant gap that impacts law enforcement's ability to respond effectively. When the child alleged to have committed an offense is a risk to themselves or others, police have the option of either juvenile detention or a mental health facility well outside the county. Even when first responders and crisis teams can deescalate crises, long wait times for services and limited local options increase the likelihood of repeated crises.

Stakeholders saw the need for additional training for law enforcement. Sheriff's deputies and police in Burleson County are well trained in de-escalation and they are trauma informed. Nonetheless, they saw an opportunity to expand training options across departments.

Community members expressed a desire to implement a first-offender program for vaping. Concern regarding vaping is so elevated that community members also discussed the possibility of working with the Texas Legislature to ban the sales of vapes to minors. Most vape pens do not meet the legal criteria to be criminal, as there are no referrals for nicotine, only for vape pens that contain more than 0.3% TCH. Instead, youth are sent to the DAEP.

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.

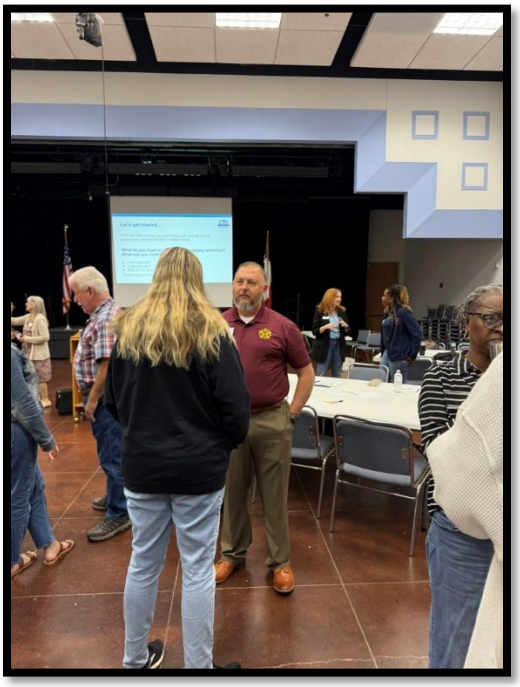
Often people with IDD will not understand the officer and, out of fear, pretend to understand or quickly admit to committing a crime. Also, when the person with IDD has been the victim of a crime, their interactions with police cause them increased fear and distress, making them hesitant or unclear in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

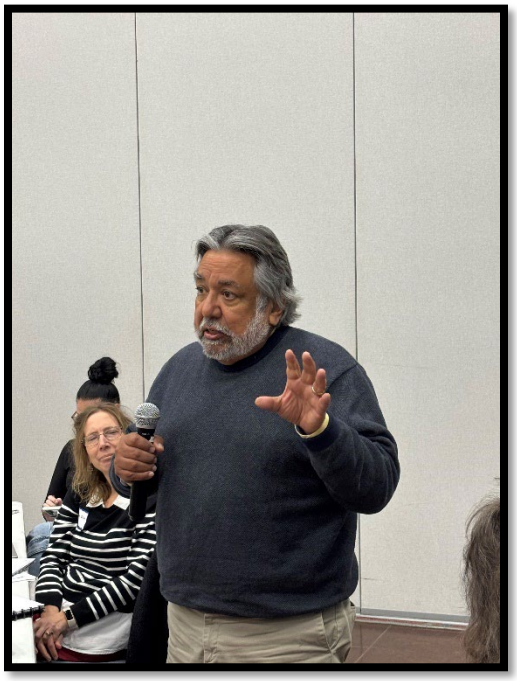
Some of the techniques recommended by The Arc include:

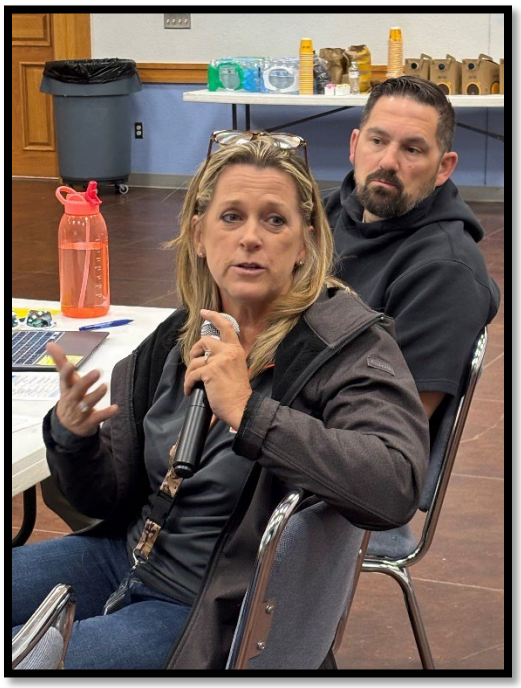
1. Making a personal connection as quickly as possible. Help them feel safe. Listen to the individual's family or caregivers for tips on how to calm them down. If a youth does run away, consider why they might be afraid.
2. Recognize that stimming helps the person with IDD to calm down. Give them space 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.

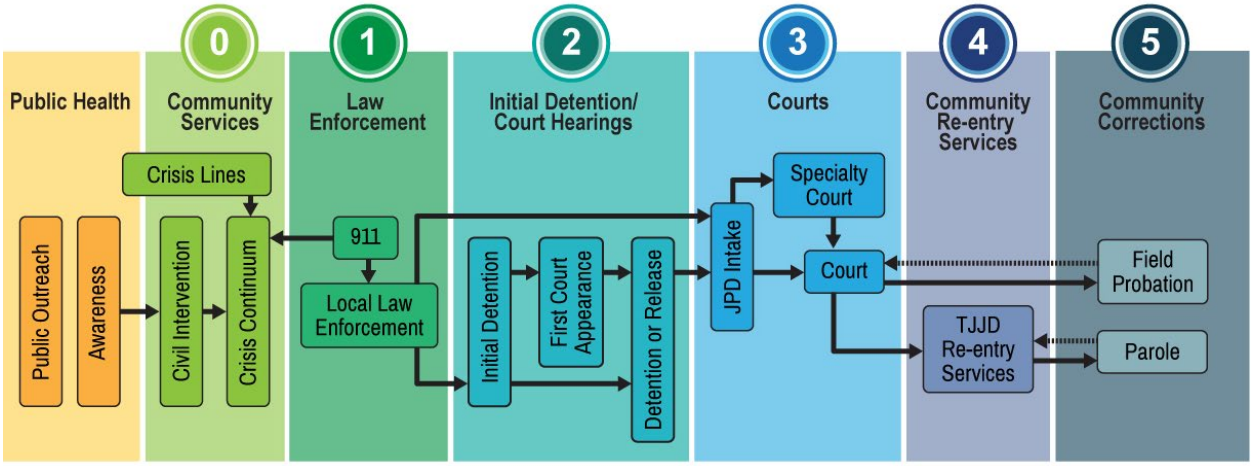
BEST PRACTICE: FIRST OFFENDER PROGRAMS

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 Pretrial/Detention	
Assessments- PACT or Pre-PACT	Burleson County Sheriff's Office 979-567-4343
MHMR Authority of Brazos Valley 979-567-4377	Licensed Professional Counselors on Contract
Family and Youth Success (FAYS) 979-595-2900	Trauma Training Provided by Texas Juvenile Justice Division
Burleson County Juvenile Probation Department 979-567-2349	Burleson County Sheriff's Office- Crisis Intervention Team 979-567-4343

INTERCEPT 2 GAPS AND OPPORTUNITIES

Some Youth SIM participants felt there was some inconsistency and rigidity with respect to release conditions. They asserted that children are sometimes held in detention for misdemeanor offenses, when a release to the child's home might seem warranted. Yet, home life instability complicates release determinations. They suggested greater flexibility in setting conditions of release, being creative when community resource constraints make it difficult to simply order rehabilitative programming.

Juvenile Services noted that they have a standard set of conditions of release so that every child is treated equally. They can add custom conditions such as a required mental health assessment or counseling. Youth charged with misdemeanors are detained only when no other options exist or when the child has committed repeated offenses over a short time while on release.

The lack of participation by parents creates yet another barrier to successful outcomes. Without confidence that the parents will follow through on obligations, pretrial determinations become more complicated. Stakeholders recommended mandatory parental participation, including parenting classes.

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.

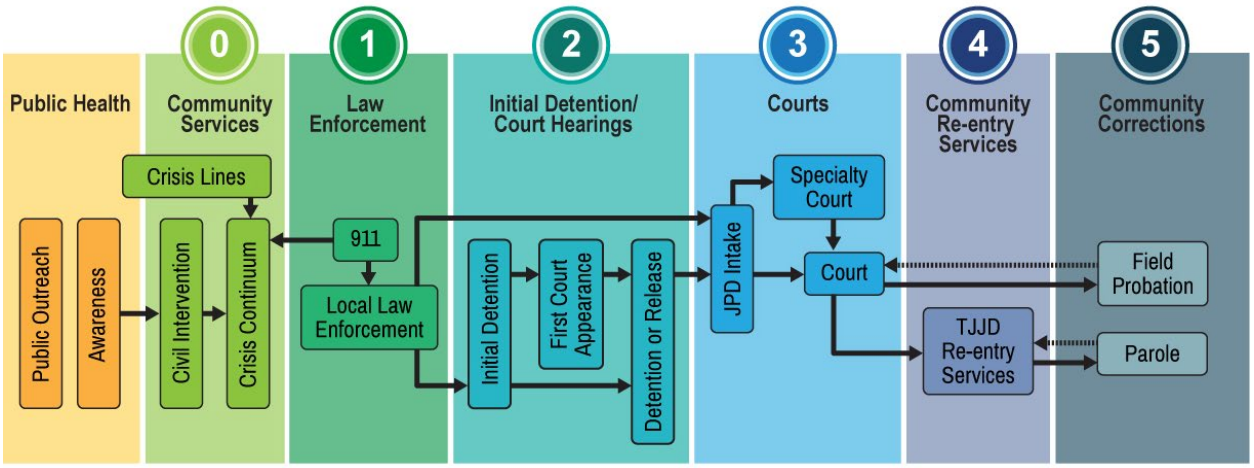
BEST PRACTICE: ENSURE PRESUMPTION OF RELEASE

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 Courts	
The Honorable Carson Campbell 21st District Judge	The Honorable John D. Winkelmann 335th District Judge
The Honorable Cullen "Dusty" Tittle Justice of the Peace Precinct #1 Juvenile Cases	Burleson County Judge Keith Schroeder 979-567-2333
Victims Assistance Coordinator Stephanie See 979-567-2350	Voices for Children (CASA) 979-822-9700

INTERCEPT 3 GAPS AND OPPORTUNITIES

The primary challenges at intercept three relate to limited options for youth advancement. Participants want to see more vocational training, providing opportunities to juvenile justice-

involved youth to build a resume and job skills. They recommended creating a stronger partnership with Workforce Solutions. They also underscored the importance of praising youth when they take steps forward.

INTERCEPT 3 BEST PRACTICES

BEST PRACTICE: FAMILY ENGAGEMENT IN JUVENILE COURT

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

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

Courts might consider shaping their family engagement strategies as follows:

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

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

program, pairing parents with family partners. These are just a few examples of successful approaches to family engagement.

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

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

BEST PRACTICE: STREAMLINED FITNESS RESTORATION PROCESS

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

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

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

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

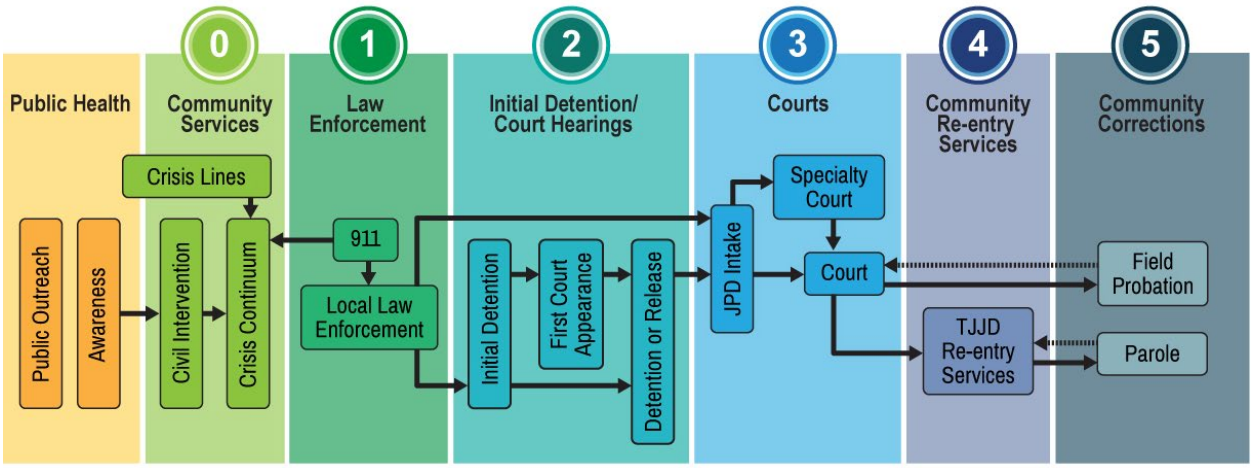
- Understand that children are either fit to proceed or not, there is no "sliding scale" of fitness. It might be necessary for attorneys to object to fitness determinations that are based on a "partially fit" assessment.
- Speak to the child at least by phone prior to determining whether to object to 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

Juvenile probation officers work with youth and families to facilitate successful transition back into school and community. In complex cases, reentry coordination between juvenile probation, schools, and other agencies can be facilitated in partnership with the Burleson Health Resource Center.

INTERCEPT 4 GAPS AND OPPORTUNITIES

Burleson County Youth SIM participants were hard-pressed to name any additional reentry resources. They suggested additional effort to assist youth with social skills to help them readjust in school and community after juvenile involvement.

INTERCEPT 4 BEST PRACTICES

BEST PRACTICE: START REENTRY PLANNING UPON JUVENILE REFERRAL

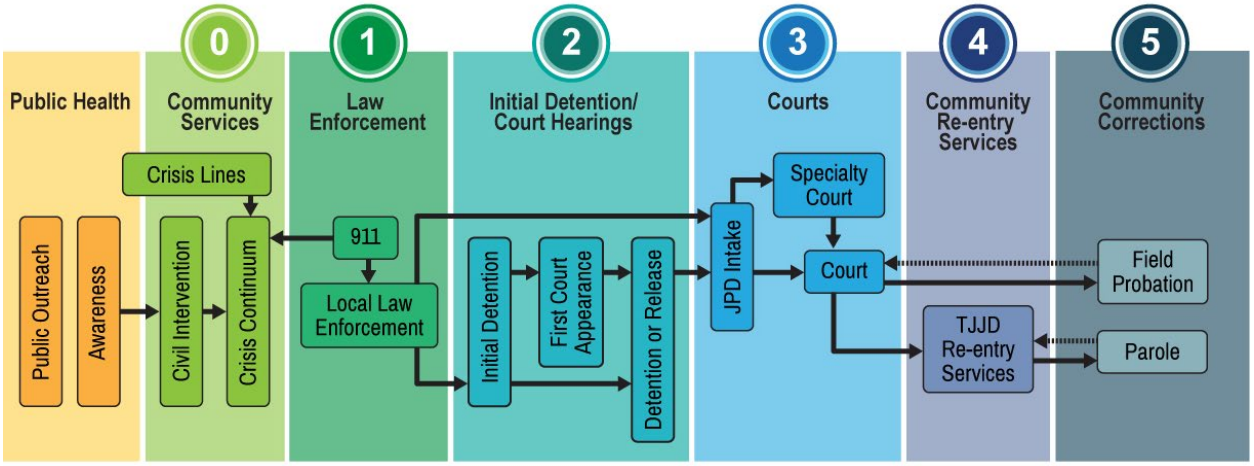
According to the Justice Center of the Council on State Governments, the most effective reentry planning occurs when the planning begins at intake and continues through family reintegration and aftercare. Successful outcomes require case management that begins with the end in mind: resilient children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

BEST PRACTICE: SCHOOL TRANSITION

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

Recommendations for improving transition planning include:

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



INTERCEPT 5

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

INTERCEPT 5 RESOURCES

Intercept 5 Community Supervision	
Burleson County Juvenile Probation Department 979-567-2349	Texas Juvenile Justice Division
MCH Family Outreach	Family and Youth Success (FAYS)

INTERCEPT 5 GAPS AND OPPORTUNITIES

The primary challenge for youth on juvenile probation is a lack of resources to prepare for adult living. Many adolescents are a far distance from employability, which is a risk factor, especially as they near early adulthood. Juvenile probation officers also encounter considerable delays in helping youth access Workforce Innovation and Opportunity Act programming for kids on their caseloads. For many, time is of the essence to ensure youth receive the right programming to support them as they transition off juvenile probation. Stakeholders emphasized the need for timely access to vocational training.

Additionally, successful transition from juvenile probation requires family engagement before and after termination. Family participation is a major hurdle. To help youth access programming, they need families to complete enrollment forms and such. Also, families must take the lead in making sure youth participate in all required programming. Participants saw this as an opportunity to provide individualized support to parents and caregivers, helping them fill out the appropriate forms.

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

Burleson 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.

Burleson County Youth SIM Priorities	
High/Immediate	Counseling for families
	Expansion of the Healthy Living Project into schools
	Family engagement and parenting classes
	Holistic intervention to prevent school drop-outs as well as to prevent parents from withdrawing their children from school
Moderate/Near Future	Tier 1 (universal) plan for education at all levels, elementary to secondary
	Include parent training as part of transition from DAEP
	Provide peer support within schools
	LCDC counseling services at the LMHA
	Create a first-offender program
Priorities for Later	Improve access to GED resources
	Provide additional resources to home-schooled youth
	Additional supports for youth with frequent high-risk behaviors
	Provide incentives to parents to participate in programming

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 Burleson County. At the end of this process, three key priorities emerged.

Priority 1: Parent Engagement & Education

Priority 2: Services and Supports for Parents and Families

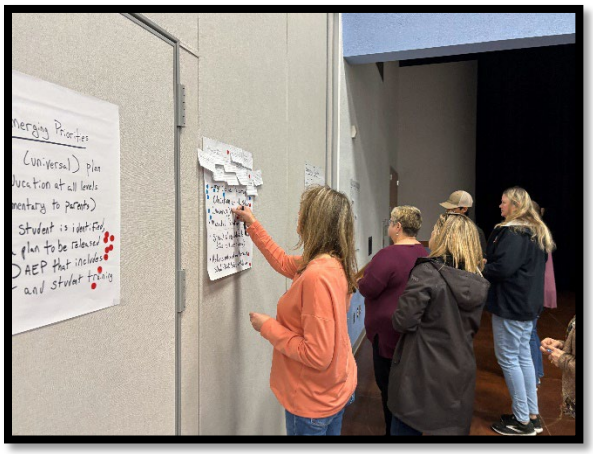
Priority 3: Peer Support in Schools

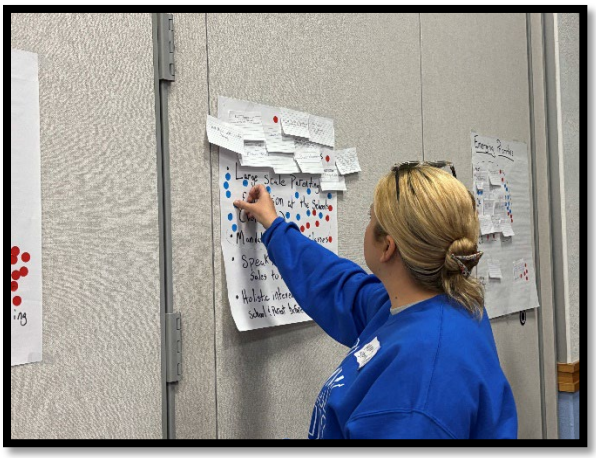
ACTION PLANS

Workshop participants were invited to join one of the three 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: PARENT ENGAGEMENT & EDUCATION

Participants (*=Champion): Beverly Lilie*, Holly Narro*, Angie Bates, Andrew Gandrud, Dianne Gradington, Randy Jackson, D'Andra Johnson, Lindsey Kindt, Erin Meadows, Jodi Olive, Peggi Ondrasek, Callie Roe, Brandie Valentine, Joe Wilson, Ashley Zboril
Next Meeting: Wednesday, May 7, 12:30pm - 2:00pm at Caldwell High School

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Design parent enrichment program		Implement in new school year	Evaluate	Implement revised version
Secure funding	With help from United Way specialist, write development plan grant	Collaborate on grant proposal	Find lead agency	
Hire parent enrichment coordinator	Burleson County Agri-Life Extension Family & Community Health Program	Get funding and train		
Perform outreach	Identify how to reach; develop calendar of events			
Build partnerships with stakeholders	Reach out to business community			
Develop system for reducing DAEP or deferring it	Engage both parents and youth; check in with counselor			

NOTES:
Be flexible with schedules. Ensure sufficient funding for kids in sports. Outreach to parents at Little League. Incentive: diapers. Invite Somerville & Snook ISDs. Who will run the program? Requirements for services? 0-6 PreK parents. Strengthening Families - Success Powered by You. Texas AgriLife will pay parents to participate. Think about demographics (grandparents, extended family). Parents as Teachers. Summer math county-wide (ex. Shattered Dreams need schools to apply). Connect with Priority 2 re: interest in reducing DAEP.

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:

- Family Engagement in Court

- Family Engagement in Juvenile Services and Probation

PRIORITY 2: SERVICES & SUPPORTS FOR PARENTS AND FAMILIES

Participants (*=Champion): Susan Deski*, Pam Kothmann*, Albert Ramirez*, Danielle Abdelhamid, Ashton Bostic, Lindsey Kindt, Christine Labertew, Jodi Olive, Bertha Ostiguin, Callie Roe, Stephanie See, Brandie Valentine, Zach Velasquez, Robin Walker, Joe Wilson, Barbie Wisdom
Next Meeting: April 16 at 10am

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Distribute info on resources from Burleson CRCG	Develop version focused on school's needs	Distribute to schools, churches	Update & repeat	Update & repeat
Expand capacity to provide case management, parent & family support services, in partnership with MHMR, MCH, & FAYS	Max out currently available services (wraparound, Unbound advocate with SEEIT)	Draft proposal identifying need & funding – Albert can help	Approach county, hospital district, other funders - Albert	
Partner with schools to intervene before DAEP or withdrawal to "home school"	Meet with ISDs (Somerville, Snook, Caldwell) to identify needs	Connect with available info and resources. Need case management, counseling, work with parents at home.		

NOTES:
Resource list: BHRC is working on a resource directory targeted for use by parents, school counselors and others working with families with children. Ideally front & back 1-pager. Make available in English and Spanish.
Expand services: Want a person focused solely on Burleson County. Need services for youth with autism. Need Project Unity in each ISD.
Pre-DAEP intervention: Already meeting with ISDs! Can we get youth education while in DAEP (e.g. Healthy Living program)? Note Priority 1 interest in this same objective.

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:

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

PRIORITY 3: PEER SUPPORT IN SCHOOLS

Participants (*=Champion): Shawn Edwards*, Ashleigh Parks*, Danielle Abdelhamid, Lindsey Kindt, Jodi Olive, Mary Story, Judge Reva Towslee Corbett, Brandie Valentine, Amy Wallace, William Warner, Kalin Wiser
Next Meeting: Wednesday, June 11, 2:00pm at the Caldwell Health Resource Center

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far**
Clarify the need	Needs assessment. Needs on each school/county level. Look at programs available.			
Identify representative	Nominated or volunteer. Educate them on programming.			
Secure funding		Identify project cost (programming, materials, administration). Create grant list.		
Create plan at implementation			Basic policy/procedure (if shared w/ county). Select/nominate students for mentoring. Select/nominate students to be mentors.	
Build in teacher-teacher support	Look at Communities in Schools			
NOTES: Teen MH First Aid is a free training. What peer support model to use for a rural Texas county?				

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:

- The Power of Lived Experience

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 Burleson 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, Burleson County created three 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 Burleson 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 Burleson 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 Burleson 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	Burleson Youth SIM Map
Appendix 4	Workshop Participant List
Appendix 5	Workshop Agenda
Appendix 6	Best Practices at Each Intercept
Appendix 7	Key References

APPENDIX 1| COMMONLY USED ACRONYMS

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

FUNDING RESOURCES

Council of State Governments Justice Center

https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/

DOJ Office of Justice Programs

https://www.ojp.gov/funding/explore/current-funding-opportunities

Humanities Texas

https://www.humanitiestexas.org/grants/apply

The Meadows Foundation

https://www.mfi.org/

Office of the Texas Governor

https://gov.texas.gov/organization/financial-services/grants

Substance Abuse and Mental Health Services Administration

https://www.samhsa.gov/grants

Texas Health & Human Services Commission

https://www.hhs.texas.gov/business/grants

Texas Indigent Defense Commission

http://www.tidc.texas.gov/funding/

U.S. Department of the Treasury: Assistance for State, Local, and Tribal Governments

https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments

U.S. Grants

https://www.usgrants.org/texas/personal-grants

GRANT WRITING RESOURCES

Grants.gov

https://www.grants.gov

HHSC Grant Information

https://www.hhs.texas.gov/business/grants

University of Texas Grants Resource Center

https://diversity.utexas.edu/tgrc/

Nonprofit Ready

https://www.nonprofitready.org/grant-writing-classes

Texas Specialty Court Resource Center

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*

https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf

Council of State Governments Justice Center – *A Guide to Collecting Mental Health Court Outcome Data*

https://csgjusticecenter.org/wp-content/uploads/2020/01/MHC-Outcome-Data.pdf

Council of State Governments Justice Center – *A Guide to Mental Health Court Design and Implementation*

https://csgjusticecenter.org/wp-content/uploads/2020/01/Guide-MHC-Design.pdf

Council of State Governments Justice Center – *Mental Health Courts: A Guide to Research-Informed Policy and Practice*

https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf

Council of State Governments Justice Center – Mental Health Court Learning Modules

https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/

Judicial Commission on Mental Health: *10-Step Guide*

http://texasjcmh.gov/media/czaoapye/mhc-the-10-step-guide.pdf

Judicial Commission on Mental Health

http://texasjcmh.gov/technical-assistance/mental-health-courts/

Texas Association of Specialty Courts

http://www.tasctx.org/

Texas Specialty Court Resource Center

http://www.txspecialtycourts.org/

TECHNICAL ASSISTANCE RESOURCES

Activities of the Service Members, Veterans, and Their Families Technical Assistance Center

https://www.samhsa.gov/smvf-ta-center/activities

Correctional Management Institute of Texas

http://www.cmitonline.org/technical-assistance.html

Doors to Wellbeing: National Consumer Technical Assistance Center

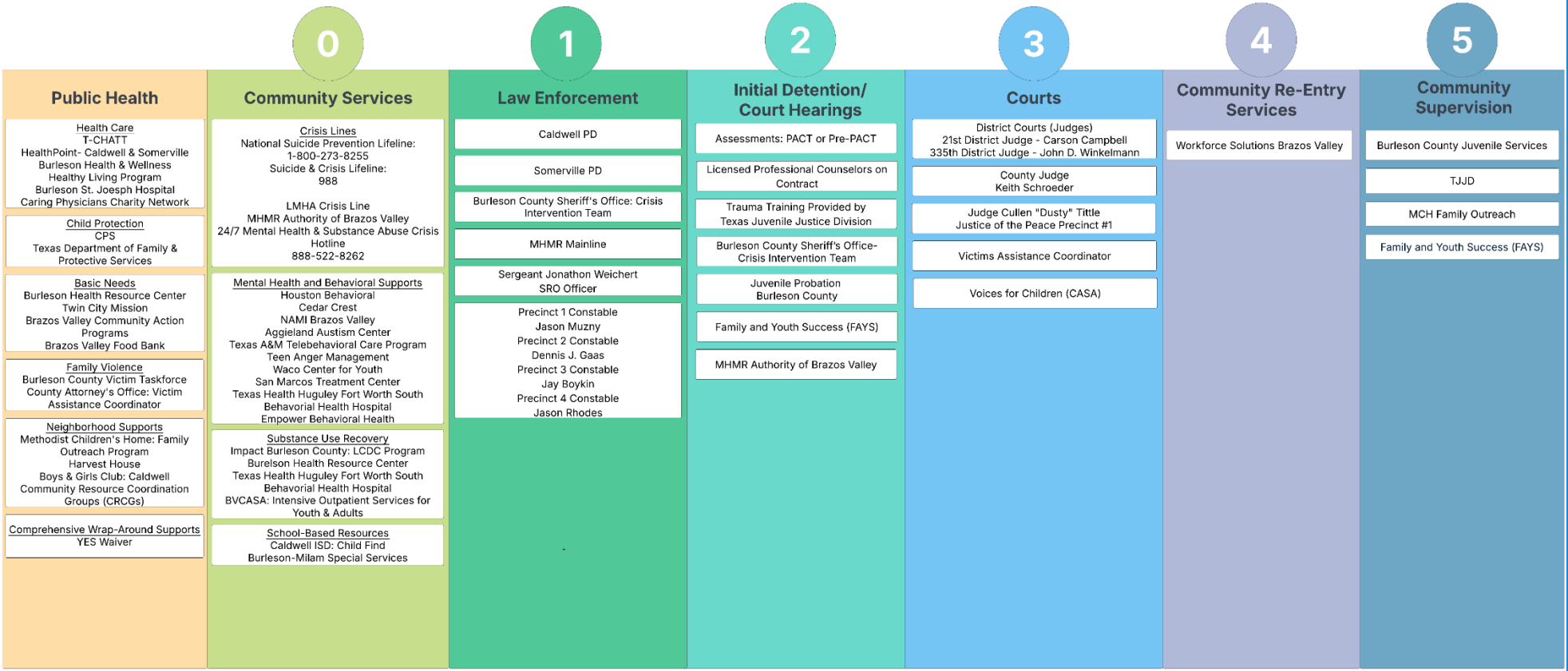
https://www.doorstowellbeing.org/

HHSC's Technical Assistance Center

https://txbhjustice.org/services/sequential-intercept-mapping

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

APPENDIX 3| BURLESON COUNTY YOUTH SIM MAP



APPENDIX 4| PARTICIPANT LIST

First Name	Last Name	Title/Role	Organization
Danielle	Abdelhamid	Recovery Support Peer Specialist	Burleson Health Resource Center
Angie	Bates	MHFA Regional Coordinator	NAMI-BV
Ashton	Bostic	Adult Basic Education Coordinator	City of Caldwell
Shane	Brune	Assistant Behavioral Health Director	MHMR Authority Brazos Valley
Kathy	Chapman	Program Director Youth & Family Services	Twin City Mission
Susan	Deski	County Attorney	Burleson County
Shawn	Edwards	Sergeant	Texas CIT Association/ Burleson County Sheriff Office
Heidi	Frazier	Library and Community Services Manager	Burleson County
Dennis	Gaas	Constable Pct. 2	Burleson County
Andrew	Gandrud	Caldwell Elementary Principal	Caldwell ISD
Jose	Garza	Lieutenant	Burleson County Sheriff's Office
Dianne	Gradington	Licensed Chemical Dependency Counselor	Burleson Health Resource Center
Steven	Guerrero	SRO	Burleson County
Randy	Jackson	Mental Health Deputy	Burleson County SO
D'Andra	Johnson	Assistant Principal	Caldwell ISD
Lindsey	Kindt	Lieutenant	Somerville Police Department
Pam	Kothmann	Senior Line Officer	Burleson County Juvenile Probation
Christine	Labertew	Victim Advocate	Unbound Now
Sabine	Lazo	Press	Burleson County Tribune
Beverly	Lilie	Professional School Counselor	Caldwell ISD
Ty	Marlow	Manager of Business Development	Cross Creek Hospital
Erin	Meadows	CHS Principal	Caldwell ISD/CHS
Holly	Narro	County Extension Agent; Family & Community Health	Texas A&M AgriLife
Laurie	Naumann	Senior Supervisor	Project Unity
Rain	Nelson	Family Support Specialist	Twin City Mission

Hayley	Nichols	Pretrial Mental Health Caseworker	Burleson County Sheriff's Office
Darren	Nobles	Principal	Snook Secondary
Jodi	Olive	Health Resource Coordinator	Burleson Health Resource Center
Peggi	Ondrasek	President & CEO	United Way of the Brazos Valley
Bill	Orsak	Justice of the Peace 2	Burleson County
Bertha	Ostiguin	Health Resource Coordinator	Burleson Health Resource Center
Ashleigh	Parks	Senior Director of Community Engagement	Greater Fayette Community Foundation
Albert	Ramirez	Director	Burleson Health Resource Center
William	Rios	Chief Deputy	Burleson County Sheriff's Office
Chanquis	Robertson	Public Relations Coordinator	Prevention Resource Center 7
Callie	Roe	Family Case Manager	MCH Family Outreach
Jaylyn	Schumpert	Business Development	Cedar Crest Hospital
Stephanie	See	Victim Assistance Coordinator	Burleson County Attorney's Office
Mary	Story	Secondary Counselor	Snook ISD
Tessa	Supak	Counselor	Caldwell ISD
Reva	Towslee Corbett	Retired District Judge	The State of Texas
Brandie	Valentine	Director	BVCASA
Zach	Velasquez	Chief JPO	Fayette County
Robin	Walker	Team Leader	MHMR Authority of Brazos Valley
Amy	Wallace	Director of Special Programs	Somerville ISD
William	Warner	Assistant Principal	Somerville ISD
Jonathon	Weichert	SRO Sergeant	BCSO
Rachel	Whitmer		MHMR Authority of Brazos Valley
Joe	Wilson	Family & Youth Success Facilitator	Project Unity
Barbie	Wisdom	Wraparound Facilitator	MHMR Authority of Brazos Valley
Kalin	Wiser	Assistant Principal	SISD
Ashley	Zboril	Counselor	Caldwell ISD

Youth Sequential Intercept Model Mapping Workshop

Burleson County
Friday, March 21, 2025
Caldwell Civic Center, 103 TX-21, Caldwell, TX 77836

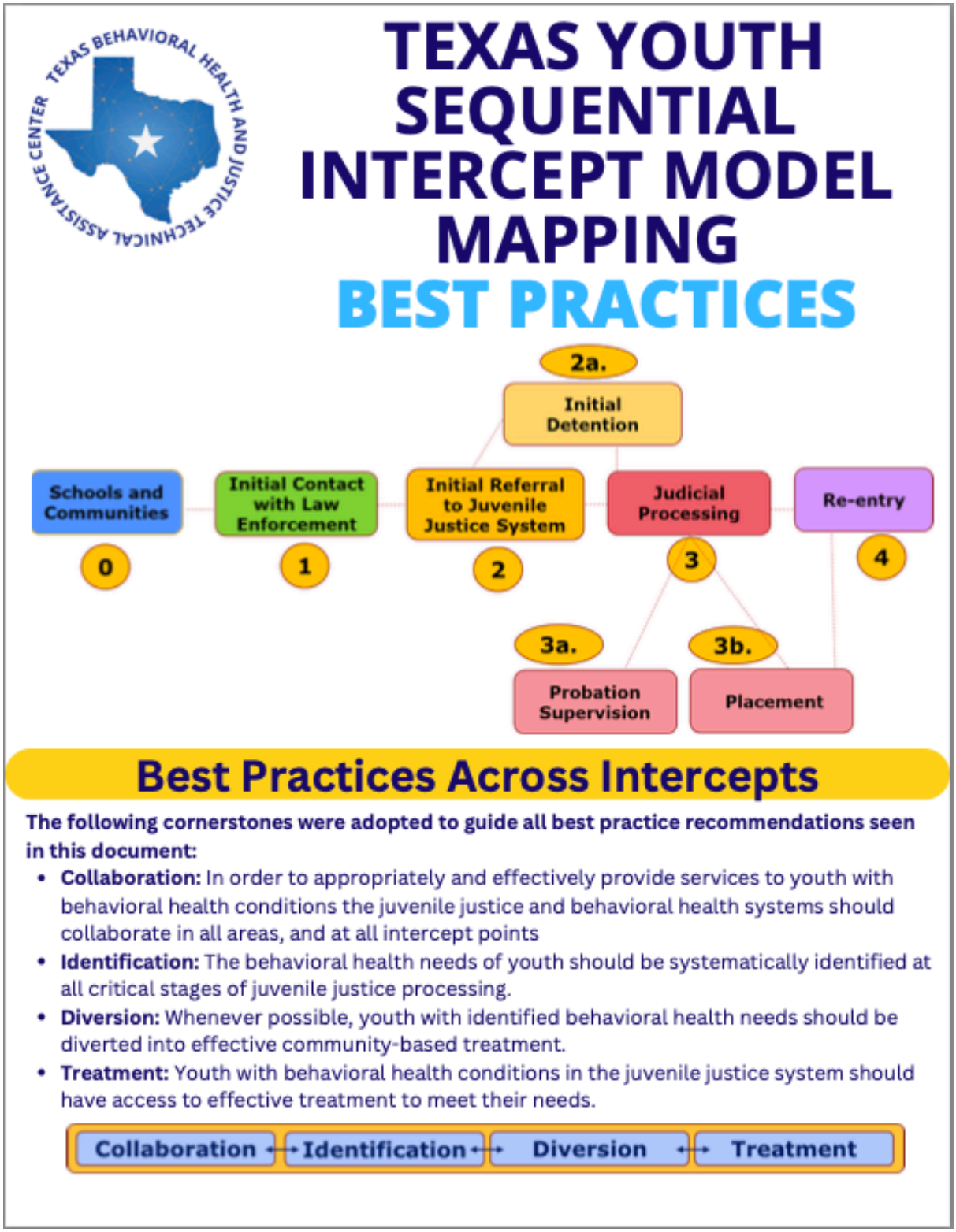
Purpose and Goals:

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

AGENDA

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

APPENDIX 6| BEST PRACTICES AT EACH INTERCEPT



INTERCEPT 0: SCHOOLS AND COMMUNITY BASED SERVICES BEST PRACTICES

EARLY IDENTIFICATION AND PREVENTION

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

SCHOOL-BASED DIVERSION AND BEHAVIORAL HEALTH SUPPORTS

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

SOMEONE TO CALL

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

SOMEONE TO RESPOND

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

A PLACE TO GO

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

INTERCEPT 0: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 1: LAW ENFORCEMENT & EMERGENCY HEALTH SERVICES BEST PRACTICES

LAW ENFORCEMENT MENTAL HEALTH TRAINING

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

POLICE DIVERSION PROGRAMS

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

LAW ENFORCEMENT AND MENTAL HEALTH PROVIDER COLLABORATION

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

INTERCEPT 1: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 2: INITIAL REFERRAL AND INITIAL DETENTION BEST PRACTICES

JUVENILE PROBATION BEHAVIORAL HEALTH ASSESSMENT, TREATMENT, AND INTERVENTION

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

COURT DIVERSION AND PREVENTION PROGRAMS

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

JUVENILE JUSTICE STAKEHOLDER COLLABORATION

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

INTERCEPT 2: BEST PRACTICE HIGHLIGHTS

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

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

SPECIALIZED COURT INTERVENTIONS

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

PRE-TRIAL INTERVENTIONS

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

STREAMLINED FITNESS RESTORATION PROCESSES

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

INTERCEPT 3: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 4: RE-ENTRY BEST PRACTICES

TRANSITION PLANNING

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

TRAUMA-INFORMED SUPERVISION PRACTICES

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

COORDINATED AFTER-CARE SERVICES

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

INTERCEPT 4: BEST PRACTICE HIGHLIGHTS

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

APPENDIX 7| KEY REFERENCES

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