

A background image showing several hands of different skin tones stacked together in a circle, symbolizing unity and support. The hands are positioned in the left and bottom-left areas of the page.

Youth Sequential Intercept Model Mapping Workshop

April 2026

Report for:

**Henderson
County**

Prepared by:

The Texas Judicial
Commission on Mental
Health

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

Youth Sequential Intercept Model Mapping Report for Henderson County, TX

Workshops Held:

Virtual Session:
January 28, 2026

In-Person:
February 25, 2026



Final Report:

April 2026

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

Mission

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



RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, YOUTH SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR HENDERSON COUNTY (2026).

ACKNOWLEDGEMENTS

The JCMH is thankful for the assistance of the Henderson County planning team: Myranda Cannon, Clint Davis, Amanda DeLong, Major David Fought, Angie Goggins, Sheriff Botie Hillhouse, Rhonda Lammons, Judge Wade McKinney, Blu Nicholson, Leslie Saunders, and Kenneth Strawn.

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A NOTE ON LANGUAGE

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

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

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

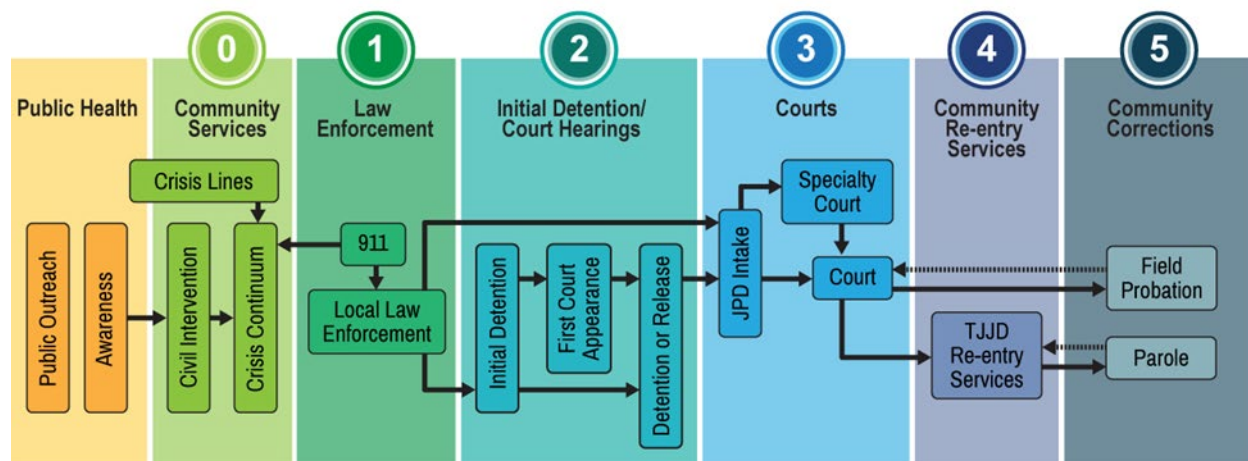
For information on disability, see <https://www.cdc.gov/disability-and-health/articles-documents/communicating-with-and-about-people-with-disabilities.html>.

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

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EXECUTIVE SUMMARY

This report was created through a series of online and in-person workshops hosted by the Texas Judicial Commission on Mental Health to address the needs of youth with behavioral health challenges who become involved with the juvenile justice system. It draws on the [Sequential Intercept Model](#) to support communities in identifying strategies to divert youth from the justice system and into treatment. The workshops brought together 76 stakeholders from across systems, including mental health, substance use, schools, juvenile probation, courts, and law enforcement to map resources, gaps, and opportunities at each point a youth intersects with the justice system.

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

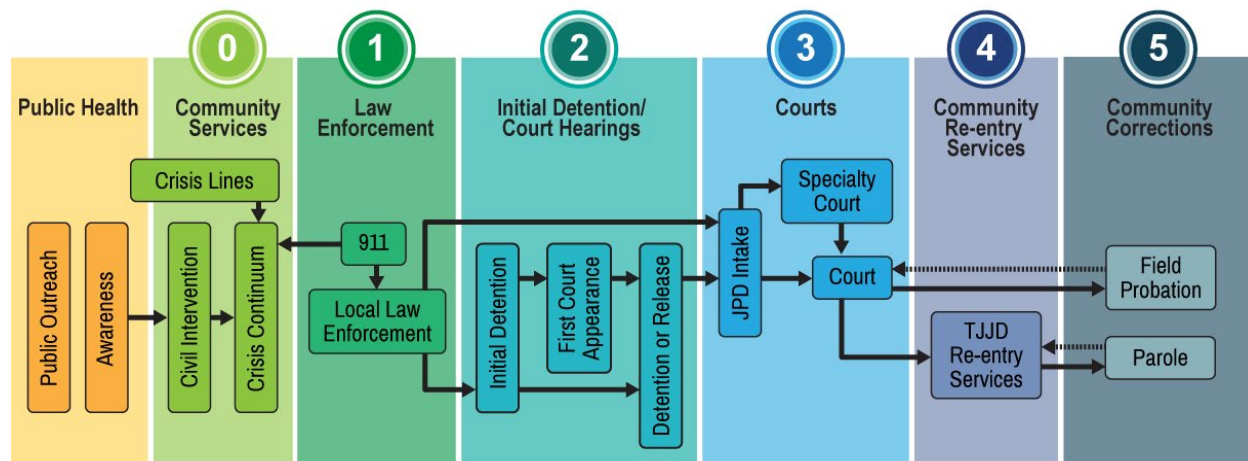
Priority 1: Cross-Agency Collaboration

Priority 2: Resource Awareness

Priority 3: Connecting Schools to Resources

Priority 4: Parenting Support and Classes

The report provides a detailed blueprint for Henderson 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 youth 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 youth. 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 and their caregivers 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 Henderson County with a virtual session on January 28, 2026, 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 Henderson County took place February 25, 2026. 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:

- [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.
- Philadelphia’s DBHIDS [Peer Support Toolkit](#)

CONTINUED CROSS-SYSTEM COLLABORATION

Experience shows that the counties 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. This is a recommendation of the National Center for State Courts, which issued a set of [Juvenile Justice Mental Health Diversion Guidelines and Principles](#). According to NCSC, communities should commit to “formalized, consistent, and sustained collaboration between the juvenile justice system, mental health agencies, substance use professionals, schools, law enforcement, and other agencies.”

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.

In addition to advancing the priorities and action plans created by the community through the youth mental health and juvenile justice mapping process, the formal cross-system collaboration team might also advance the additional Juvenile Justice Mental Health Diversion Guidelines and Principles including:

- Employ standardized mental health screeners and assessments.
- Develop continuum of evidence-based treatment and practices.
- Commit to trauma-informed care.
- Ensure fair access to diversion opportunities and effective treatment.
- Maximize diversion and minimize intervention for youth with low risk to re-offend.
- Specialized training for intake or probation officers.
- Measure program integrity and diversion outcomes.

County stakeholders might also consider reaching out to other communities that have Behavioral Health Leadership Teams such as [Texoma](#), [Dallas](#), [Denton](#), [Kaufman](#), and more to share information and best practices. This list includes only a handful of communities, as many counties across the state have either launched or are initiating their own coordinating bodies. For technical assistance or connections to other communities, reach out to the [Judicial Commission on Mental Health](#).

EFFECTIVE USE OF DATA

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

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

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

These 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 [Fourth 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.



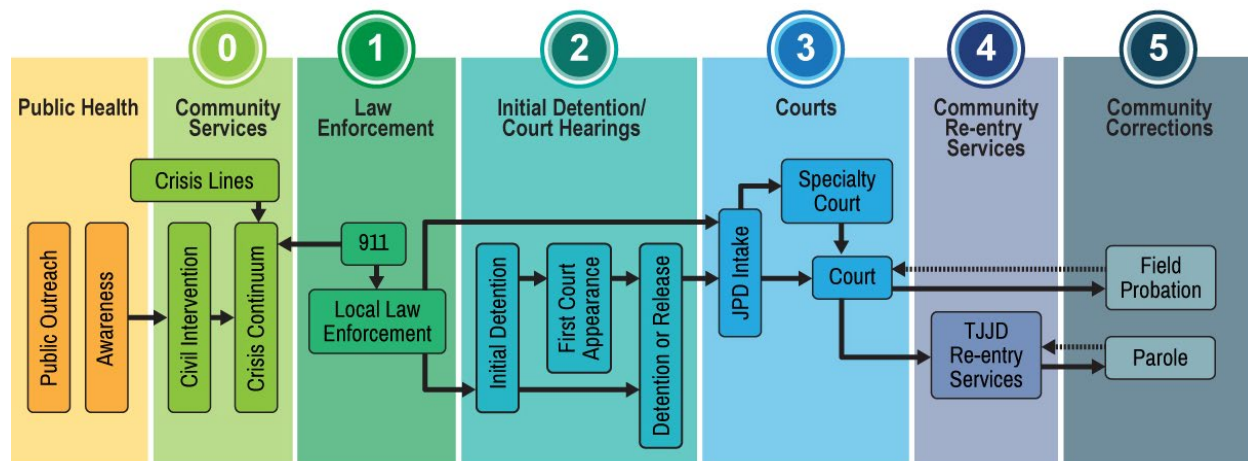


RESOURCES AND CHALLENGES AT EACH INTERCEPT

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 Henderson 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.
- 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

Public Health	
Health Care	
Christus	East Texas Community Clinic
Family Circle of Care	Henderson County Indigent Health Care Program
UT Health North Campus Tyler	
Basic Needs	
Faith in Action Outreach	First Baptist Church Athens
Henderson County Community Resource Coordination Groups (CRCG)	Henderson County Food Pantry
Henderson County HELP Center	Love in Action

The Rainbow Room	Salvation Army
Society of St. Vincent de Paul – St. Edward Catholic Church	Marvin Methodist
New Harmony Baptist	St. Paul Children’s Services
Community & Neighborhood Supports	
Athens First Youth Ministry	Mentoring Alliance
Cain Center YMCA (Athens)	Boy Scouts & Girl Scouts
Disciples Crossing	Youth Sports Associations
St. Paul Children’s Services Summer Resources	Church Organizations

Intercept 0 Community Services	
Mental Health & Behavioral Supports	
Andrews Center (Local Mental Health Authority)	Cedar Crest Hospital
Child Psychiatry Access Network (CPAN)	East Texas Psychological Services
Glen Oaks Hospital	NAMI Greater Athens
Texas Child Health Access Through Telemedicine (TCHATT)	UT Health East Texas
Youth Empowerment Services (YES) Waiver	
Crisis Lines & Supports	
988 Suicide & Crisis Lifeline	211 Resource and Referral
Andrews Center Crisis Hotline (877) 934-2131	
School-Based Services	
504/IEP Programs and Special Education Services	BCFS Community Services Division Preparation for Adult Living – Life Skills Training

District Alternative Education Programs (DAEPs)	Diversion/Early Intervention Programs, Regional Diversion Alternatives (RDA)
Early Childhood Intervention (ECI) Community Healthcore	On-Campus Counseling
Child Protection & Family Supports	
4KIDS4FAMILIES	Andrews Center: Family and Youth Success (FAYS)
Breaking Chains	CASA of Henderson and Carroll Counties
For the Silent	Henderson County HELP Center
Hope Haven	Maggie's House
Methodist Children's Home Family Outreach	NAMI Greater Athens
Texas Department of Family and Protective Services (DFPS/CPS)	Texas Legal Services Center Family Helpline
Texas Parent Helpline	
Substance Use Recovery	
AA/NA Groups	Breakout Youth
Grace House of Cedar Creek Lane	New Life Recovery Ministry
Next Steps	Outreach, Screening, Assessment, and Referral (OSAR) Region 4
Sundown Ranch	
Residential Centers	
Azleway	Children's Mental Health Residential Treatment Center (RTC) Project
Methodist Children's Home	Sundown Ranch

Connecting Families to Care: The Role of the Henderson County Help Center

Sheila Davis, Chief Operations Officer of the Henderson County Help Center, works closely with families navigating child protection, behavioral health, and family support needs. The Help Center serves as an umbrella organization for several programs, including the county's Child Advocacy Center, where Davis oversees daily operations and helps connect children and families to critical services.

The Help Center contracts with therapists across the county and ensures that children referred through Child Protective Services or law enforcement are quickly connected to trauma-informed counseling. For these youth, the system often works well. Most are able to access therapy and follow-up support soon after entering services.

Where Davis sees the system begin to strain is with children whose behavioral or emotional challenges appear in school or at home but never meet the threshold for a formal child-protection report. Because the Help Center can only provide free therapy to children who come through official referrals, many families without insurance or financial resources are left with few options for counseling.

Davis also points to broader gaps in resources for youth in the community. While counseling services exist, there are fewer programs that provide structured activities, mentoring, and positive opportunities for young people outside of school. Expanding those supports, she believes, would help children build confidence, develop healthy relationships, and stay connected to more positive paths forward.

INTERCEPT 0 GAPS AND OPPORTUNITIES

Participants identified a broad network of community, behavioral health, educational, and faith-based resources that support youth and families in Henderson County. Despite these assets, stakeholders noted several gaps that limit the community's ability to significantly strengthen the system of supports at Intercept 0 and prevent youth and family crises before justice system involvement.

A central theme that emerged during the mapping session was limited coordination and participation among service providers and community partners. Stakeholders noted that when agencies operate in isolation, families often struggle to understand what resources are available or how to access them. This fragmentation contributes to missed opportunities for early

intervention and delays in connecting youth and families to services that could stabilize situations before they escalate.

Participants emphasized that stronger collaboration among schools, behavioral health providers, juvenile probation, community organizations, and local government could substantially improve early identification of needs and access to services. According to the stakeholders, improved communication and shared understanding of available resources could also help reduce duplication of programs and ensure limited funding is used more strategically.

A more comprehensive list of gaps and opportunities follows:

Limited coordination and participation among service providers and community partners

- Increase cross-agency communication and collaboration.
- Strengthen coordination through existing structures such as the Community Resource Coordination Group.
- Improve shared understanding of available services across agencies.

Limited awareness of available resources and how families access them

- Increase community outreach and proactive information sharing through schools, community organizations, and public agencies.
- Improve communication about available services and how families can connect with them.

Shortage of licensed mental health and substance use disorder treatment providers

- Expand partnerships with behavioral health providers and schools to increase access to counseling and treatment services for youth and families.

Transportation barriers that limit access to services

- Expand use of transportation programs such as GoBus.
- Explore partnerships with rideshare providers to help families reach behavioral health and community services.

Insufficient prevention and early intervention programming for youth and families

- Improve collaboration among schools, behavioral health providers, juvenile probation, and community organizations to strengthen early identification and intervention.

Duplication of programs competing for limited funding

- Increase collaboration around funding opportunities.
- Align community partners around shared priorities to maximize available resources.

Inadequate internet access and technology resources, impacting service access and education

- Strengthen partnerships with schools and community organizations to expand technology access and support youth engagement in school and services.

Inadequate education and awareness related to online safety and trafficking risks

- Expand community education initiatives for youth and parents focused on prevention, safety, and awareness.

Fewer supports focused on post-secondary success and long-term youth development

- Expand partnerships with schools, colleges, and mentoring programs to support youth transitioning into higher education, employment, and independent adulthood.
- Leverage initiatives such as Big Brothers and Big Sisters and local college mentorship programs.

INTERCEPT 0 BEST PRACTICES

BEST PRACTICE: EARLY INTERVENTION – TRAUMA-INFORMED SYSTEMS

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. Trauma-informed systems consistently recognize that many young people

and families have lived through trauma, whether as a single overwhelming event—such as witnessing or experiencing violence—or as chronic adversity repeated over time. Trauma can involve multiple types of harm, making many youths’ histories complex. At its core, trauma is the combination of exposure to overwhelming or dangerous events and the lasting stress reactions—thoughts, emotions, body responses, and behaviors—that develop as the young person tries to survive and stay safe. These reactions, such as freeze, fight, flight, or shut-down, may protect a child in the moment but can later interfere with learning, relationships, health, and safety if no one helps them understand and adjust them.

A trauma-informed approach focuses on how trauma shapes behavior and relationships, responding in ways that build safety, trust, and hope instead of adding harm. It recognizes that behaviors like “acting out,” shutting down, or using substances may, in some cases, be survival strategies rather than defiance or pathology. The goal is to help youth recognize these reactions, keep what protects them, and replace what harms them with healthier coping and connection. Being trauma-informed also includes attending to the well-being of adults, because hearing about or witnessing trauma can produce secondary traumatic stress. And [when youth are involved in multiple systems](#) -- such as schools, probation, treatment, and child welfare -- it becomes essential to coordinate care, reduce repeated questioning, and design policies and environments that minimize the risk of re-traumatization.

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

While Henderson County is already a model of mental health and juvenile justice interagency collaboration, it is helpful to refer to best practices in this regard. For instance, a 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

For youth in need of crisis care, some of the goals to work toward may include:

- Keep youth in their home and avoid out-of-home placement as much as possible. [The YES Waiver Program](#), which provides a highly individualized set of services that are tailored to specific youth and family needs, is a good example of wraparound care that prevents out-of-home placement.
- Integrate family and youth peer support, ensuring that caregivers are paired with Certified Family Partners and youth receive 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.

BEST PRACTICE: IMPLEMENT EVIDENCE-BASED YOUTH MENTOR PROGRAMMING

There is strong evidence that mentoring programs contribute to positive outcomes for youth at higher risk juvenile justice involvement. Research from the [National Institute of Justice](#) and the [Office of Juvenile Justice and Delinquency Prevention](#) indicates that mentoring can reduce delinquent behavior, improve academic outcomes, and strengthen a youth's sense of connection and belonging. When consistent and well supported, mentoring relationships help youth feel that they matter, which is a critical protective factor. Some models, such as [deep mentoring](#), extend beyond relationship building to include advocacy in school, court, and community settings. Mentoring has also been linked to improved mental health, especially when youth are paired with trained mentors following release from psychiatric or residential treatment. Programs that

are locally developed and those that engage credible messengers with similar lived experience often show stronger engagement and impact.

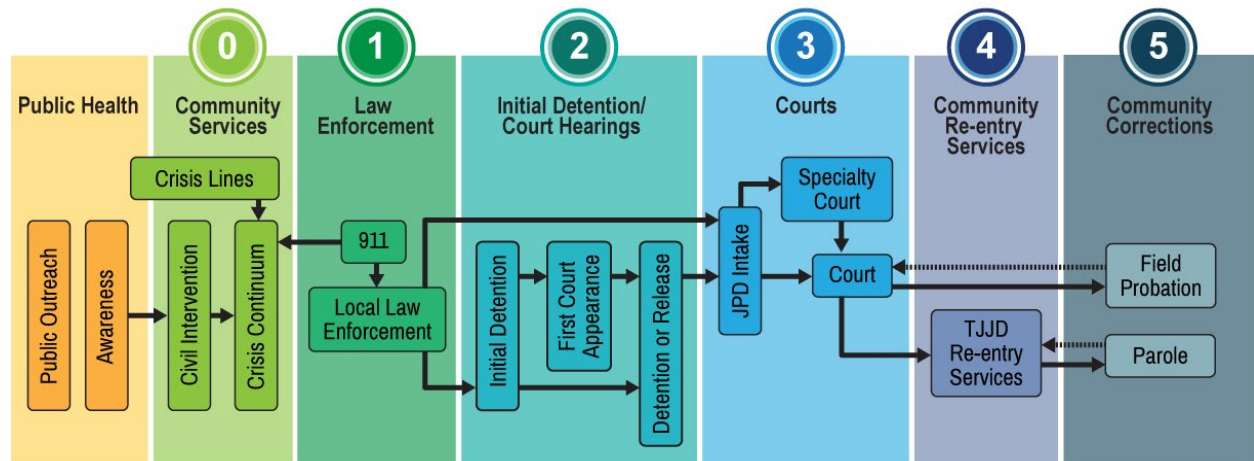
At the same time, research highlights important cautions. Mentoring can have limited or negative effects when not implemented with quality and consistency. Relationships that end early or mentors who do not follow through can undermine trust and cause harm. Also, in group settings, peer dynamics must be carefully managed, as youth may form stronger connections with peers than with mentors, which can reinforce negative behaviors. These risks underscore that mentoring requires structure, training, and sustained support. Comprehensive training, ongoing supervision, and thoughtful program design are essential to achieving positive outcomes.

Nationally, the Elements of Effective Practice for Mentoring, developed by [MENTOR](#), provide a widely recognized framework for high quality programs. These standards emphasize intentional design, strong infrastructure, and continuous support. The elements are adapted from [MENTOR's Elements of Effective Practice for Mentoring](#), and include:

- **Strong Program Design**
Programs define their target population and goals to guide implementation.
- **Intentional Recruitment and Screening**
Mentors and participants are carefully recruited and screened to ensure safety, fit, and commitment.
- **Comprehensive Training**
Mentors (and often youth/caregivers) receive training in relationship-building, youth development, and relevant competencies such as trauma-informed care
- **Thoughtful Matching and Relationship Initiation**
Matches are made based on needs, interests, and context (school, church, probation, etc.) to promote strong, lasting relationships.
- **Ongoing Support and Supervision**
Programs provide continuous monitoring, coaching, and problem-solving to sustain relationships.
- **Engagement of Caregivers and Community**
Families and broader supports are engaged to strengthen outcomes and alignment.

- **Clear Expectations for Duration and Contact**
Programs establish consistent expectations around frequency and length of mentoring relationships.
- **Structured yet Flexible Activities**
Programming supports skill-building, connection, and positive youth development.
- **Continuous Evaluation and Improvement**
Programs collect data and feedback to assess impact and refine practice.





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	
Athens Police Department	Brownsboro Police Department
Caney City Police Department	Chandler Police Department
DPS-Texas Highway Patrol	Enchanted Oaks Police Department
Eustace Police Department	Gun Barrel City Police Department
Henderson County Constable Office	Henderson County Sheriff's Office
Kemp Police Department	Log Cabin Police Department
Mabank Police Department	Malakoff Police Department
Payne Springs Police Department	Seven Points Police Department
Star Harbor Police Department	Tool Police Department
Trinidad Police Department	Trinity Valley Community College Police Department

ISD Police Departments

Brownsboro

Eustace

Kemp

LaPoynor

Mabank

Malakoff

Murchison

“Keeping Kids Safe While Strengthening the System”

Sheriff Hillhouse, the elected Sheriff of Henderson County, oversees countywide law enforcement operations, including emergency response and calls for service. With nearly three decades in local law enforcement and almost ten years as sheriff, he brings a long view of how public safety, family stability, and behavioral health intersect in the lives of young people.

Sheriff Hillhouse spoke candidly about the challenges facing youth in Henderson County, including the lack of a local juvenile detention facility and a rise in serious juvenile offenses. In his experience, many of these cases are driven less by criminal intent than by untreated mental illness, developmental challenges, and family instability.

At the same time, Sheriff Hillhouse emphasized the importance of early intervention. He pointed to strong collaboration with local school districts and a shared commitment to identifying youth who are struggling before situations escalate. His goal is to intervene early and avoid labeling young people as criminals at the outset.

By strengthening communication between schools, law enforcement, and community partners, Sheriff Hillhouse believes the county can intervene earlier and help young people get back on a better path.

Sheriff Hillhouse also described the importance of agencies working together when complex situations arise. A mental health–focused working group meets regularly to review cases, coordinate responses, and improve communication among partners. These meetings help agencies understand what each part of the system can offer and identify opportunities to respond earlier when youth and families begin to struggle.

Looking ahead, Sheriff Hillhouse expressed optimism about the Sequential Intercept Model process as a way to bring agencies and community organizations into closer alignment. He expects the work around youth to be complex, but believes it is the right place to begin. In his view, when systems communicate clearly and support one another, communities can change outcomes for young people and strengthen public safety for everyone.

INTERCEPT 1 GAPS AND OPPORTUNITIES

During the mapping discussion, law enforcement officers and school resource officers emphasized that many youth contacts involve underlying behavioral health, family, or school-related challenges rather than criminal behavior alone. Officers frequently respond to situations involving youth experiencing emotional distress, family conflict, or behavioral concerns that require services beyond a traditional law enforcement response.

Participants described a number of community conditions that shape these encounters. Officers noted that youth and families may struggle to access behavioral health care, which can result in law enforcement becoming the first point of contact during a crisis. Participants also discussed the need for additional youth programming, parenting supports, and school-based interventions that could help address issues earlier and reduce the likelihood that situations escalate to involve law enforcement.

These experiences highlight the challenges officers face when responding to youth in crisis and underscore the importance of strengthening coordination between law enforcement, schools, behavioral health providers, and community organizations. Participants emphasized that improving collaboration and access to services could provide officers with more options for safely diverting youth and connecting families to appropriate support.

A more detailed list of gaps and related opportunities identified during the mapping session follows.

Lack of clear crisis response pathways for youth

- Develop a clear “roadmap” for law enforcement clarifying who to contact when youth experience behavioral health crises.
- Expand joint training opportunities such as Children’s Mental Health First Aid for law enforcement and school staff.

Limited local diversion options and alternatives to detention

- Expand community-based diversion programs that provide alternatives to detention.
- Increase collaboration between law enforcement, juvenile probation, and community providers to create diversion options earlier in the response process.

Gaps in school-based prevention and intervention programs that affect law enforcement response

- Expand prevention and intervention programs in schools addressing behavioral health needs, conflict resolution, and gang involvement.
- Strengthen collaboration between school districts, school resource officers, and behavioral health providers to improve early identification of youth needs.

Challenges in coordinating and accessing available resources during youth incidents

- Develop and maintain a publicly accessible list of youth and family resources that can be used by law enforcement, schools, and community partners.
- Strengthen cross-agency collaboration to improve coordination and reduce duplication of services.

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. Some communities, such as Douglas County, Colorado, have created youth-specific co-responder teams with special training in responding to youth behavioral health crises. Their [Youth Community Response Team](#) partners with law enforcement, Fire/EMS, and mental health providers, and they cover all public, private, and charter schools in the areas.

BEST PRACTICE: DEVELOP COMPREHENSIVE DELINQUENCY PREVENTION

Strategies that are aimed at reducing the risk of juvenile referral focus on protective factors that keep youth 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

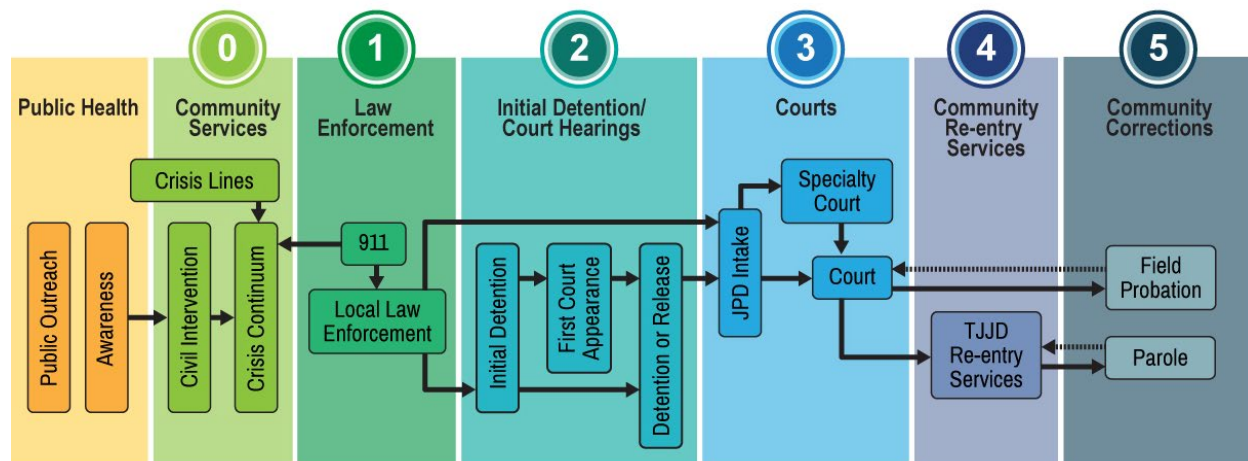
or command in their own words. The officer can also physically demonstrate what they'd like the person to do.

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 and Developmental Disabilities Law Bench Book" \(2025 – 2027\)](#), p. 58, 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

Participants described a range of processes that occur during this stage, including behavioral health assessments conducted by licensed clinicians, counseling services available during detention through regional providers, judicial consideration of trauma histories and psychological evaluations, and programming within detention facilities that may include counseling, substance use support, family therapy, and enrichment activities.

Intercept 2 Pretrial/Detention	
Behavioral health assessments are performed by a masters-level mental health provider who is licensed (LPC, LMFT, LCSW), psychologists/doctoral-level evaluators.	Attorney Appointments The county court coordinator with the county judge appoints an attorney after a Financial Affidavit is completed. The attorney is usually appointed the same day or before the initial hearing within a few days.
Counseling is provided as needed after initial assessment by contract local MHRM of the facility, Andrews Center, Community Healthcare, or a facility nurse.	Initial Hearings The juvenile probation department prepares the youth and files the intake paperwork for the hearing. The juvenile prosecutor (from the County

	<p>or District Attorney’s Office) represents the State. The juvenile’s defense attorney or court-appointed attorney represents the youth. Parents/guardians are typically required to attend, unless impossible.</p>
<p>Youth generally receive medications they were taking at intake, subject to review. If medications are unavailable while in detention, parents are asked to bring them to detention.</p>	<p>Programming varies by facility, but may include counseling services, recreation, religious services, medical services, post-adjudication programs, enrichment activities, substance use disorder support, mental health services, family therapy, bullying prevention, and gang awareness counseling.</p>
<p>Training is provided by TJJD, CMIT, or TBRI Specialists. Detention staff receive training on trauma. Depth, frequency, and quality of that training can vary.</p>	<p><u>Trauma-Informed</u></p> <p>If trauma history or high ACEs are reported, the judge may order a psychological or trauma evaluation before making further detention decisions. They may release youth to trauma-competent family supervision rather than a facility. This may include mandated trauma-focused interventions (counseling, mentoring, or therapy) as conditions of release instead of incarceration.</p>
<p>Visitation varies by facility. Most facilities have set visitation and phone call days.</p>	

INTERCEPT 2 GAPS AND OPPORTUNITIES

Because Henderson County does not operate its own juvenile detention facility, youth may be placed in facilities outside the county. Participants noted that this creates additional challenges related to communication and service coordination. It is especially difficult for families to bring medications, visit, and provide crucial support to their children.

Participants also noted that coordination across agencies plays an important role in how effectively youth are connected to services during this stage. As described in earlier sections of this report, communication and coordination challenges across systems can create inconsistency in how youth and families experience support during detention and early court proceedings.

A more detailed list of gaps and opportunities identified by participants follows.

Limited coordination and information sharing across courts, detention facilities, and behavioral health providers

- Strengthen communication and coordination among juvenile probation, detention facilities, courts, and behavioral health providers to ensure timely sharing of assessment results and treatment recommendations.
- Explore opportunities for cross-agency case coordination for youth with complex behavioral health needs during detention and early court involvement.

Youth placed in detention facilities outside the county

- Strengthen coordination with detention facilities that house Henderson County youth to ensure consistent access to behavioral health services, programming, and family engagement.
- Improve communication between detention facilities, juvenile probation, and families to support continuity of services and planning for youth returning to the community.

Inconsistent access to trauma-informed practices and training across detention settings

- Expand trauma-informed training opportunities, accessing existing training provided through TJJD, CMIT, and TBRI specialists.
- Strengthen shared expectations for trauma-informed care across facilities that house Henderson County youth.

Challenges maintaining family engagement during detention

- Expand strategies to facilitate communication between youth and families when detention occurs outside the county.
- Increase opportunities for family therapy and caregiver involvement during detention and early court proceedings.

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. Monitoring 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:

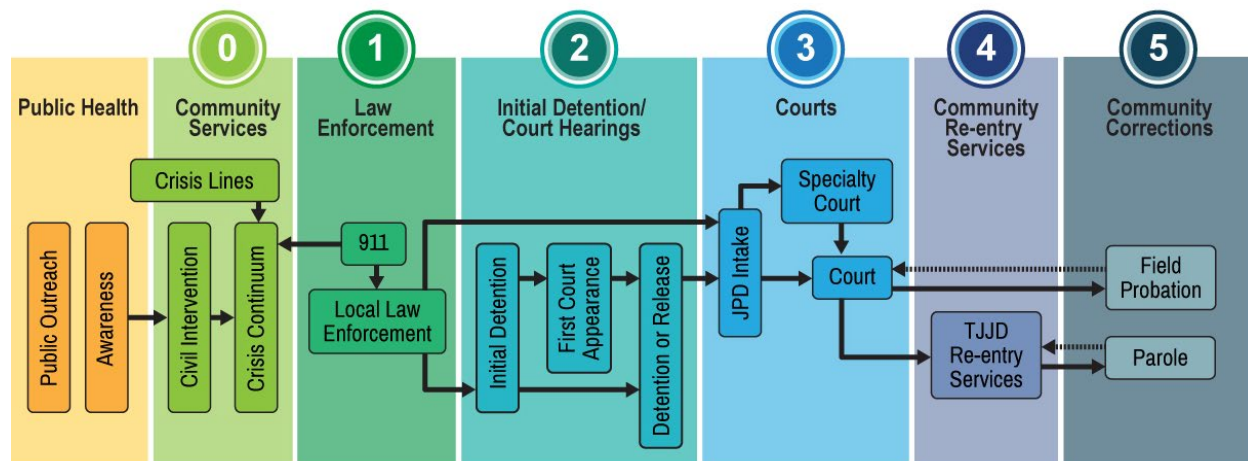
- Risk that the child might abscond,
- Unsuitable supervision,
- Lack of a parent or caregiver to whom the court can release the child,
- A risk of harm to self or others, or
- Previous delinquent conduct.

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 youth 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

Participants identified several resources and practices that support decision-making during this stage, including judicial review of behavioral health needs, fitness-to-proceed evaluations conducted by licensed psychologists, and referrals to the local mental health authority when mental health concerns are identified.

Participants also noted that youth may be connected through the court process to a range of treatment and support services, including residential treatment centers, inpatient psychiatric programs, and community-based behavioral health providers. These resources help inform court decisions and provide options for addressing underlying behavioral health and family needs that may contribute to justice system involvement.

The resource table below reflects the services, programs, and processes currently identified by community stakeholders as supporting youth during the court phase of the system.

Intercept 3 Courts	
<u>The Honorable Clint Davis</u> 173 rd District Court	<u>The Honorable Scott Mckee</u> 392 nd District Court
<u>The Honorable Mark Calhoon</u> 3 rd District Court	<u>The Honorable Scott Williams</u> County Court at Law
<u>The Honorable Nancy Perryman</u> County Court at Law 2	<u>The Honorable Wade McKinney</u> Henderson County Judge
<u>The Honorable Randy Daniel</u> Justice of the Peace Precinct 1	<u>The Honorable Jamie Fawns</u> Justice of the Peace Precinct 2
<u>The Honorable Tony Duncan</u> Justice of the Peace Precinct 3	<u>The Honorable Milton Adams</u> Justice of the Peace Precinct 4
<u>The Honorable Tanya Norris</u> Justice of the Peace Precinct 5	

INTERCEPT 3 GAPS AND OPPORTUNITIES

Participants identified several issues affecting how youth cases move through the court system in Henderson County. One theme that emerged during the workshop was that diversion opportunities for youth vary across municipal courts. Because diversion programs are not consistently available in every municipality, youth may experience very different outcomes depending on where their case enters the system.

Participants also noted challenges related to coordination and information sharing across the system. Communication of court outcomes back to earlier parts of the system -- including law enforcement, schools, and service providers -- can be inconsistent. Participants noted that this can make it harder for system partners to stay informed about case outcomes and supervision conditions. Coordination challenges may be further complicated when youth are placed in detention facilities outside the county.

Participants also discussed the absence of outpatient competency restoration (OCR) services for youth. When a young person is determined by the court to be unfit to proceed due to mental illness, intellectual disability, developmental delay, or other impairments, the court process must pause until competency can be restored. An OCR program tailored to youth would provide

behavioral health services and intensive case management in the community while fitness to proceed factors are addressed, rather than relying on more restrictive placements.

A more detailed set of gaps and opportunities identified during the workshop is outlined below.

Limited diversion options available through municipal courts

- Expand youth diversion programs across municipal courts so youth have access to consistent alternatives to formal prosecution.
- Strengthen coordination between municipal courts, juvenile probation, and community partners to connect youth with appropriate services through diversion.

Lack of outpatient competency restoration services for youth

- Explore development of outpatient competency restoration services for youth who are found unfit to proceed due to mental health or developmental challenges.
- Strengthen collaboration between courts and behavioral health providers to support community-based restoration services.

INTERCEPT 3 BEST PRACTICES

BEST PRACTICE: FAMILY ENGAGEMENT IN JUVENILE COURT

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

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

Courts might consider shaping their family engagement strategies as follows:

- Recognize how juvenile court obligations impact the functioning of a family that already struggles with its own behavioral health and logistical challenges,

- Develop interventions based on the capacities and needs of family members who would be responsible for ensuring their child remains engaged,
- Seek out evidence-based models that divert children from detention and keep them with their families as far as possible, and
- Establishing measurable objectives regarding positive family engagement and collecting data to track outcomes.

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

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

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

BEST PRACTICE: STREAMLINED FITNESS RESTORATION PROCESS

According to [Texas Health and Human Services](#), a streamlined process of fitness restoration might include:

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

At least 10 jurisdictions across Texas have implemented a Legal Education Attainment Program (LEAP) designed to provide a community-based restoration option for youth who do not need inpatient hospitalization. The program, developed by Harris County Juvenile Probation, reports similar outcomes to hospital-based restoration programs and provides a much-needed alternative to using scarce hospital beds. The Judicial Commission on Mental Health’s [Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book” \(2025 – 2027\)](#), p. 96, provides more details about LEAP.

The [Judicial Commission on Mental Health](#) also outlines best practices for reviewing fitness reports, which include:

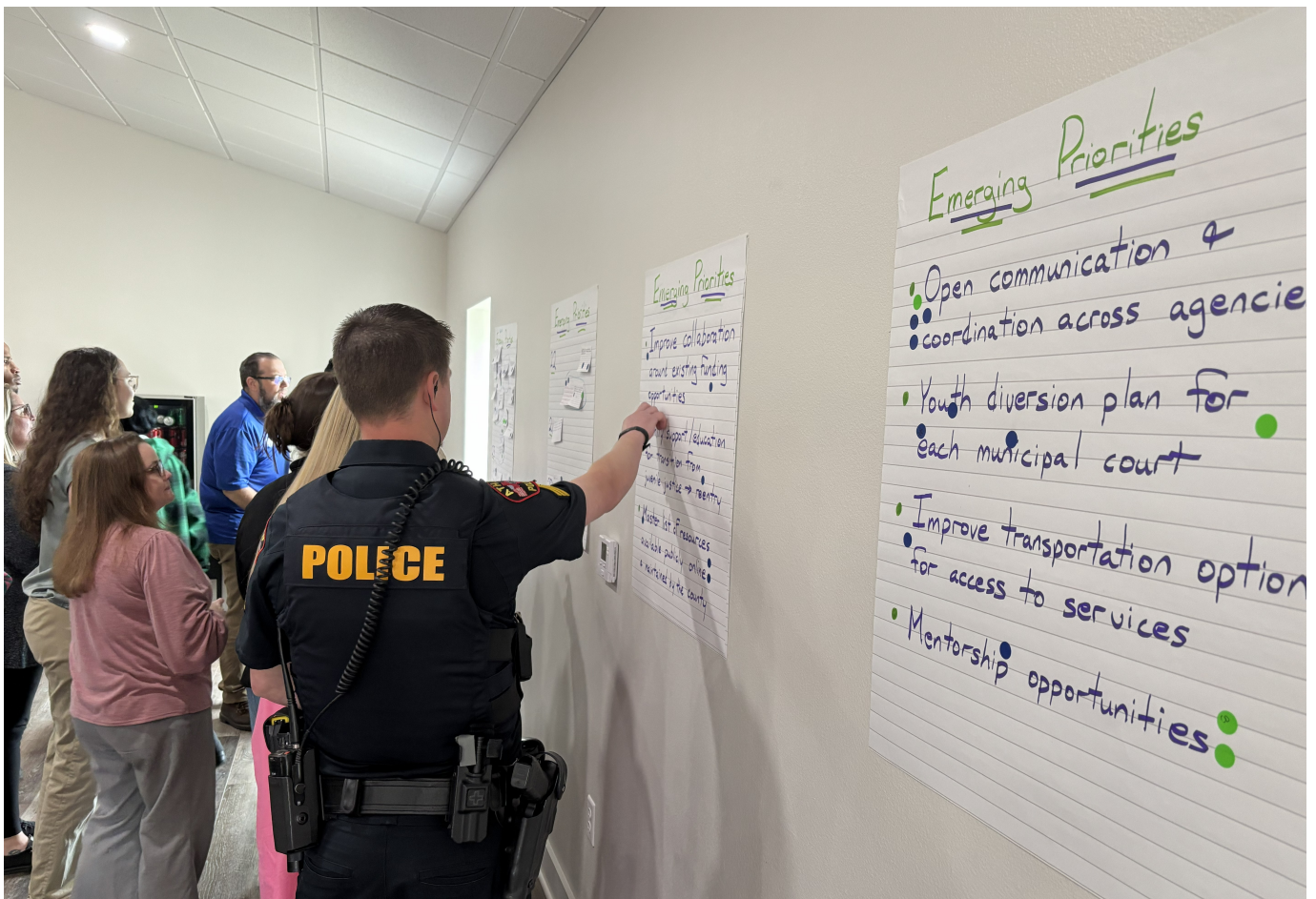
- Ensure that attorneys who receive the child’s fitness report understand it and determine whether it is an accurate portrayal of the child.
- Question whether the language attributed to the child matches the attorney’s own observations.
- Be aware of descriptions such as those listed below, which may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

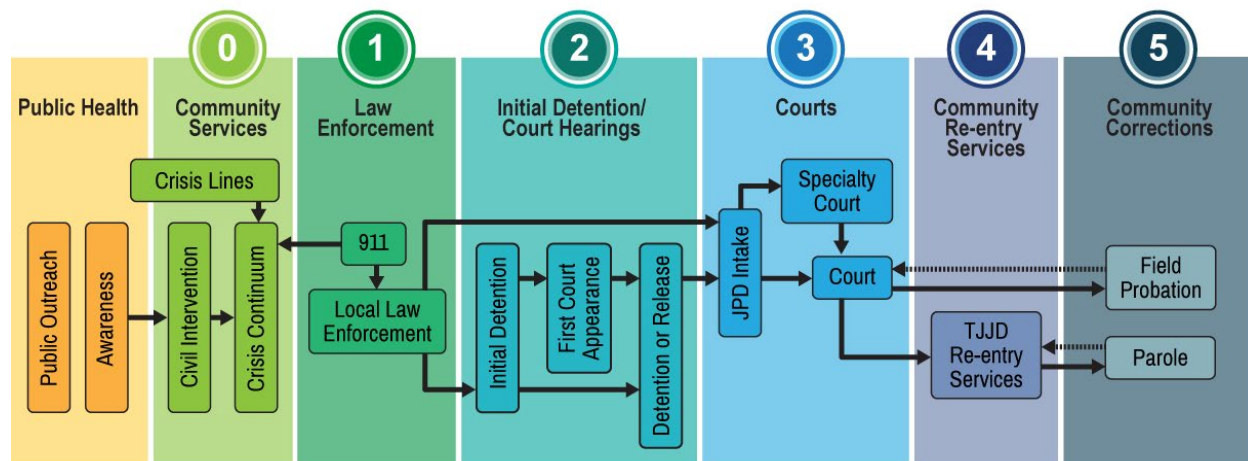
BEST PRACTICE: TRAUMA-INFORMED JUVENILE COURT SYSTEMS

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

Participants identified several programs and services that support youth transitioning back into their homes, schools, and communities following juvenile justice involvement. Importantly, they identified the challenges they face in helping youth access necessary services in a resource poor community. The majority of intensive services such as residential treatment are outside the county.

A key component of discharge from probation is the development of a personalized Exit Plan through the Henderson County Juvenile Probation Department. Each youth leaving supervision participates in the creation of an individualized plan that includes both standardized probation completion goals and objectives tailored to the youth’s unique needs, strengths, and circumstances.

Participants also identified a number of community-based programs and service providers that support youth during reentry. These include behavioral health services through the Andrews Center, family and youth services through Trinity Family Enrichment Services, workforce development and employment supports through Workforce Solutions, and additional

programming through organizations such as the HELP Center, the PAVE Program, Next Step Counseling Solutions, and Azleway Substance Abuse Program.

In some cases, youth returning from detention or residential placements may continue receiving services through specialized youth programs or residential treatment providers – generally outside of the county. Participants mentioned Hope Academy, Granbury, Pegasus, Grayson County Post Adjudication, and Denton County POST program. These programs may provide ongoing behavioral health support, structured programming, or therapeutic services depending on the youth’s needs.

Participants also noted that multidisciplinary coordination may occur through community structures such as the Community Resource Coordination Group (CRCG), which can assist families in connecting with available services and supports.

Finally, participants noted that programming available to youth during reentry often depends on the placement from which the youth is returning and the services available through that placement.

Intercept 4 Reentry	
<u>Andrews Center</u>	<u>Azleway</u>
<u>Breakout Youth</u>	<u>HELP Center Programming and Reference and Referral Services</u>
Henderson County Juvenile Probation creates an individualized exit plan for each youth that includes probation completion goals and objectives tailored to the youth’s needs, strengths, and circumstance	<u>Henderson County Community Resource Coordination Groups (CRCG)</u>
<u>H.O.P.E. Academy (Helping Others Pursue Excellence) Smith County</u>	<u>Next Step</u>
<u>PAVE Program</u>	<u>Sundown Ranch</u>
Trinity Family Enrichment Services	<u>Workforce Solutions of East Texas</u>

INTERCEPT 4 GAPS AND OPPORTUNITIES

Participants identified several challenges that affect youth returning to their homes, schools, and communities following juvenile justice involvement. While a number of programs and services exist to support youth during this transition, participants noted that some youth return to environments where family instability, trauma, or limited housing options can make reintegration difficult.

Participants also identified gaps related to housing. Limited shelter availability, including domestic violence shelters that can accommodate youth and families together, can create barriers for youth returning home safely. In addition, participants noted that waitlists and capacity challenges for residential treatment centers (RTCs) can delay appropriate placements when youth require more structured therapeutic environments.

Participants identified several opportunities that could strengthen reentry supports for youth and families.

Limited family support during the transition from juvenile justice supervision back to the community

- Develop family education and support programs to help families prepare for a youth's return from detention or supervision.
- Provide guidance and resources that help families understand expectations, available services, and strategies to support youth during reentry.

Limited housing options for youth and families experiencing instability

- Explore opportunities to secure grant funding that could support the development or expansion of housing resources for youth and families involved in the juvenile justice system.
- Strengthen community partnerships to increase access to stable housing.

Limited educational pathways for youth who struggle to return to traditional school settings

- Develop programs that help at-risk youth complete their education.
- Strengthen partnerships with alternative education programs or other educational supports that allow youth to remain engaged in school while addressing behavioral or family challenges.

INTERCEPT 4 BEST PRACTICES

BEST PRACTICE: START REENTRY PLANNING UPON JUVENILE REFERRAL

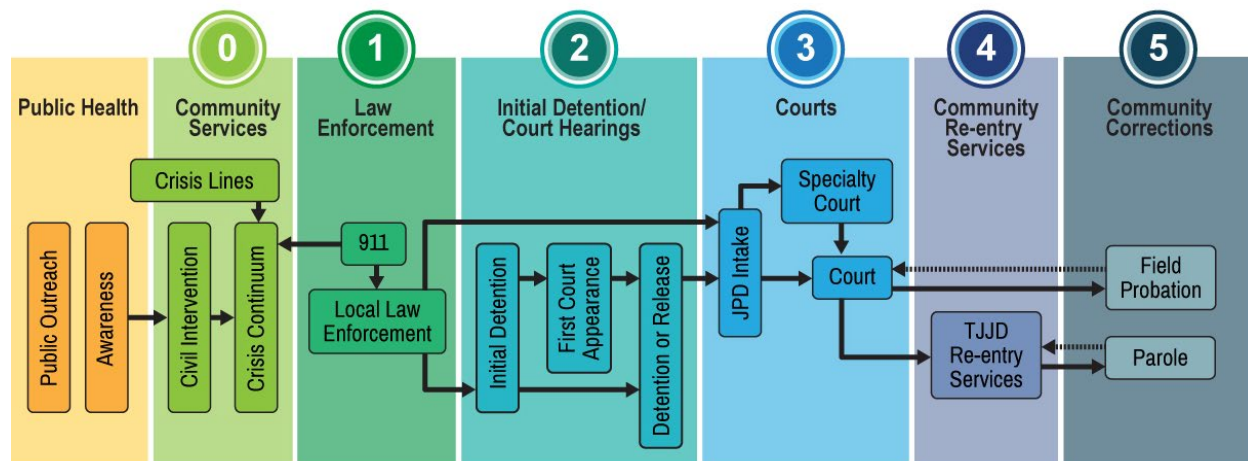
According to the [Justice Center of the Council on State Governments](#), the most effective reentry planning occurs when the planning begins at intake and continues through family reintegration and aftercare. Successful outcomes require case management that begins with the end in mind: resilient children 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

Participants identified several resources that support youth while on juvenile probation. A central element of this work is ongoing supervision and case planning through the Henderson County Juvenile Probation Department, which works with youth and families to support progress toward individualized goals following court involvement.

Participants also identified a range of community-based programs and service providers that may support youth during this stage. These include behavioral health services through the Andrews Center, workforce and employment support through Workforce Solutions of East Texas and the PAVE Program, and additional programming through organizations such as the HELP Center.

Participants further noted that coordination with community partners may occur through the Community Resource Coordination Group (CRCG), which can assist families in connecting with available services. In some cases, youth may also remain connected to residential or therapeutic programs identified earlier in the system, depending on their placement and ongoing needs.

Intercept 5 Community Supervision	
<u>Breakout Youth</u>	Henderson County Juvenile Probation Department (HCJPD)
<u>Henderson County Community Resource Coordination Groups (CRCG)</u>	<u>Henderson County HELP Center</u>
<u>Next Step</u>	<u>Pathways for Adults Via Education (PAVE) Program</u>
Texas Juvenile Justice Division Parole	<u>Workforce Solutions of East Texas</u>

INTERCEPT 5 GAPS AND OPPORTUNITIES

Participants identified one significant gap at this stage of the system: the absence of youth TCOOMMI services, which provide intensive case management and coordination for justice-involved youth with significant behavioral health needs. TCOOMMI programs are available to adults, but youth supervised by juvenile probation in the county do not currently have access to a comparable level of coordinated behavioral case management. Expanding access to TCOOMMI or similar services for youth could strengthen continuity of care and provide additional support for youth with complex behavioral-health needs while they are on juvenile probation and during the reentry stage.



Rooted in Community, Focused on Youth

Blu Nicholson, Chief of Henderson County Juvenile Probation, brings to his work both decades of experience and a deeply personal connection to the young people he serves. Having once been on probation in the same community where he now leads, Nicholson understands firsthand how difficult circumstances can shape a young person's path. As he describes it, the work is "more of a calling, more of a ministry."

That perspective shapes how Nicholson leads his department. Rather than focusing only on supervision and compliance, he emphasizes relationships, mentorship, and practical opportunities for growth. His approach reflects a belief that young people respond best when adults invest time, patience, and trust in their potential.

Under Nicholson's leadership, the department has created hands-on programs that help youth build confidence and connection. A department-run community service project allows youth to work alongside officers maintaining properties for local nonprofits while learning job skills and a work ethic. He also helped launch a gardening program behind the probation office, where youth can work outdoors, meet with counselors in a calmer setting, and take home the food they grow.

Nicholson also prioritizes early intervention and accessibility for families. When parents or grandparents reach out with concerns before a formal referral occurs, the department works to engage youth early and connect them with support. At the same time, Nicholson speaks candidly about the challenges of keeping families engaged and ensuring continuity of care when youth return from mental health placements. Even so, his leadership reflects a steady belief that when adults show up consistently and systems work together, young people have the chance to move forward and build a better future.

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

Henderson 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.

BEST PRACTICE: CERTIFIED FAMILY PARTNERS SUPPORTING FAMILIES OF JUVENILE JUSTICE-INVOLVED YOUTH

A consistent body of [research](#) shows that meaningful family engagement is one of the strongest predictors of positive outcomes for youth involved in the juvenile justice system. Yet [studies](#) consistently find that families often experience shame, confusion, and mistrust when navigating courts, probation, mental health services, and schools. All of these are factors that significantly reduce participation in programs, such as juvenile probation, that rely on parental involvement.

Certified Family Partners (CFPs), who combine professional training with their lived experience raising a child with behavioral health challenges, are uniquely positioned to address these barriers. Their training, expertise in navigating complex juvenile justice and mental health systems, and commitment to trauma-informed approaches equips them to provide emotional support and build confidence. Their direct support to families helps grow caregiver self-efficacy - their internal sense that they can succeed as a parent. All of these are the key conditions for improving family participation.

Preliminary studies indicate that CFPs may contribute directly to outcomes associated with reduced recidivism, improvements in child engagement with juvenile and mental health programming, and overall improved family functioning. For instance, a [parent-to-parent program](#) in King County, Washington demonstrated positive effects for parents involved in the child-welfare system. In another study, families receiving [Family Partner services](#) reported an increase in parental self-efficacy, strengthened relationships with system partners, and reduced feelings of isolation and blame.

Certified Family Partners can reinforce the core principles of evidence-based family interventions such as multi-systemic therapy (MST) by helping parents build motivation, navigate services, follow through on plans, and advocate effectively for their children. Overall, there are good reasons to think that incorporating Certified Family Partners into juvenile justice will measurably improve outcomes for both youth and their caregivers.

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.

Henderson County Youth SIM Priorities	
High/Immediate	Awareness of Community Resources
	Family Support and Education
	Improved Collaboration Around Funding Opportunities
	Open Communication and Coordination Across All Systems
Moderate/Near Future	Inpatient Beds for Youth on Juvenile Probation
	24/7 Youth Crisis Services for Parents
	Educate Teachers and Law Enforcement About Available Crisis Services
	Clarity About Steps to Take to Resolve Youth Crisis
Priorities for Later	Big Brothers and Big Sisters Program
	Attend CRCG Meetings
	Improve Reentry Services
	Youth Diversion Plan for All Municipal Courts

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

Priority 1: Cross-Agency Collaboration

Priority 2: Resource Awareness

Priority 3: Connecting Schools to Resources

Priority 4: Parenting Support and Classes



ACTION PLANS

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

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

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



PRIORITY 1: CROSS-AGENCY COLLABORATION

Our priority is to develop a multi-disciplinary group dedicated to identifying health needs for adolescents and families.

Priority champion: Angie Goggans

OBJECTIVES:

- General education-about the significance of meeting
- Create a master list of pertinent/key players.
- Identify potential funding sources or needs.

TASKS:

- Leverage school safety meetings to build on CRCG expansion (twice a year).
- Schedule prep meeting with SIM Committee.
- Members to plan safety meeting (Angie to email)
- Bring resources to prep meeting to identify other participants and members.
 - Key members: LMHA, prosecutors, law enforcement, municipal judges, CPS, school districts, juvenile probation, victim services, Regions 7 and 10
- Refreshments for prep meeting provided by Maggie's House.

FEEDBACK:

- Region 7 and Region 10
- 4KIDS4FAMILIES
- Therapists as champions?
- The HELP Center is the reference and referral agency for Henderson County 211 and has a master list of support services.

Next meeting: ***Monday, March 16, 2026 at 10:00AM at Legacy Center***

RESEARCH AND PRACTICES RELATED TO PRIORITY ONE

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

- [Intensive Care Coordination](#)
- [Mental Health and Juvenile Justice Interagency Collaboration](#)
- [Establish Goals for Youth Crisis Care](#)
- [Collaboration Between Schools and Juvenile Detention](#)

PRIORITY 2: RESOURCE AWARENESS

Our priority is to identify and share realistic information about what agencies can do.

Priority champions: *Myranda Cannon & Danielle Copeland*

OBJECTIVES:

- Use CRCG to boost content and awareness of Andrews Center online resource list for Henderson County.
- Host in-person resource fair to share information about agency services.

TASKS:

- Community Resource Coordinating Group (CRCG) Collaboration
 - Develop a form for agencies to complete
 - Distribute at CRCG and return to Andrews Center care coordinators
 - Andrews Center will determine opportunities to improve distribution
 - Publicize list at CRCG
 - Ask agencies to share link on own websites/social media
- Resource Fair
 - Check with Trinity Valley Junior College (especially nursing program) and HELP Center to see if they are already planning a resource fair.
 - If so, publicize with agencies and clients

FEEDBACK:

- Priority 3 team would like to have a list of programs and what sources they provide (umbrella system).
- Publicize on the county website.
- Create a QR code
- HELP line at the HELP Center has a resource list; coordinate this with the Andrews Center list
- The Henderson County HELP Center is the 211 reference and referral hub for Henderson County.
- Angie Goggans has a good list of churches, etc. (Invite list for SIM meeting)
- What if there isn't a representative from each agency at the CRCG? How to get word out to others like churches, therapists, etc.?
- Possible location for resource fair: Senior Citizen Building at Henderson County Fairgrounds.
- National Night Out - have a booth?
- Trinity Valley Community College has a fair - Karen Bertoni is the point of contact.

- How often does the group plan to meet?
- Check for health fairs in Mabank and Gun Barrel City.
- The HELP Center has a Community Fair.

Next meeting: ***Thursday, April 2, 2026, at 1:30PM via Zoom (Danielle to send link)***

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](#)
- [Mental Health and Juvenile Justice Interagency Collaboration](#)
- [Establish Goals for Youth Crisis Care](#)
- [Collaboration Between Schools and Juvenile Detention](#)

PRIORITY 3: CONNECTING SCHOOLS TO RESOURCES

Our priority is to ensure schools have a comprehensive, updated, and accessible method to connect students and families to mental health and behavioral health services.

Priority champions: Anna Barbee, Crystal Langley, and Angie Weakley

OBJECTIVES:

- Organize resource list.
 - By need/service?
 - Umbrella system by organization.
- Efficient contact between Andrews Center and school officials
 - Counselors or similar campus contacts
 - Information sharing/status updates
- Ensure skills trainings are accessible, regardless of counselor relationship

TASKS:

- Decide format and location for resource list.
- Foster effective relationships with each campus
 - Replicate existing Andrews/Athens ISD shared document.
- Consider more frequent campus/classroom visits.
 - Pre-school year, end of semester, pre-testing?
- Coordinate with existing trainings
- Probation involvement
- MOU?

Next meeting: ***Wednesday, March 25, 2026 at 1:30PM on Zoom***

RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

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

- [Collaboration Between Schools and Juvenile Detention](#)
- [Early Intervention –Trauma-Informed Systems](#)
- [Foster Early Mental Health Identification and Intervention](#)
- [Implement Evidence Based Mentoring Program](#)

PRIORITY 4: PARENTING SUPPORT AND CLASSES

Our priority is to meet parents' needs by providing resources, education, and advocacy. We work to improve accountability, restore hope, and help families set appropriate expectations.

Priority champions: Nikki Massengale

OBJECTIVES:

- Connect agencies to existing resources to optimize services.
- Make parenting class attendance convenient, adding incentives.
- Achieve measurable improvements in home environments, recidivism, reactivity.
- Improve open communication between agencies.
- Build into prevention programming.

TASKS:

- Connect Methodist Community Home with Henderson Juvenile Probation
 - MCH provides nurturing parenting classes.
- Implement strategies to boost participation.
 - Parent participation reduces community service hours
 - Offer programming to youth while parents are in class (art classes, etc.)
 - Smart Scheduling (classes coincide with probation visits)
 - Gift cards
- Create parenting classes available to juvenile justice, Andrews Center, etc.
 - Track improvements with pre and post assessments

FEEDBACK:

- Logistics: Where/when to offer classes? (Tuesday evenings?)
- Bilingual?
- Medicaid rules confidentiality
- Transportation?
- Implement a program with youth while parents are in class, solid idea about classes for youth
- Coordinate with agencies who are also serving families.
- Classes for teenage parents.
- Interns/volunteers
- Refreshments
- Look at other classes across the county (churches, Abundant Life, etc.)
- Understand what's in the nurturing parenting curriculum and align with youth needs
- Programs for 16–17-year-olds, e.g., life skills, post-secondary life, budgeting

- Ensure parenting classes are aimed at parents and youth in RTC
- How to know parents will stay engaged; keep them engaged
- Need specifics on what / when / how to track

Next meeting: ***Monday, March 25, 2026, at 10:00AM, via Teams***

RESEARCH AND PRACTICES RELATED TO PRIORITY FOUR

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

- [Family Engagement in Juvenile Court](#)
- [Family Engagement in Juvenile Services and Probation](#)
- [Certified Family Partners Supporting Families of Juvenile-Justice Involved Youth](#)

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 Henderson 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, Henderson County created four priority teams as well as priority champions. These key stakeholders are responsible for moving the action plans forward. To ensure continued momentum:

1. **Clarify the Role of Priority Champions:** These individuals assume responsibility for scheduling meetings, tracking commitments, checking on progress, and overseeing the various tasks associated with the action plan. This does not mean that the priority champions do all the work, which is often how collaborations devolve. Instead, the champions facilitate the discussions and check-in sessions, ensuring that participants know their roles and have a clear sense of the tasks necessary to move toward each benchmark. They check in on progress, asking that people honor their commitments or bring roadblocks to the full group to allow for mutual problem solving.
2. **Enlist People with Lived Experience:** Few things can motivate a group more than working side by side with families and young adults who have had to navigate the juvenile justice system. They bring an indispensable clarity about the urgency of the work, and their perspective will unleash ideas, strategies, and insights.
3. **Schedule Meetings and Find Meeting Locations Well in Advance:** Effective action teams jointly schedule regular meetings and set meeting locations well in advance. In this way, people know their deadlines for tasks. They also have the meetings on their calendars. Priority champions send reminders of upcoming meetings as well as tasks to be completed by that meeting.
4. **Chart Progress:** Every action team created a workplan, which included tasks and benchmarks at three-, six-, and twelve-month intervals. These plans may change and evolve, but it is essential that the teams have an updated version of the plan ready at

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

5. **Coordinate with All Teams:** Building on its strong track record in cross-sector collaboration, county leaders will realize success far more quickly and effectively by incorporating action team captains into existing formal and informal planning discussions. This allows the full community to engage with the work of all teams, which is essential as the leadership seeks to obtain funding, develop data sharing agreements, and respond to emerging priorities.

It is also helpful to recognize the leadership and efforts of community members who give their time, resources, and efforts to create system change in Henderson 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 Henderson 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 [Fourth 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 Henderson 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.

It is important to recognize that the resources currently available in the county represent only a portion of the evidence-based and promising practices that could significantly improve outcomes for youth. Expanding awareness beyond existing services can help communities identify meaningful opportunities for system improvement.

One useful tool to support this effort is the resource inventory developed by the [Judges and Psychiatrists Leadership Initiative \(JPLI\)](#). This inventory provides a structured way for communities to assess not only what services exist, but also their capacity for innovation and the strength of cross-system coordination necessary to implement new practices. It encourages communities to move beyond a static list of resources and toward an ongoing strategic assessment of resources, gaps, and opportunities.

Using a tool like this can help the community:

- Identify gaps in evidence-based practices
- Assess provider capacity and readiness for partnership
- Strengthen connections across agencies
- Prioritize areas for investment and system development

By combining an updated resource map with a more comprehensive inventory of services and practices, the community can better align its efforts with proven approaches and position itself to achieve stronger outcomes for youth.

APPENDICES

APPENDIX	TITLE
Appendix 1	Commonly Used Acronyms
Appendix 2	General Resources
Appendix 3	Henderson 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	TCHAT – 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 .

APPENDIX 2 | GENERAL RESOURCES

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 | HENDERSON COUNTY YOUTH SIM MAP

0	1	2	3	4	5	
<p>Public Health</p> <p><u>Health Care</u> Christus East Texas Community Clinic Henderson Co. Indigent Health Care Program UT Health North Texas Tyler</p> <p><u>Basic Needs</u> Faith in Action Outreach First Baptist Church Athens Henderson County Community Resource Coordination Groups (CRCG) Henderson County Food Pantry Marvin Methodist New Harmony Baptist The Rainbow Room Salvation Army St. Paul Children's Services Society of St. Vincent de Paul – St. Edward Catholic Church</p> <p><u>Community & Neighborhood Supports</u> Athens First Youth Ministry Boy Scouts & Girl Scouts Cain Center YMCA (Athens) Church Organizations Disciples Crossing Mentoring Alliance St. Paul Children's Services: Summer Resources Youth Sports Associations</p>	<p>Community Services</p> <p><u>Crisis Lines & Supports</u> 911 & 988 211 Andrews Center Crisis Hotline 877-934-2131</p> <p><u>Mental Health and Behavioral Supports</u> Andrews Center (Local Mental Health Authority) Cedar Crest Hospital Child Psychiatry Access Network (CPAN) East Texas Psychological Services Glen Oaks Hospital Terrell State Hospital Texas Child Health Access Through Telemedicine (TCHATT) UT Health East Texas Vernon State Hospital Youth Empowerment Services (YES) Waiver</p> <p><u>School-Based Resources</u> 504/IEP Programs BCFS Community Services Division Diversion/Early Intervention Programs, Regional Diversion Alternatives (RDA) Early Childhood Intervention (ECI) Community Healthcare On-Campus Counseling Special Education Services</p> <p><u>Child Protection & Family Support</u> 4KIDS4FAMILIES Andrews Center: Family and Youth Success (FAYS) Breaking Chains CASA of Henderson and Carroll Counties For the Silent Henderson County HELP Center Hope Haven Maggie's House Methodist Children's Home Family Outreach Texas Department of Family and Protective Services (DFPS/CPS) Texas Legal Services Center Family Helpline Texas Parent Helpline</p> <p><u>Substance Use Resources</u> AA/NA Groups Breakout Youth Grace House of Cedar Creek Lane New Life Recovery Ministry Next Steps Padre's Place Recovery Outreach, Screening, Assessment, and Referral (OSAR) Region 4</p> <p><u>Residential Centers</u> Azleway Children's Mental Health Residential Treatment Center (RTC) Project Methodist Children's Home Sundown Ranch Waco Center for Youth</p>	<p>Law Enforcement</p> <p>Athens Police Department Brownsboro Police Department Caney City Police Department Chandler Police Department DPS-Texas Highway Patrol Enchanted Oaks Police Department Eustace Police Department Gun Barrel City Police Department Henderson County Constable Office Henderson County Sheriff's Office Kemp Police Department Log Cabin Police Department Mabank Police Department Malakoff Police Department Payne Springs Police Department Seven Points Police Department Star Harbor Police Department Tool Police Department Trinidad Police Department Trinity Valley Community College Police Department</p> <p><u>ISD Police Departments</u> Athens Brownsboro Eustace LaPoynor Mabank Malakoff Murchison</p>	<p>Pretrial/Detention</p> <p>Behavioral health assessments are performed by a masters-level mental health provider who is licensed (LPC, LMFT, LCSW), psychologists/doctoral-level evaluators.</p> <p><u>Attorney Appointments</u> The county court coordinator with the county judge appoints an attorney after a Financial Affidavit is completed. The attorney is usually appointed the same day or before the initial hearing.</p> <p><u>Counseling</u> is provided as needed after initial assessment by contract local MHMR of the facility, Andrews Center, Community Healthcare, or a facility nurse.</p> <p><u>Initial Hearings</u> The juvenile probation department prepares the youth and files the intake paperwork for the hearing. The juvenile prosecutor (from the County or District Attorney's Office) represents the State. The juvenile's defense attorney or court-appointed attorney represents the youth. Parents/guardians are typically required to attend, unless impossible.</p> <p>Youth generally do receive medications they were taking at intake, subject to review. If medications are unavailable while in detention, parents are asked to take them to detention.</p> <p><u>Programming</u> varies by facility. May include counseling, recreation, religious services, medical services, post-adjudication programs, enrichment activities, substance use disorder support, mental health services, family therapy, bullying prevention, and gang awareness counseling.</p> <p><u>Training</u> is provided by TJJD, CMIT, or TBRI Specialists. Detention staff receive training on trauma. Depth, frequency, and quality of that training can vary.</p> <p><u>Trauma-Informed</u> If trauma history or high ACEs are reported, the judge may order a psychological or trauma evaluation before making further detention decisions. They may release youth to trauma-competent family supervision rather than a facility. This may include mandated trauma-focused interventions (counseling, mentoring, or therapy) as conditions of release instead of incarceration.</p> <p><u>Visitation</u> varies by facility. Most facilities have set visitation and phone call days.</p>	<p>Courts</p> <p>The Honorable Clint Davis 173rd District Court</p> <p>The Honorable Scott Mckee 392nd District Court</p> <p>The Honorable Mark Calhoun 3rd District Court</p> <p>The Honorable Scott Williams County Court at Law</p> <p>The Honorable Nancy Perryman County Court at Law 2</p> <p>The Honorable Wade McKinney Henderson County Judge</p> <p>The Honorable Randy Daniel JP Precinct 1</p> <p>The Honorable Jamie Fawns JP Precinct 2</p> <p>The Honorable Tony Duncan JP Precinct 3</p> <p>The Honorable Milton Adams JP Precinct 4</p> <p>The Honorable Tanya Norris JP Precinct 5</p>	<p>Reentry Services</p> <p>HELP Center Programming and Reference and Referral Services</p> <p>H.O.P.E. Academy (Helping Others Pursue Excellence) Smith County Sundown Ranch</p>	<p>Community Supervision</p> <p>Henderson County Community Resource Coordination Groups (CRCG)</p> <p>Henderson County HELP Center</p> <p>Henderson County Juvenile Probation Department (HCJPD)</p> <p>Next Step</p> <p>Pathways for Adults Via Education (PAVE) Program</p> <p>Texas Juvenile Justice Division Parole</p> <p>Workforce Solutions East Texas</p>

APPENDIX 4 | PARTICIPANT LIST

First Name	Last Name	Title/Role	Organization
Michael	Adcock	Chief Deputy	Henderson County Sheriff's Office
Summer	Allan Wilson	Pediatric Psychotherapist, LCSW-S	East Texas Family Guidance Center
Chad	Allen	Chief of Police	Athens Police Department
Cathy	Arnold	Community Outreach	Breaking Chains
Anna	Barbee	Children's Team Lead	Andrews Center
Karen	Bertoni	Student advocacy coordinator	Trinity Valley Community College
Drew	Boring	Business Development	Christus Health
Jennifer	Brashear	Forensic Program Coordinator	Andrews Center
Christopher	Buckner	Juvenile Probation Officer	Henderson County Juvenile Probation
Danny	Butts	Regional Community Services Mgr NE Reg.	Texas Juvenile Justice Department
Myranda	Cannon	Director of Case Management	Andrews Behavioral Healthcare
Bridgette	Chairez	Investigator	CPS
Della	Cooper	Executive Director	Breaking Chains
Danielle	Copeland	Administrator	Malakoff ISD
Nicole	Cromeans	Crisis Program Director	Andrews Center
Casie	Darter	Program Director	Henderson County Help Center
Jennifer	Darter	Maggie's House Program Coordinator	HELP Center
Sheila	Davis	Chief Operations Officer	Henderson County HELP Center
Amanda	DeLong	Athens Clinic Manager	Andrews Center
Jason	Dezern	Special Agent	FBI
David	Faught	Major	Henderson County Sheriff's Office
Marisol	Febles-Sanchez	Continuum of Care Coordinator-North	Texas Juvenile Justice Department
Angie	Goggans	County Court Coordinator	Henderson County
Betsy	Gomez-Lybrand	Contract MH Therapist	Maggie's House
Gabriel	Grady	Continuum of Care Coordinator-Southeast	Texas Juvenile Justice Department
James	Graham	Operations Captain	Athens Police Department

Sean	Graham	Juvenile Probation Officer	Henderson County Juvenile Probation
Keri	Hampton	Superintendent	Brownsboro ISD
Botie	Hillhouse	Sheriff	Henderson County Sheriff's Office
Stacy	Hillhouse	Chief	Malakoff ISD Police Department
Victrinia	Johnson	Special Education Teacher	Trinidad ISD
Julie	Kelley	Municipal Court Clerk	Gun Barrel City
Rhonda	Lammons	Children and Adolescent Program Manager	Andrews Behavioral Health
Crystal	Langley	Counselor	Cross Roads High School
Nathan	Longoria	Continuum of Care Coordinator NE Regi++on	Texas Juvenile Justice Department
Keith	Loper	Executive Director	CASA of Trinity Valley
Todd	Loper	Regional Director	UT Health East Texas EMS AIR1
Jamie	Maas	Continuum of Care Coordinator-Central	Texas Juvenile Justice Department
Grant	Mason	Special Agent	FBI
Nikki	Massengale	Case Manager	MCH Family Outreach
Joshua	Mathews	Supervisory Senior Resident Agent	FBI Tyler
Kim	Mattingly	High School Principal	Cross Roads ISD
Kelton	McGee	Wraparound Facilitator	Andrews Center
Shayla	Mitchell	School Resource Officer	Athens Police Department
Shari	Moore	Assistant County Attorney	Henderson County
Keisha	Morris	Chief SIM Officer	Andrews Center
Jason	Morrison	President	Trinity Valley Community College
Branden	Neubauer	Juvenile Probation Officer	Henderson County Juvenile Probation
Blu	Nicholson	Chief Juvenile Probation Officer	Henderson County Juvenile Probation
Wendi	Pacheco	JPO	Henderson County Juvenile Probation
Trynten	Parker	Juvenile Probation Officer	Henderson County
Andrea	Patterson	School Counselor	Athens High School
Kyle	Pochobradsky	Lieutenant	Henderson County Sheriff's Office
Amanda	Pruitt	Executive Director	Abundant Life PRC
Joey	Rich	Chief of Police	Mabank ISD

Celeste	Richmon	Wraparound Supervisor	Andrews Behavioral Health
Robin	Rickard	Investigator III	TX Dept of Family & Protective Serv.
Leslie	Saunders	CEO	Henderson HELP Ctr, Maggie's House
Lauren	Shults	Coalition Coordinator	Next Steps Community Solutions
Paige	Shultz	Director of Special Populations	LaPoynor ISD
Anthony	Sikes	School Administrator	Athens ISD
Angela	Smith	City Manager	Gun Barrel City
Angela	Snipes	Juvenile Probation Officer	Juvenile Probation
Mark	Spahlinger	Fire Chief	Long Cove Fire Department
Lytton	St. Stephen	Senior Administrative Program Coordinator	UT Texas Inst for Excellence in MH
Kenneth	Strawn	Assistant County Attorney	Henderson County Attorney's Office
Calvin	Taylor	School Nurse	Murchison ISD
Shay	Thomas	Case Manager	Andrews Center
Paul	Thompson	TEA Senior School Safety Agent (East Sec.)	Texas Education Agency
Tina	Trussell	IDD CIS	Andrews Center
Chase	Vinson	School Resource Officer	Athens Police Department
Grace	Wallace	Associate Judge	Gun Barrel City
Ragan	Wangler	Director of Special Programs	Brownsboro ISD
Rashaunda	Warren	Family Partner	Andrews Center
Angie	Weakley	Case Manager	FAYS

Youth Sequential Intercept Model Mapping Workshop

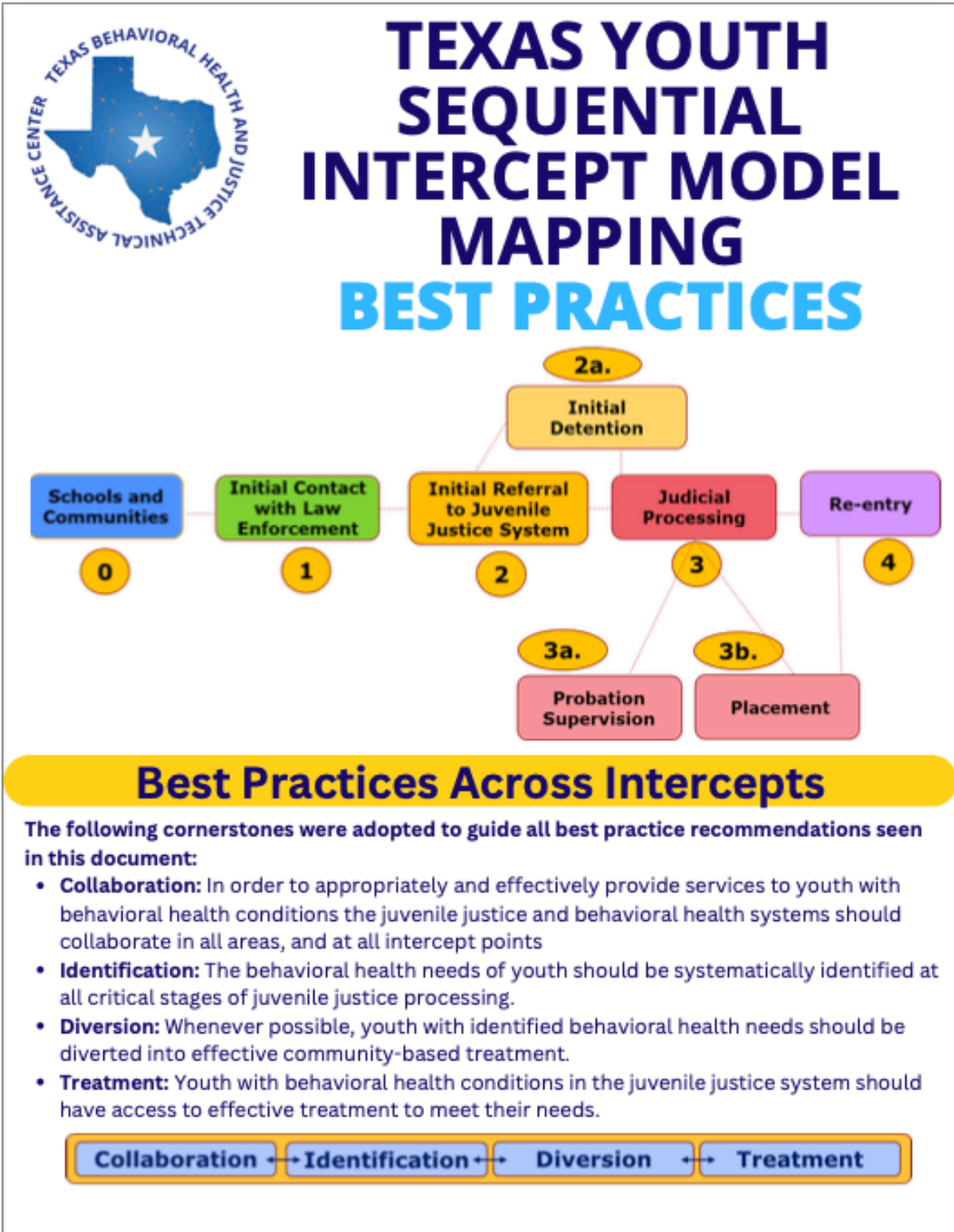
Henderson County
 Wednesday, February 25, 2026
 The Help Center Training Facility, 813 N. Palestine, Athens, 75751

Purpose and Goals:

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

AGENDA

8:30 am	Registration & Networking	
9:00 am	Opening Remarks	Welcome & Community Goals
9:20 am	Orienting to This Work Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:40 am	Overview of Judicial Commission Andy Perkins	
9:45 am	Overview of SIM Mapping Doug Smith Rashaunda Warren	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	



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, TCHAT, 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. <ul style="list-style-type: none"> • 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 programming 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 providing 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.	<p>CIT for Youth provides training to law enforcement officers to help prevent mental health crises and to help de-escalate crises when they occur.</p> <p>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.</p>
Tailored behavioral health trainings for law enforcement	<p>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.</p> <p>Trust Based Relational Therapy: An attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children.</p> <p>For additional specialized behavioral health trainings on adolescent brain development, Adverse Childhood Experiences, and de-escalation strategies explore the Neurosequential Model of Therapeutics.</p>
Police Diversion Programs	
Regular referral to behavioral health treatment and providers	<p>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.</p>
First Offender Programs	<p>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)</p>
Law Enforcement and Mental Health Provider Collaboration	
Co-responder Teams	<p>Paired teams of specially trained officers and mental health clinicians that respond to mental health calls for service. Trained in specialized youth interventions.</p>
Role clarification and protocol evaluation on school-based law enforcement response	<p>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.</p>

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	<p>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.</p> <p>Use the PACT and MAYSI to inform treatment referrals and conditions of release.</p>
Regular review of detention discipline policies	<p>Adopt policies that require administrative review of all restraints and seclusions. Consider alternatives (when appropriate) to administrative seclusions using trauma-informed approaches to care.</p> <ul style="list-style-type: none"> • See SAMHSAs recommendations
Detention-based behavioral health providers	<p>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.</p>
Court Diversion and Prevention Programs	
Specialized conditions of release	<p>Opportunity for judges to connect youth with behavioral health needs to evidence-based treatment and prosocial activities such as community service or mentoring programs.</p> <p>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.</p>
Juvenile Justice Stakeholder Collaboration	
Coordinated Case Planning	<p>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.</p>
Use Behavioral Health Services Online (BHSO)	<p>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.</p>
Track juvenile referral data	<p>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.</p>

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 alternative 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	<p>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).</p> <p>See resources on how to start a mental health court here.</p>
Juvenile Court Case Managers/ Liaisons	<p>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.</p> <p>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.</p>
Pre-trial Interventions	
Pre-Trial Supervision and Diversion Programs	<p>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.</p> <ul style="list-style-type: none"> • <u>Supervisory Caution</u> (also known as <i>counsel and release</i>) - 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. • <u>Deferred Prosecution</u>- 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) • <u>Referral to CRCG</u>- 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	<ul style="list-style-type: none"> • 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 forward 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

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

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

INTERCEPT 4: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
Transition Planning	
Formalized Family Engagement	<p>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:</p> <ul style="list-style-type: none"> • <u>Family identification training</u>- Probation staff receive training on how to identify and engage with a youth's caregiver network. • <u>Family genograms/ecomaps</u>- Visual tool to help facilitate conversations about existing social and system supports with youth and their family. • <u>Family/youth policy committees</u>- 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	<p>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 <u>Texas Admin. Code Rule 301.353</u>)</p>
Coordinated After-Care Services	
School-reenrollment after confinement processes	<p>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.</p> <p>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.</p>
Trauma-Informed Supervision Practices	
Graduated Response Matrix	<p>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 <u>Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System</u>.</p>
Supervision plans guided by risk and needs assessments	<p>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.</p>

APPENDIX 7 | KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, <i>TEXAS JUVENILE MENTAL HEALTH AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LAW BENCH BOOK</i> (4th Ed. 2025-2027), https://www.texasjcmh.gov/media/qocc0rch/jbb-digital-9-26-25.pdf .
2	THE JUSTICE CENTER, COUNCIL OF STATE GOVERNMENTS, <i>HOW TO USE AN INTEGRATED APPROACH TO ADDRESS MENTAL HEALTH NEEDS OF YOUTH IN THE JUSTICE SYSTEM</i> (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, <i>JUVENILE JUSTICE MENTAL HEALTH DIVERSION GUIDELINES AND PRINCIPLES</i> , (2022), https://www.ncsc.org/_data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf
4	NATIONAL CENTER FOR STATE COURTS, <i>FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT’S RESPONSE</i> 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, <i>THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP)</i> , https://express.adobe.com/page/dSrgsE34zlea9/ . See also, https://www.prainc.com/im/ .
6	SAMHSA GAINS CENTER, <i>DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL</i> (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, <i>Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness</i> , 57 <i>PSYCH. SERVICES</i> 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, <i>TRUST-BASED RELATIONAL INTERVENTION (TBRI): A SYSTEMIC APPROACH TO COMPLEX DEVELOPMENTAL TRAUMA</i> , December 2013, <i>Child Youth Serv.</i> 34(4): 360-386. https://pmc.ncbi.nlm.nih.gov/articles/PMC3877861/