

A background image showing several hands of different skin tones stacked together in a supportive gesture. A large white circle is positioned in the upper right, containing the main title and date.

Youth Sequential Intercept Model Mapping Workshop

February 2026

Report for:

Hutchinson 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 Hutchinson County, TX

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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 HUTCHINSON COUNTY (2026).

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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>.

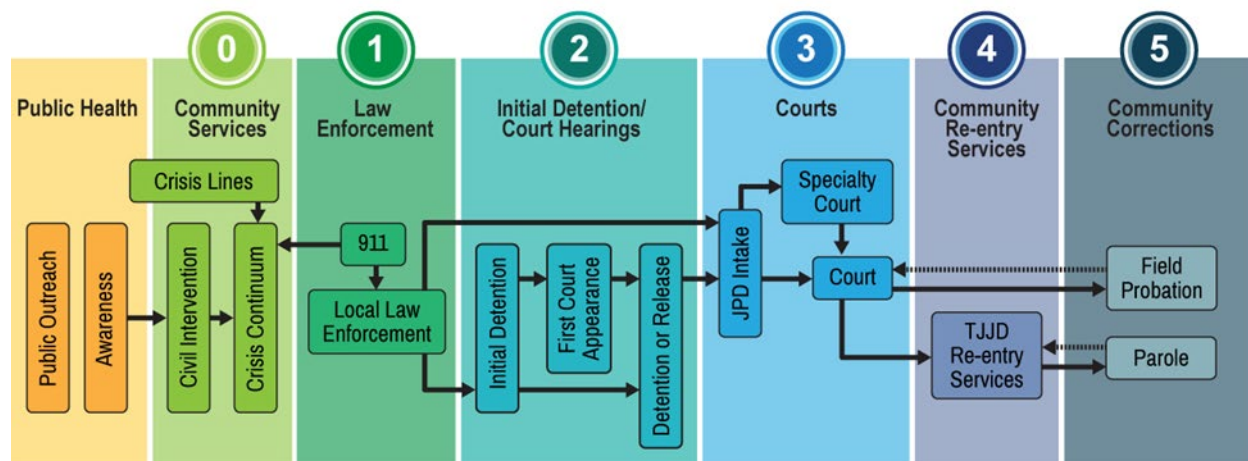
For information on disability, see <https://www.cdc.gov/disability-and-health/articles-documents/communicating-with-and-about-people-with-disabilities.html>.

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 41 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:

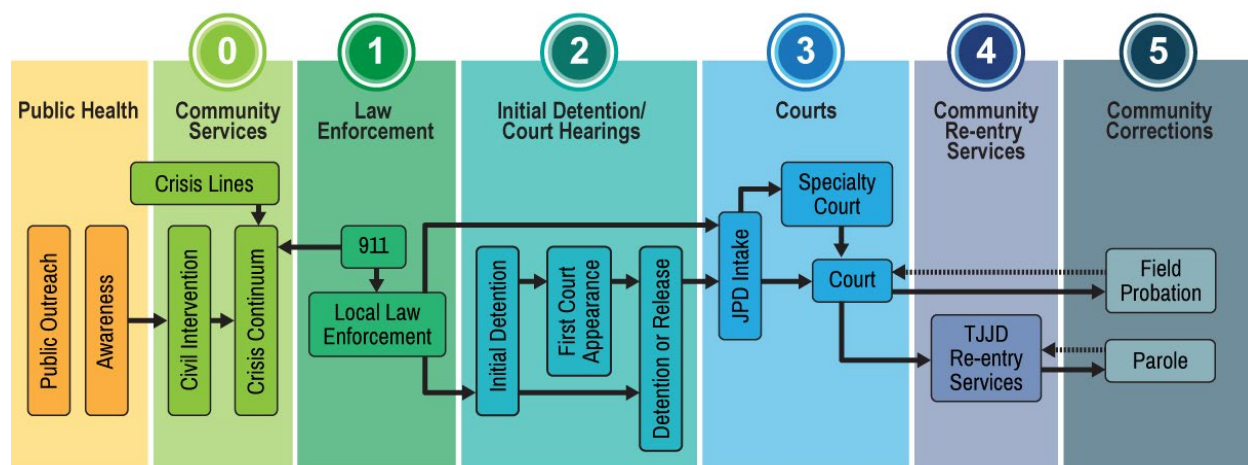
Priority 1: Cross-Agency Collaboration

Priority 2: Home-Based Gradual Re-Entry

Priority 3: Community-Based Resources for Families and Youth

Priority 4: Mentoring Programs & Support Groups

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



BACKGROUND

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

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

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

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

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

YOUTH SEQUENTIAL INTERCEPT MODEL MAPPING PROCESS

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

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

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

through the possible opportunities to see if there may be an emerging consensus behind certain priorities.

The process began in Hutchinson County with a virtual session on October 30, 2025 through which community members identified resources, gaps, and opportunities to address those gaps. In preparation for the virtual session, a survey and interviews with key experts in the community helped to identify the resources and processes they use to address youth mental and behavioral health challenges. Recordings of interviews with key community informants were shared with other participants to help orient them to each intercept.

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

The in-person workshop for Hutchinson County took place December 3, 2025. Following the workshop, the community has continued to work on their priority action plans. They also met virtually with JCMH to review and edit a draft of this report and again three months following the in-person workshop to check in on progress. Throughout this process and thereafter, the community may request free-of-charge technical assistance from JCMH.

KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

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

THE POWER OF LIVED EXPERIENCE

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

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

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

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

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

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

Several organizations and resources provide helpful guidance:

- [PeerForce](#) serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.
- [Texas Certification Board](#) certifies various types of peer specialists, including Certified Family Partners.
- [SAMHSA](#) is the federal agency that for decades has worked to promote peers in leadership roles.
- [National Association of Peer Supporters](#)
- Philadelphia's DBHIDS [Peer Support Toolkit](#)

CONTINUED CROSS-SYSTEM COLLABORATION

Experience from counties across the state shows that the communities generating enduring results in their system change efforts are those that create formal coordinating groups such as the *Hutchinson County Mental Health Coalition* to facilitate and guide countywide justice and behavioral health cross-systems stakeholder planning.

This team of multi-agency stakeholders leading the collective effort to advance the priorities identified by the community should support team champions and include them in planning efforts. Continued coordination from representatives across sectors, including Aspire A Mindful Place, Texas Panhandle Centers, school districts, juvenile probation, the judiciary, defense attorneys, and law enforcement along with people with current knowledge of adolescent mental health needs, evidence-based assessments, and treatments, will ensure lasting impact.

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

EFFECTIVE USE OF DATA

Effective use of data improves decision-making across the spectrum of intercepts from community and school-based supports through juvenile probation. Strategic data gathering and

analysis also helps the community to track progress toward its goals. Communities that are adept at data analysis are also more likely to develop innovations previously unimagined.

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

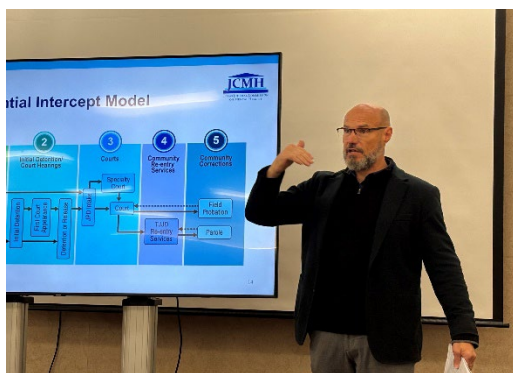
- Number of youth involved at the various intercepts,
- Key characteristics, such as Adverse Childhood Experiences (ACEs) scores, whether they are current clients of local mental health authorities, foster care involvement, and more,
- The key reason youth became justice-involved, or
- Measures of change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

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

UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

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

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



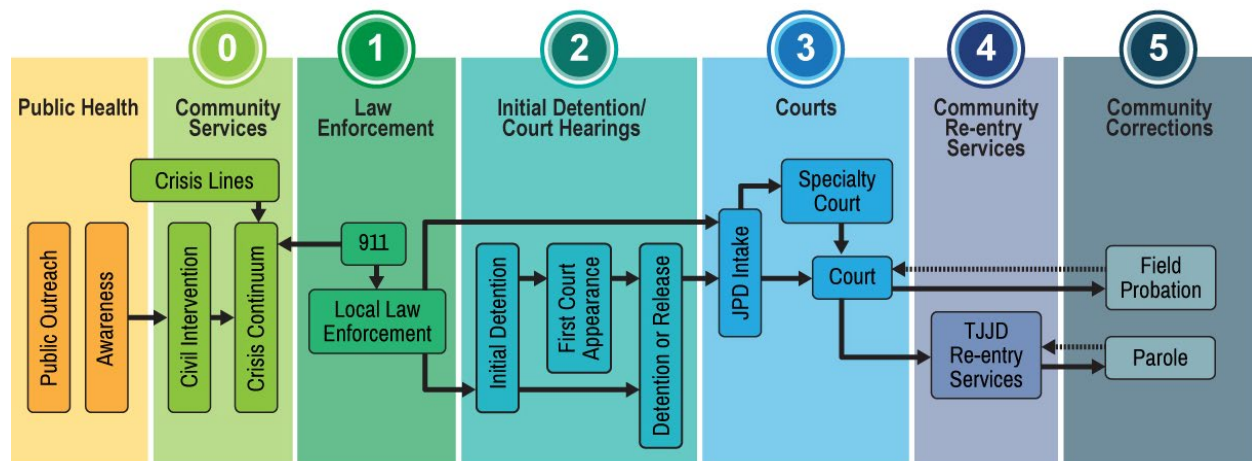


RESOURCES AND CHALLENGES AT EACH INTERCEPT

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

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

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



INTERCEPT 0

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

INTERCEPT 0 RESOURCES

Public Health	
Health Care	
Borger EMS	Golden Plains Community Hospital
Basic Needs	
Helping Hands	Living Water Benevolence Ministry
Panhandle Community Services	Salvation Army
Community & Neighborhood Supports	
Churches	Johnson Park Youth Center

Intercept 0 Community Services	
Mental Health & Behavioral Supports	
Liberty Resources	Oceans Healthcare (Abilene, Lubbock, Midland)
Pampa Regional Medical Center (PRMC)	The Pavilion at Northwest Texas Health Hospital: Outpatient Services
Texas Child Health Access Through Telemedicine (TCHAT)	Texas Panhandle Centers (TPC) Behavioral and Developmental Health
Twelve Roots Therapy	
Crisis Lines & Supports	
911 & 988	211
Hutchinson County Crisis Center	806-359-6699 Texas Panhandle Centers (TPC) Crisis Line
School-Based Services	
Early Childhood Intervention (ECI) Region 16	School Counselors/Teachers
Special Education Services	School Health Advisory Councils (SHAC)
Child Protection & Family Supports	
Amarillo Area CASA	Care Net Pregnancy Center of Borger
Family and Youth Services (FAYS) Program, Texas Panhandle Centers	Liberty Resources
Texas Legal Services Center Family Helpline	Texas Parent Helpline
Texas Youth Helpline	
Substance Use Recovery	
Outreach, Screening, Assessment, and Referral (OSAR) Region 1	Plainview Serenity Center
Residential Centers	
Boys Ranch (Amarillo)	Saint Francis Ministries

Eyes and Heart Open to the Struggles of Children and Families

Julie Winters is the Executive Director of Aspire A Mindful Place and a long-time community connector in Hutchinson County, with nearly 20 years of experience at the Hutchinson County United Way. Her commitment to youth behavioral health and prevention work is both professional and personal, shaped by witnessing the hardships families face and by her own experience navigating loss and how “life hits you unexpectedly.”

In the Youth Sequential Intercept Model (SIM) work, Julie has consistently played the role of convener by bringing schools, counselors, and community partners into shared problem-solving. She helped unlock practical solutions such as expanding access to counseling services, including increasing effective use of online options like TCHAT and helping build pathways for in-person counseling when students need more support.

Julie is also helping shift the culture that often prevents early help-seeking. She names stigma and denial as persistent barriers for families and communities, and she has pushed for more honest conversation about mental health, substance misuse, and what kids are facing, so that challenges are addressed before youth reach court involvement.

Looking ahead, Julie’s leadership within the Hutchinson County Mental Health Coalition will be crucial to sustaining momentum. The Coalition creates a durable “table” for cross-sector collaboration, supporting accountability, aligning resources, and helping move SIM priorities from planning into action.

INTERCEPT 0 GAPS AND OPPORTUNITIES

At Intercept 0, participants emphasized that youth and families in Hutchinson County experience unmet needs related to behavioral health, family stability, and basic supports well before any contact with law enforcement or the juvenile justice system. During the virtual mapping session, participants highlighted both the breadth of existing community resources and the significant gaps that limit early identification, prevention, and effective family support.

Stakeholders noted that while schools, hospitals, behavioral health providers, faith-based organizations, and public agencies offer important services, families often struggle to access them due to provider shortages, transportation barriers, limited internet access, and a lack of information. Participants also identified gaps in family-focused supports, including parent education, peer support, respite care, and services for foster families and grandparents serving as caregivers. These challenges contribute to missed opportunities for early intervention and increased risk of youth crisis escalation.

At the same time, the group identified multiple opportunities to strengthen Intercept 0 by improving coordination, expanding peer and family support, and increasing visibility and accessibility of resources. Participants emphasized prevention-oriented strategies that meet families where they are, before juvenile-justice involvement.

Identified Gaps

- Not enough behavioral health resources and qualified providers
- Limited transportation options
- Lack of internet access and resources to support schoolwork
- Limited parent involvement, education, and support
- Gaps in foster care support, advocacy, and respite services
- Limited support for grandparents serving as caregivers
- Lack of Certified Family Partner and peer support capacity in the region
- Unmet basic needs (e.g., glasses and glasses repair) that affect school engagement

Opportunities and Innovations

- Expand mentoring programs (e.g., campus connection, Big Brothers/Big Sisters and similar models)
- Increase availability of Certified Family Partner and peer support services
- Develop mobile crisis units for youth and parents
- Strengthen mentoring and support for parents with children involved in DFPS
- Expand respite care to support foster families and increase placement stability
- Increase access to alternative school options locally
- Improve communication with families by proactively sharing resource information through schools, utilities, and social media
- Develop youth and teen support groups to reduce isolation and prevent crisis escalation

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 Hutchinson 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.

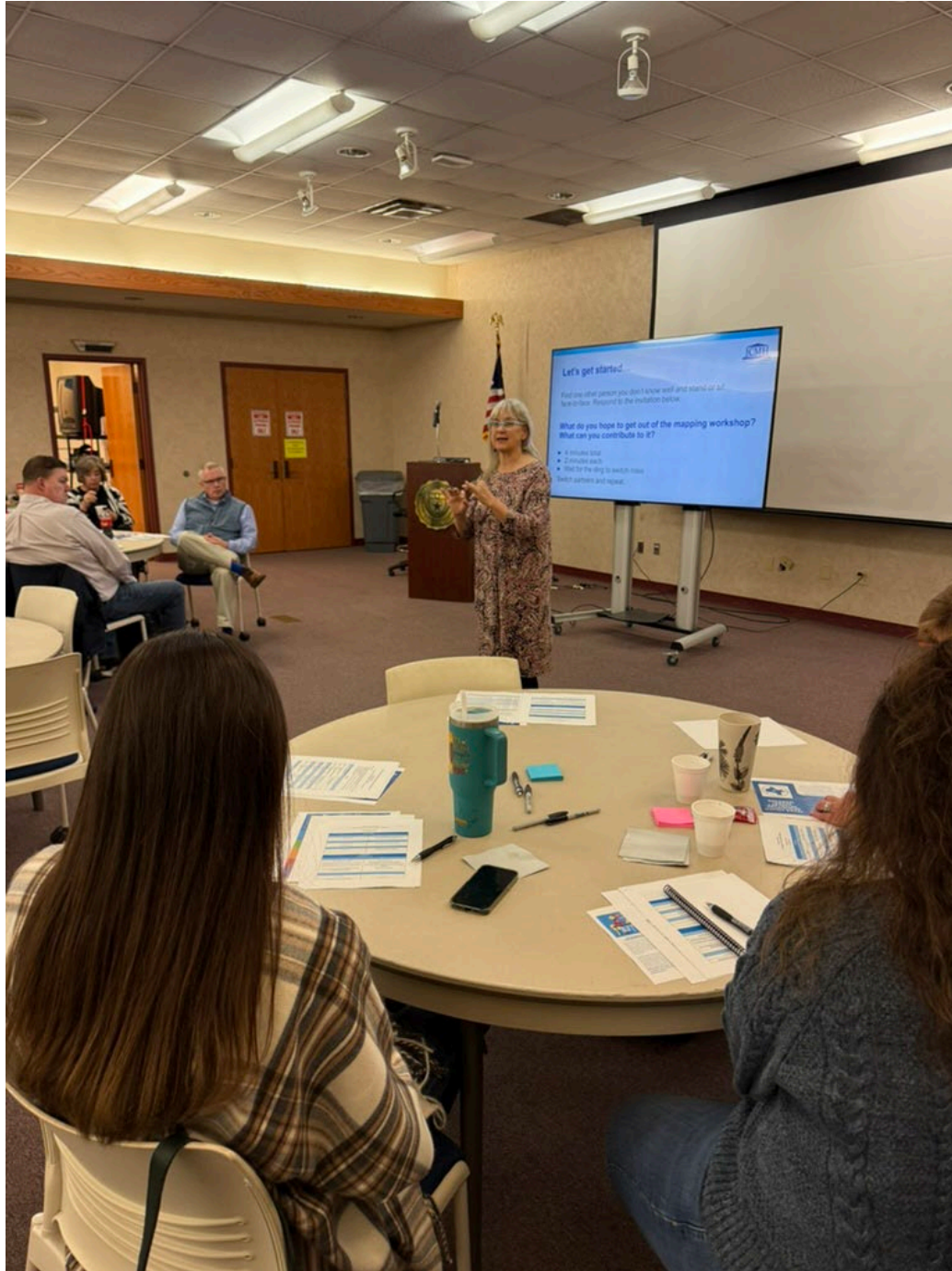
- Ensure that all partners, including school staff, teachers, law enforcement, juvenile services staff, and mental health providers are all trained on how to identify mental health symptoms and signs of crisis. All partners should be trained on how to therapeutically respond and de-escalate the situation.
 - 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.

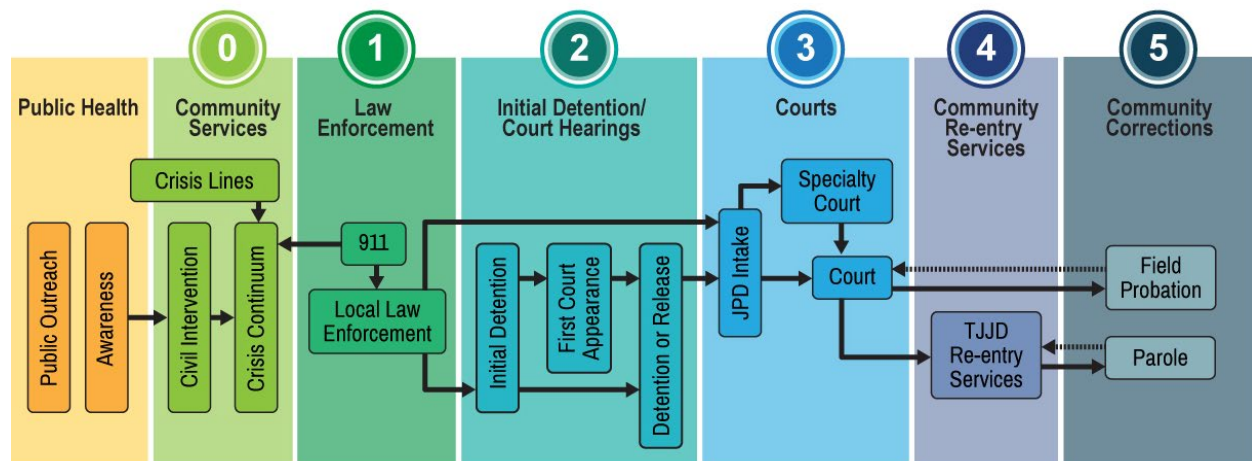
BEST PRACTICE: ESTABLISH GOALS FOR YOUTH CRISIS CARE

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 kids with youth peer support.

- Communities should also ensure that everyone who plays a role in youth crisis response, from law enforcement to mental health authorities are trained appropriately and help to design the tailored response by the community.





INTERCEPT 1

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

INTERCEPT 1 RESOURCES

Intercept 1 Law Enforcement	
Borger Police Department	Borger ISD School Resource Officers
Fritch Police Department	Hutchinson County Sheriff
Stinnett Police Department	DPS-Texas Highway Patrol

“I Wouldn’t Want to Do Anything Else”

Terry Webster is a Sergeant with the Borger Police Department and has served as a School Resource Officer (SRO) with Borger ISD for 17 of his 22 years in law enforcement. He says of his role, “I wouldn’t want to do anything else.” He is currently based at Borger High School. Terry supervises the district’s SRO program and works daily with more than 700 students, many of whom he knows by name and family.

Terry describes the SRO role as far more than law enforcement. His work centers on relationship-building, counseling, and early intervention, with a strong emphasis on keeping students out of the juvenile justice system whenever possible. He works closely with school counselors and a campus advocate to identify students struggling with mental health challenges and connect them to support before behavior escalates into system involvement.

When law violations do occur, Terry emphasizes diversion whenever appropriate, handling issues through school-based discipline, counseling, and support rather than formal referrals. Juvenile referral is used only when necessary, with the goal of ensuring youth receive help rather than punishment.

Terry identifies a significant community gap in the lack of adolescent-focused mental health facilities and services, noting that schools are often left asking, “Where do we go from here?” despite strong collaboration and good intentions. He sees the Youth SIM process as a critical opportunity for the community to come together, strengthen pathways for youth mental health care, and ensure younger adolescents have access to timely, appropriate support.

In closing, Terry said, “We try to give them every chance we can. We just want to get kids in the right direction.”

INTERCEPT 1 GAPS AND OPPORTUNITIES

The community was laser-focused on one gap at Intercept 1 - the need for more diversion programming for youth. As a small county with little to no access to after-hours emergency mental health services or juvenile detention, the only option is to drive the child one to three hours away, sabotaging meaningful family engagement and derailing continuity of care. The community made it clear – diverting kids from the juvenile system is imperative.

Several participants recommended working with Texas Panhandle Centers to augment services through the Youth Diversion Grant. The grant program provides state and federal grants to support detention diversion, prevention, immediate mental health assessment, and alternatives to juvenile involvement for truancy. Participants indicated they will contact Texas Panhandle Centers to pursue this option.

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 kids safe, mentally healthy, and on track in school. It is important to recognize that delinquency arises when youth are exposed to a multitude of risk factors in their families and environments.

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

BEST PRACTICE: DISABILITY AWARENESS TRAINING FOR LAW ENFORCEMENT

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

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

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

Some of the techniques recommended by The Arc include:

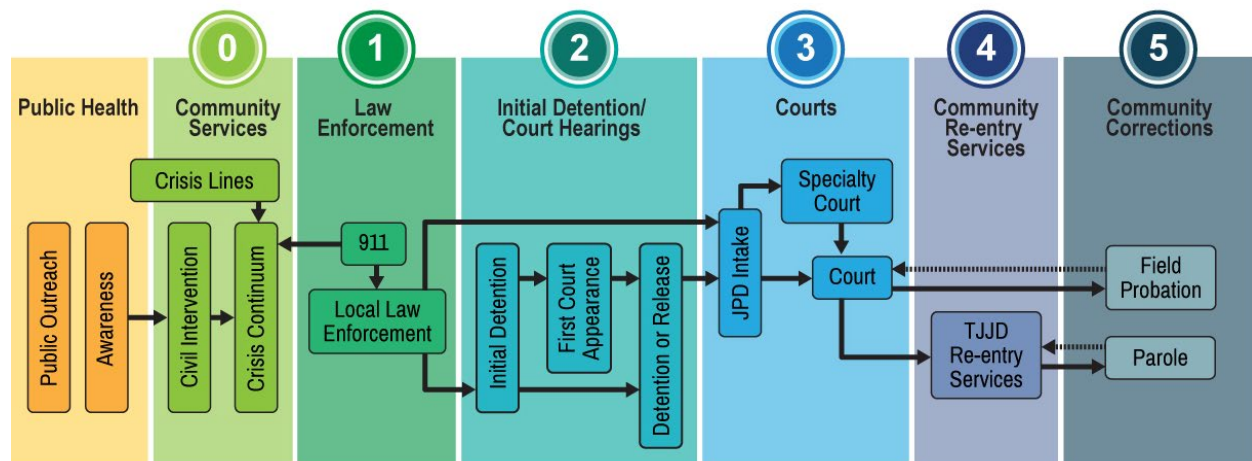
1. Making a personal connection as quickly as possible. Help them feel safe. Listen to the individual's family or caregivers for tips on how to calm them down. If a youth does run away, consider why they might be afraid.
2. Recognize that stimming helps the person with IDD to calm down. Give them space before attempting to make a personal connection. Recognize that the individual may communicate in unexpected ways.
3. If the individual does not immediately follow commands, make sure they understand. Wait at least 7 seconds for the information to be processed. Ask the person to repeat the direction or command in their own words. The officer can also physically demonstrate what they'd like the person to do.
4. Don't assume that a lack of eye contact is disrespect. This may be a typical response for someone with IDD.

5. When there is suspicion of a law violation, ask the person to repeat back what the officer said, especially when reading their Miranda rights. Ensure that the person has an attorney or another support person to advocate for them.
6. When there is suspicion that the individual with IDD is a victim of a crime, ask them what would help them feel safe. Let them know you believe them. Get them to tell their story in their own way and in their own time. Recognize that trauma will make it especially difficult for a person with IDD to communicate.

BEST PRACTICE: FIRST OFFENDER PROGRAMS

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





INTERCEPT 2

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

INTERCEPT 2 RESOURCES

Intercept 2 Pretrial/Detention	
Assessments are conducted by Hutchinson Juvenile Services and intake officers when placed in detention out of county.	Attorneys, juvenile probation officers, parents, and judges are present for initial hearings . Attorneys can meet with youth prior to initial hearing .
Counseling provided during residential treatment, often in placement far from Hutchinson County.	Medication Youth must have a current prescription. Medications are distributed by facility nurses. If medications are unavailable, Hutchinson County Juvenile Services facilities medication access, and family works to ensure youth receive them.
Training Trauma-informed practices training provided by TJJD and HHSC	Visitation depends on the facility's policies but typically includes phone calls and weekly visitations.

On Call for Youth: Juvenile Probation Leadership in Hutchinson County

Jeremy Sharp brings more than two decades of experience to his role as Chief Juvenile Probation Officer for Hutchinson County, where he has served since 1999 and led the department since 2018. In a small, resource-limited county, Sharp and his team are on call 24/7, responding directly to youth in crisis and coordinating with law enforcement, families, and courts at the earliest points of system involvement. His approach emphasizes transparency and relationship building, meeting youth and parents in high stress moments and working to understand what led to court contact.

Sharp is a strong advocate for keeping youth in their homes, schools, and communities whenever possible. He describes the pressure created by limited detention options that can require transporting youth to facilities far outside the county. When mental health concerns arise, his department uses assessments and partnerships with providers like Texas Panhandle Centers to respond quickly to elevated risk. He is also candid about the gaps that shape outcomes, including limited local resources, recurring domestic incidents tied to complex family dynamics, and the difficulty of sustaining progress without consistent parent engagement and follow through.

Looking ahead, Sharp's hopes center on stronger coordination across agencies and a clearer shared understanding of what each part of the system can do. He sees interagency communication, training, and ongoing relationship building as key to improving outcomes, especially in an environment with frequent staff turnover. Above all, he emphasizes collaboration and persistence, believing well-coordinated systems and engaged families can make a meaningful difference for youth.

INTERCEPT 2 GAPS AND OPPORTUNITIES

At Intercept 2, stakeholders identified gaps several gaps in diversion opportunities, family engagement, and mental health and educational continuity during the early court phase. Participants noted limited pre-trial diversion options and a need for clearer education about the juvenile process. They also recognized the limited community-based service options that might allow youth to be accountable for offenses without formal adjudication processes. They also noted the need for community-based services to allow youth and family to satisfy court financial obligations.

The stakeholders also highlighted the challenge of maintaining education for youth while in detention and emphasized that parents often need more preparation and orientation to understand the process and stay engaged. Together, these gaps point to opportunities to strengthen diversion, ensure youth do not fall behind academically, and build more consistent supports for families and youth during early court involvement.

Identified Gaps:

- Limited pre-trial diversion options, including community-based service hours
- Education disruptions for youth while in detention
- Parents need more education and orientation to navigate early court involvement

Opportunities for Innovation:

- Expand or formalize pre-trial diversion programs that include community-based service hours
- Strengthen educational continuity for youth while in detention
- Build parent education and orientation into each phase of the juvenile process, including pre-trial
- Increase access to child advocate supports during early court involvement

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.

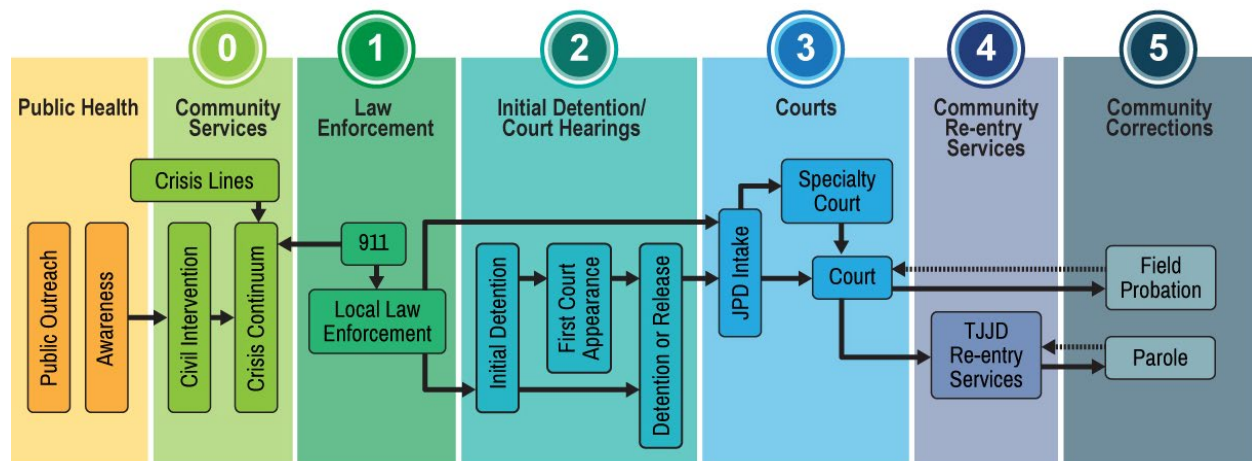
BEST PRACTICE: ENSURE PRESUMPTION OF RELEASE

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 kids at risk when returned to home following release from detention.

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



INTERCEPT 3

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

INTERCEPT 3 RESOURCES

Intercept 3 Courts	
The Honorable James Mosely 316th District Judge	The Honorable Cindy Irwin Hutchinson County Judge
Hutchinson County District Attorney Mark Snider	Hutchinson County Attorney Craig Jones

Judicial Leadership Where It Matters Most

Judge James Mosley serves as the 316th District Court Judge in Hutchinson County and has been on the bench for more than 11 years. He also plays a central role in the county's juvenile justice system as the Juvenile Court Judge and Chair of the Hutchinson County Juvenile Board. In these roles, Judge Mosley oversees juvenile cases with a focus on balancing accountability, safety, and the long-term needs of young people. His work places him at the intersection of courts, probation, and community services, where decisions made early can significantly shape a child's future.

Judge Mosley points to the county's ability to secure appropriate placements for youth with complex needs as a key strength of the local system. Working closely with the Juvenile Probation Department, the court often leverages state grant funding to place youth in specialized residential programs, when necessary, even when those programs are located far from the Panhandle. He emphasizes the importance of accurately identifying a child's needs and matching them to the right level of care, particularly for youth with significant mental health challenges.

At the same time, Judge Mosley is candid about persistent gaps, especially for youth who fall into a middle ground between short-term intervention and residential placement. These cases often require sustained support that is difficult to provide with limited local resources. Looking ahead, Judge Mosley hopes for greater community awareness and involvement in supporting at-risk youth before they enter deeper system involvement. He strongly believes that early intervention, shared responsibility, and access to appropriate resources are critical to preventing youth from moving into the adult justice system.

INTERCEPT 3 GAPS AND OPPORTUNITIES

At Intercept 3, stakeholders identified gaps in coordination and support when youth are placed on probation and continued court supervision. Participants noted that schools are not consistently informed when a student is placed on probation, which can limit timely educational and behavioral supports. They also flagged limited child advocacy capacity and few community service options that help youth address fines in constructive ways.

These gaps create opportunities to strengthen communication with schools, expand advocacy supports for youth and families, and develop accountability options that reduce barriers to follow through with probation obligations and treatment plans.

Identified Gaps:

- Schools are not consistently informed when students are on probation

- Limited access to child advocate supports during probation
- Few community service options to help youth address fines

Opportunities for Innovation:

- Create a clear process to notify schools when youth are placed on probation
- Expand child advocate supports for youth and families during supervision
- Develop meaningful community service options that allow youth to work off fines
- Provide trauma informed and mental health training for attorneys

INTERCEPT 3 BEST PRACTICES

BEST PRACTICE: FAMILY ENGAGEMENT IN JUVENILE COURT

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

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

Courts might consider shaping their family engagement strategies as follows:

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

Additionally, courts and juvenile probation offices might consider creating more formal partnerships with families of justice-involved youth. For instance, the [Juvenile Probation](#)

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

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

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

BEST PRACTICE: STREAMLINED FITNESS RESTORATION PROCESS

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

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

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

- Ensure that attorneys who receive the child's fitness report understand it and determine whether it is an accurate portrayal of the child.
- Question whether the language attributed to the child matches the lawyer's own observations.
- Be aware of descriptions such as those listed below, which may indicate that the child is not currently fit to proceed, even if fitness reports might say otherwise:
 - "The child appears at least marginally fit to proceed at this time."

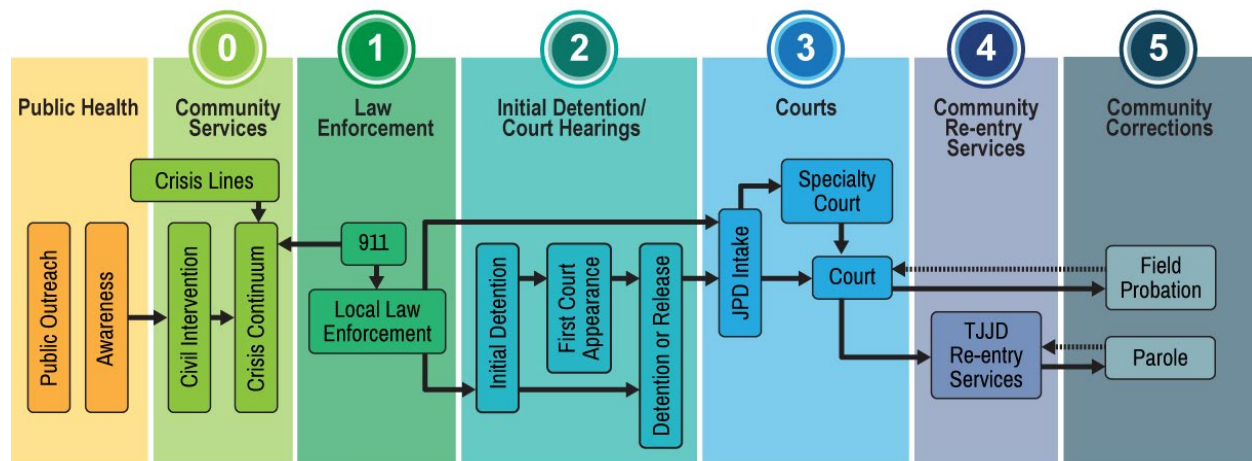
- “The child’s cognitive functioning is within the borderline range, but their adaptive behavioral functioning is noticeably below expectation.”
- “The child was partially oriented to time.”
- “The child did not know the name of the home where they were living.”
- “The child’s communication was rated within the severely impaired range.”
- Understand that children are either fit to proceed or not, there is no “sliding scale” of fitness. It might be necessary for attorneys to object to fitness determinations that are based on a “partially fit” assessment.
- Speak to the child at least by phone prior to determining whether to object to the report, and to request additional time.

BEST PRACTICE: TRAUMA-INFORMED JUVENILE COURT SYSTEMS

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

Some of the applicable principles include:

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



INTERCEPT 4

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

INTERCEPT 4 RESOURCES

Intercept 4 Reentry	
Workforce Solutions Panhandle (Borger Office)	Community Resource Coordinating Group Tiffany Smith Borger ISD

INTERCEPT 4 GAPS AND OPPORTUNITIES

The primary gaps limiting successful reentry for youth exiting the juvenile system are limited transportation options and poor access to technology. In a largely rural county, the absence of a reliable vehicle can severely restrict a family's ability to attend appointments, engage in services, and stay connected to school-based supports. Public transportation is also extremely limited, with the region's transit option serving only seniors and Medicaid recipients. At the same time,

many low-income families face barriers to consistent internet access and reliable devices, making it harder for youth to complete schoolwork, access telehealth, or stay in contact with providers and supervision supports. Taken together, these constraints increase the risk that youth will fall off-track during the transition home.

In response, stakeholders envisioned a home-based gradual reentry program designed to strengthen reentry during this critical period. The group discussed a more intensive case management approach that provides structured support in the home and coordination with the school setting. The goal would be to ensure adolescent needs are identified early, barriers are addressed quickly, and youth remain aligned to clear transition plans. This concept emerged as a top community priority during the in-person session, and the related work plan is included in the section below.

INTERCEPT 4 BEST PRACTICES

BEST PRACTICE: START REENTRY PLANNING UPON JUVENILE REFERRAL

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

BEST PRACTICE: SCHOOL TRANSITION

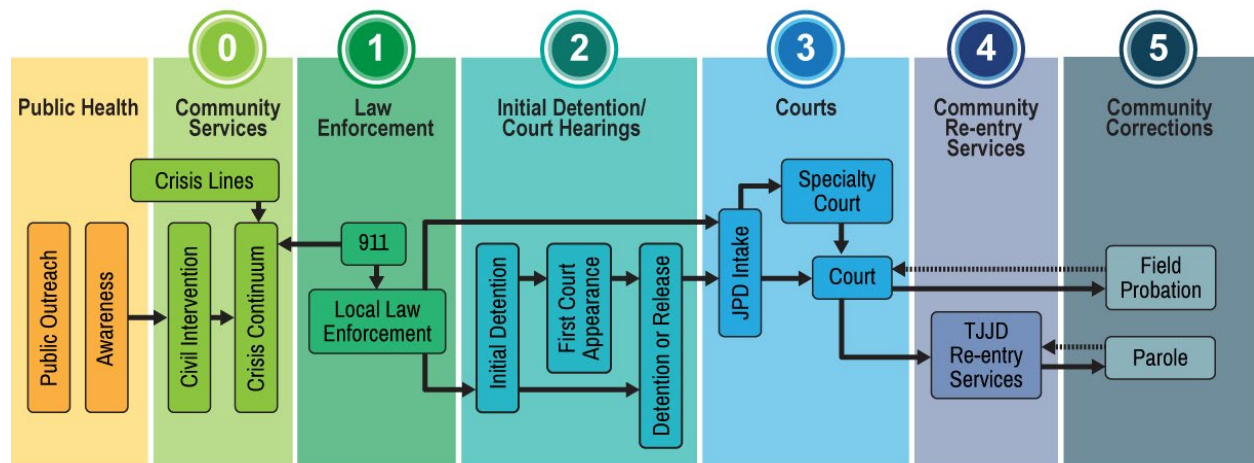
Justice-involved youth are at high risk of falling behind their peers, forcing them to repeat grades and increasing the likelihood they drop out of school entirely. State law (Texas Education Code § 37.023) requires that all returning students have a transition plan, but many districts are either unaware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

facility must assess the child and develop a written plan to reach rehabilitation goals and provide a status report every 90 days.

Recommendations for improving transition planning include:

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





INTERCEPT 5

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

INTERCEPT 5 RESOURCES

Intercept 5 Community Supervision	
Hutchinson County Juvenile Probation	Texas Juvenile Justice Division Parole

A Relational Approach to Juvenile Probation

Amber Mills is a Juvenile Probation Officer in Hutchinson County, working with youth and families from referral through probation and reentry. In a small, rural county with limited resources and no local detention center, Mills and her colleagues are on call 24/7 and often must make quick, careful decisions about safety, placement options, and what supports can realistically be mobilized. Her work is case by case, requiring coordination with law enforcement, families, schools, and local providers to stabilize situations and connect youth to the right services.

Mills describes juvenile probation as deeply relational. When she is assigned a case, she often stays with a young person through the full court process, meeting weekly, visiting homes, and reinforcing skills that support better decision making. She credits part of their success to the department's hands-on approach, including using tools from trainings like rational behavioral skill building rather than limiting supervision to brief check-ins.

She is also clear about what worries her most. Too often, youth have little support before entering the system and limited follow through after they exit. Mills' highest hope is to build stronger prevention and aftercare so youth can sustain progress when real-life stress returns, reducing the likelihood they cycle back into the juvenile system.

INTERCEPT 5 GAPS AND OPPORTUNITIES

At Intercept 5, the community identified peer services as a priority opportunity for innovation, recognizing the role certified recovery support peers and mental health peers can play in supporting youth after system involvement. Although the mapping session did not list specific gaps, interviews with juvenile probation staff consistently emphasized a key challenge: youth often lose support once supervision ends, increasing the risk of setbacks and return to the juvenile system.

Certified peer services offer a practical bridge between formal supervision and long-term stability by providing trusted relationships, mentorship, and service navigation during the transition period.

Identified Gaps:

- Limited aftercare supports once youth exit probation and court supervision
- Loss of consistent support and follow through after supervision ends
- Weak continuity between formal supervision and community-based services

Opportunities for Innovation:

- Embed certified peer support into reentry planning and post-supervision follow up
- Employ certified peers to provide mentorship, accountability, and system navigation after exit
- Pair Certified Family Partners with families to strengthen stability at home
- Build warm handoffs between probation, behavioral health providers, and schools

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

Hutchinson 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.

Hutchinson County Youth SIM Priorities	
High/Immediate	Home-Based Gradual Reentry Program
	Adverse Childhood Experiences and Resiliency Trainings
	Improved Communication between Courts, Schools, and Providers
	Centralized and Accessible Resources for Parents
Moderate/Near Future	Mentoring Programs and Support Groups
	Certified Family Partners
	Pretrial Diversion Program
Priorities for Later	Certified Peer Support in the Courts
	Community Service Options to Pay Fines
	Education While in Detention

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

Priority 1: Cross Agency Collaboration

Priority 2: Home-Based Gradual Reentry

Priority 3: Community-Based Resources for Families and Youth

Priority 4: Mentoring Programs & Support Groups

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 strengthen relationships and increase transparency using identified points of contact to get resolutions.

Priority champion: Julie Winters

OBJECTIVES:

- Shift communication styles
 - Educational component
 - Share success stories
 - Share grant and financial opportunities (Craig/Julie/Libby/Jeremy)
 - Start conversations early
 - Proactive v. reactive

TASKS:

- Identify points of contact at each agency (Julie/Jarrett)
 - Universal release of information
 - Better understanding of interagency information sharing
- Develop a resource list
 - Aspire will maintain the list
 - Craig will assist in describing what each resource can do
- Host quarterly meetings with local resources
 - JPD/County Attorney have offered to host

FEEDBACK:

- Contact Blair and Brandon
- Paradigm of encouragements instead of defense
- Memorandum of understanding between agencies
 - Agree to work and collaborate
- Aspiremamindfulplace.com, website to house resource list mental health resource list
- One universal sharing agreement
- Connection to Resource Collaboration Group #3
- Strength-based approach to collaboration and communication, vs. being territorial

Next meeting: **Tuesday, January 20th at 2:00 pm at JPD**

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](#)

PRIORITY 2: HOME-BASED GRADUAL REENTRY

Our priority is to develop a program that supports youth as they reenter into the home and community providing the best environment to help children reach their fullest potential.

Priority champions: Wendy Hooks-Wells and Stacy Sandorskey

OBJECTIVES:

- Expand on existing pretrial diversion programs
- Incorporate mental health supports and certified family partners
- Better coordinate existing services and collaboration with TJJD, local schools, Texas Panhandle Centers, Courts, and Juvenile Probation.

TASKS:

- Evaluate existing resources
- Identify gaps
- Identify funding for certified peers and family partners
- Network with stakeholders

FEEDBACK:

- Targeted towards families, instead of just children.
- Curriculum that would provide guidance
- Family preparation before a child is released
- Early release condition to increase family buy-in
- How would we get mental health peer support for the child?
- What are we providing to the youth?

Next meeting: ***Friday, January 16th at 11:00 am via Zoom. Link to follow.***

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](#)
- [Start Reentry Planning Upon Juvenile Referral](#)
- [School Transition](#)
- [Develop Community Approach to Juvenile Probation](#)
- [Family Engagement in Juvenile Services and Probation](#)
- [Certified Family Partners Supporting Families of Juvenile Justice-Involved Youth](#)

PRIORITY 3: COMMUNITY-BASED RESOURCES FOR FAMILIES AND YOUTH

Our priority is to develop and maintain a list of resources by specific type (clothing, food, housing, therapy, etc.).

Priority champions: Blair Neill and Brandon Harris

OBJECTIVES:

- Highlight gaps in existing resources
- Create a resource list that is:
 - Non-intimidating and accessible
 - Comprehensive and centralized
 - Local and up-to-date
 - Providing contact info for organization / point person

TASKS:

- Identify resources
 - Verify/authorize contact information
 - Outreach to other organizations
 - What does it look like and where does it live?
 - Make sure it reaches the right people
 - Who will update and coordinate the document?
- Clarity about services provided
- Understandable by the public
- Could help with release/authorization of information
- Periodic meetings to coordinate and update.
- High-utilizer coordination
- Feasibility/accessibility of assistance
- Aspire willing to house on our website and keep updated with HC United Way assistance?
- PBHA Mental Health Guide

Next meeting: **Thursday, January 22nd at 9:00am at Crockett Elementary PLC Room**

RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

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

- [Mental Health and Juvenile Justice Interagency Collaboration](#)
- [Foster Early Mental Health Identification and Intervention](#)
- [Intensive Care Coordination](#)

PRIORITY 4: MENTORING PROGRAMS & SUPPORT GROUPS

Our priority is to build proactive support groups and mentoring programs for youth and families to build positive relationships.

Priority champions: Amber Mills and Brianna Hudson

OBJECTIVES:

Develop support groups and mentoring programs for youth and families.

TASKS:

- Youth Support Groups
 - Identify youth (friends, parents, schools)
 - Identify types of support
 - Needs assessment?
 - Building positive relationships (cooking class; making friends)
- Youth Mentoring
 - Identify youth
 - Identify potential mentors
 - Find entity to coordinate, vet, and train mentors (check with schools, Big Brother-Big Sister?)
- Parents
 - Love and Logic - successful parent training by Sydney Hertel (parent liaison, Borger ISD)
 - Learn more (Amber)
 - Train additional people?
 - Kristy Brown (Principal at Fritch) is trained
 - Investigate what has succeeded in other rural areas

FEEDBACK:

- Youth support groups:
 - Find space to hold meetings.
 - Location? Virtual?
 - Teens want in person
 - 12 Roots?
 - In schools?
 - Could identify kids through JJ releases
 - Mental Health Coalition and Shree are contacts for the Hope Squad in Hereford ISD

- School task force formed with 15 kids
 - School support group, peer-to-peer
- Youth mentoring:
 - CareNet has mentor support group programs for youth as young as 8.
- Parents
 - CareNet has parenting classes
 - Cal Farley's has free case management program for families and youth; parenting classes

Next meeting: **Wednesday, January 21st at 1:30pm via Zoom (Amber to send link)**

RESEARCH AND PRACTICES RELATED TO PRIORITY FOUR

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

- [Intensive Care Coordination](#)
- [Establish Goals for Youth Crisis Care](#)

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 Hutchinson 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, Hutchinson 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 Hutchinson 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 Hutchinson County are ideal venues to assess the extent to which the systems of youth mental health and juvenile justice are aligned with current statutes.

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

REMAIN CURRENT WITH THE LATEST RESEARCH AND BEST PRACTICES

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

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

APPENDICES

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

APPENDIX 1 | COMMONLY USED ACRONYMS

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

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/>

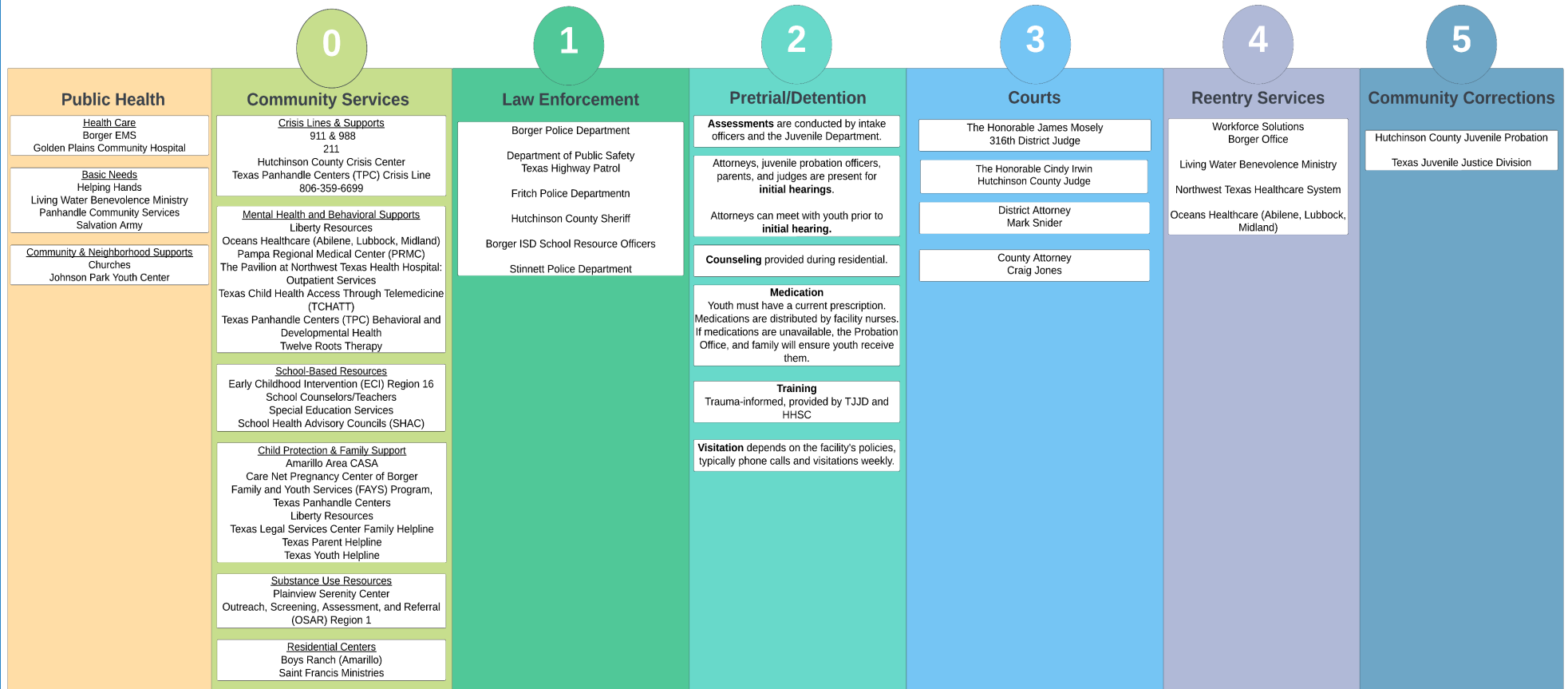
Technical Assistance Collaborative

<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 | HUTCHINSON COUNTY YOUTH SIM MAP



APPENDIX 4 | PARTICIPANT LIST

First Name	Last Name	Title/Role	Organization
Daniel	Aguirre	Firefighter/Paramedic	Borger Fire Dept.
Jessica	Baker	Executive Director	Buttercup House Inc.
Dave	Clark	Board Member	Aspire
Renea	Curry	Vice President of the H&H Market	Education Credit Union
Adelle	England	Elem. Educator/School Counselor	Borger ISD
Cade	Freeling	Principal	Borger High School
Daniel	Fuller	Superintendent	Borger ISD
Rico	Goff	Recovery Support Peer Specialist	Aspire
Ashley	Graves	School Counselor	Plemons-Stinnett-Phillips CISD
Amanda	Harris	Attorney	Self
Brandon	Harris	Principal	Borger ISD
Maddox	Hilgers	Community Engagement Associate	Texans Care for Children
Jennifer	Hogue	Juv. Probation Officer	Hutchinson Co. Juv. Probation
Wendy	Hooks-Wells	Treatment Spec., Placement Div. & Family Prog.	Liberty Resources
John	Howeth	Juv. Probation Officer	Hutchinson Co. Juv. Probation
Brianna	Hudson	Licensed Clinical Social Worker	Twelve Roots Therapy & Aspire
Cindy	Irwin	Co. Judge	Hutchinson Co.
Craig	Jones	Co. Atty/Juv. Prosecutor	Hutchinson Co.
Shawn	Jones	Principal	Sanford-Fritch ISD
Bridget	Jordan	Family-Based Safety Services Specialist IV	Dept. Family & Protective Serv.
Jessica	Kay	Chief of Police	Fritch Police Dept.
Jennifer	Larsen	Teacher	Borger ISD
Katlyn	Ledford	Family & Youth Success Family Support Spec.	Texas Panhandle Centers
Pete	Loftis	Council Member, Place 1	City of Borger
Amber	Mills	Juv. Probation Officer	Hutchinson Co. Juv. Probation
Libby	Moore	Executive Director	Texas Panhandle Centers
James	Mosley	316th District Judge	316th District Court

Kate	Murphy	Director of Child Protection Policy	Texans Care for Children
Blair	Neill	Executive Director	Hutchinson Co. United Way
Kimberly	Pendleton	CPS Regional Director Assistant-Juv. Liaison	Dept. Family & Protective Serv.
Lindsey	Raff	School Counselor	Sanford-Fritch ISD
Stacy	Sandorskey	Director of Children's Programs	Texas Panhandle Centers
Mary Beth	Sellinger	High School Counselor	Sanford Fritch High School
Jeremy	Sharp	Chief Juv. Probation Officer	Hutchinson Co. Juv. Probation
Tia	Speed	Minister to Families with Children	First Baptist Church Borger
Malysa	Starr	Director Intensive Outpatient Programs (IOP)	Pampa Regional Medical Center
Jarrett	Stone	Family-Based Safety Services Worker	Dept. Family & Protective Serv.
Mary	Villalon	Asst. Admin. Community Based Services	Cal Farley's Boys Ranch
Tara	Williams	Children's BH Case Manager	Texas Panhandle Centers
Julie	Winters	Executive Director	Aspire A Mindful Place
Tommy	Wreay	Minister to Families with Students	First Baptist Church, Borger

APPENDIX 5 | WORKSHOP AGENDA

Youth Sequential Intercept Model Mapping Workshop

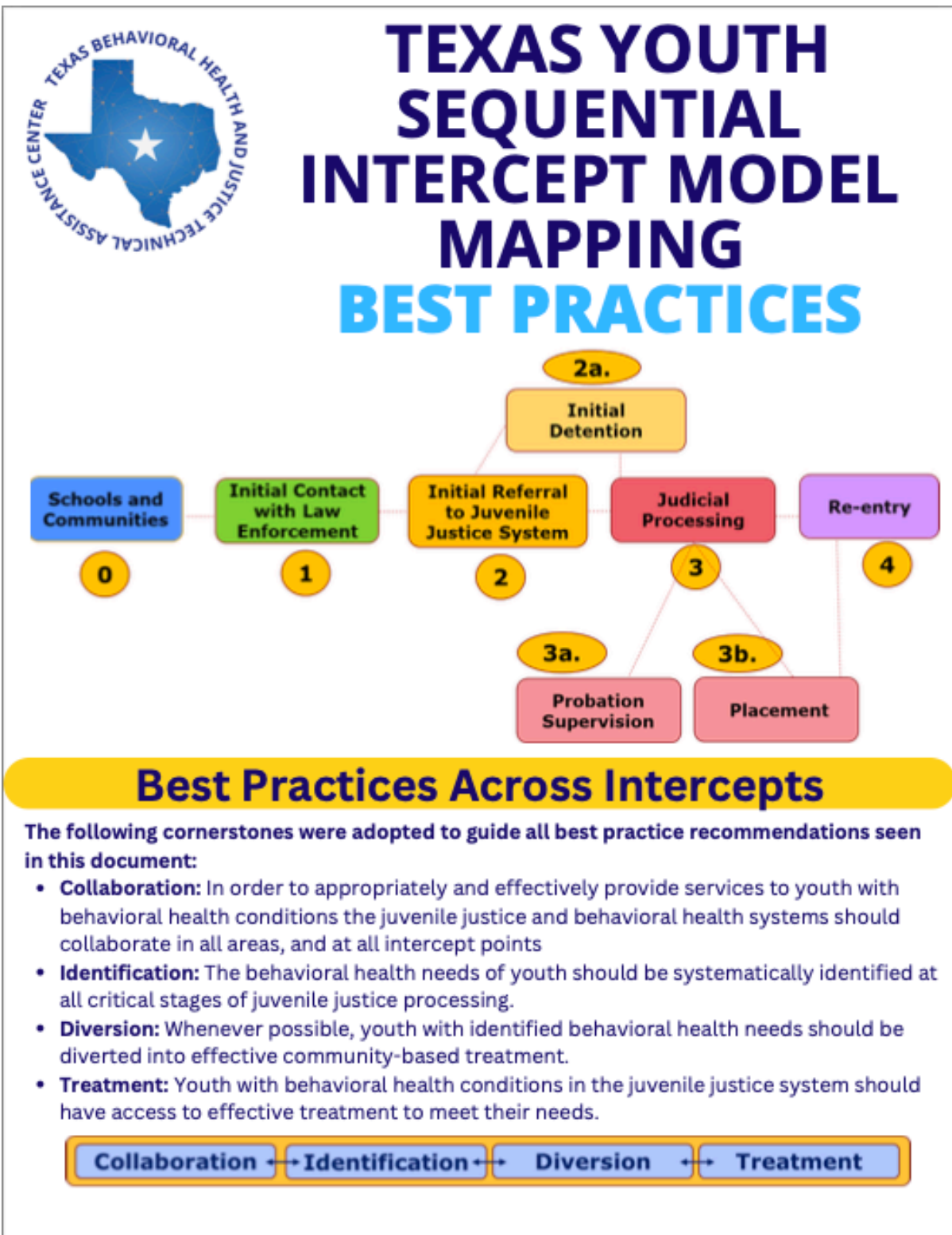
Hutchinson County
Wednesday, December 3, 2025
Frank Phillips College, A&I Building, 901 S Opal St, Borger, TX 79007

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	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	Law enforcement departments can establish a referral process after or during crisis episodes to coordinate care with behavioral health providers who otherwise may not be aware of mental health related emergency incidents.
First Offender Programs	Involves voluntary rehabilitation services designated by a law enforcement agency or the juvenile board prior to the filing of a criminal charge against a child accused of conduct indicating a need for supervision or a Class C misdemeanor. (Tex. Fam. Code Sec. 52.031)
Law Enforcement and Mental Health Provider Collaboration	
Co-responder Teams	Paired teams of specially trained officers and mental health clinicians that respond to mental health calls for service. Trained in specialized youth interventions.
Role clarification and protocol evaluation on school-based law enforcement response	Involves school resource officers or school-based law enforcement establishing protocol that guide decisions related to behavioral interventions in the classroom. School administrators, teachers and school behavioral health staff should all be educated on appropriate use of law enforcement intervention in schools and explore alternatives to law enforcement response when appropriate.

INTERCEPT 2: INITIAL REFERRAL AND INITIAL DETENTION BEST PRACTICES



JUVENILE PROBATION BEHAVIORAL HEALTH ASSESSMENT, TREATMENT, AND INTERVENTION

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

COURT DIVERSION AND PREVENTION PROGRAMS

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

JUVENILE JUSTICE STAKEHOLDER COLLABORATION

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

INTERCEPT 2: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
Juvenile Probation Behavioral Health Assessment, Treatment, and Intervention	
Validated risk and needs assessments	<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 counsel and release) - Can include referrals to a social services agency or a community-based first offender program, contacting parents to inform them of the youth's activities, or warning the youth about the activities in the accusation. • <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> (3d Ed. 2023-2025), https://texasjcmh.gov/media/secdb2j/jbb-2023-corrected-formatting-with-links-4-26-24.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 PSYCH. SERVICES 544, 544-49 (2006), https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544 . The Youth Sequential Intercept Model in this report adopts the traditional model but also expands it to include new intercepts that allow for a better understanding of early intervention to effectively address those with mental health issues before they enter the criminal justice system.
7	PURVIS, KARYN B., ET AL, <i>TRUST-BASED RELATIONAL INTERVENTION (TBRI): A SYSTEMIC APPROACH TO COMPLEX DEVELOPMENTAL TRAUMA</i> , December 2013, Child Youth Serv. 34(4): 360-386. https://pmc.ncbi.nlm.nih.gov/articles/PMC3877861/