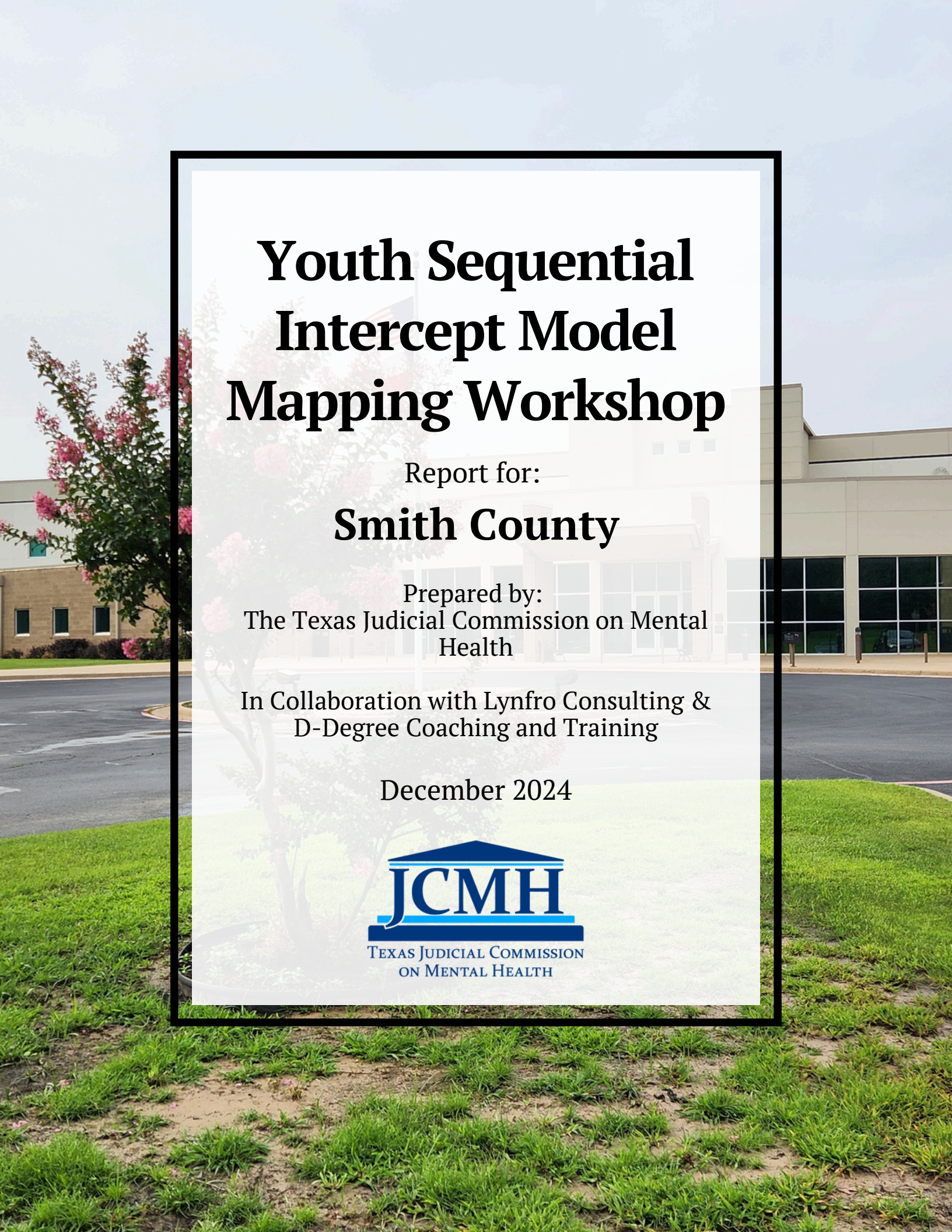

Youth Sequential Intercept Model Mapping Workshop

Report for:

Smith County

Prepared by:
The Texas Judicial Commission on Mental Health

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

December 2024

JCMH
Texas Judicial Commission on Mental Health

Youth Sequential Intercept Model Mapping Report for Smith County, TX

Workshops Held:

Virtual Session:
July 24, 2024

In-Person:
October 22, 2024

Final Report:

December, 2024

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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 SMITH COUNTY (2024).

ACKNOWLEDGEMENTS

The JCMH is thankful for the assistance of the Smith County planning team: Lauri Anderson, Tyler ISD; Paula Davis, Smith County Juvenile Services; Keisha Morris, Andrews Center; Tina Trussell, Andrews Center; and Ross Worley, Smith County Juvenile Services.

FACILITATOR BIOS

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

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

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A NOTE ON LANGUAGE

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

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

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

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

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

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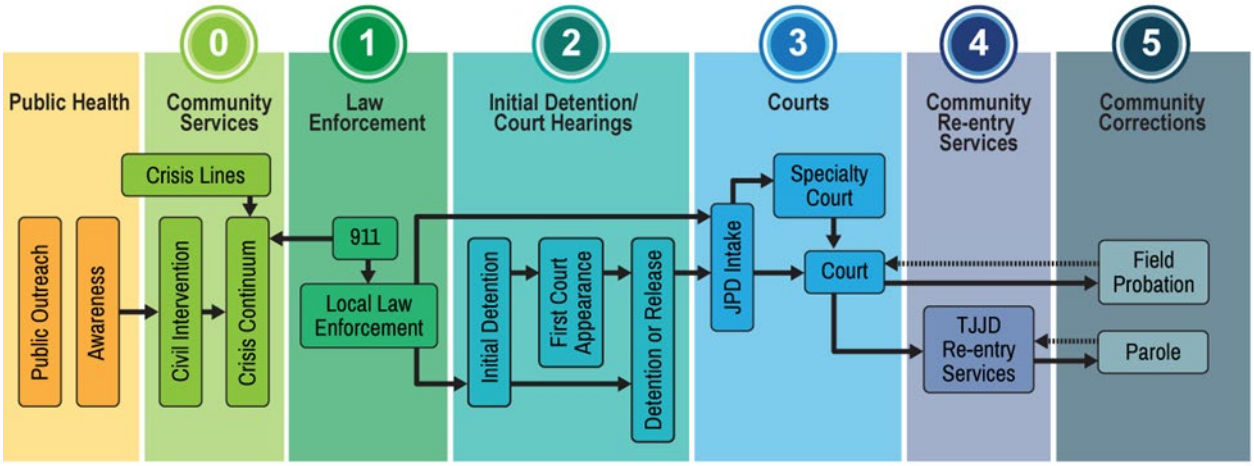


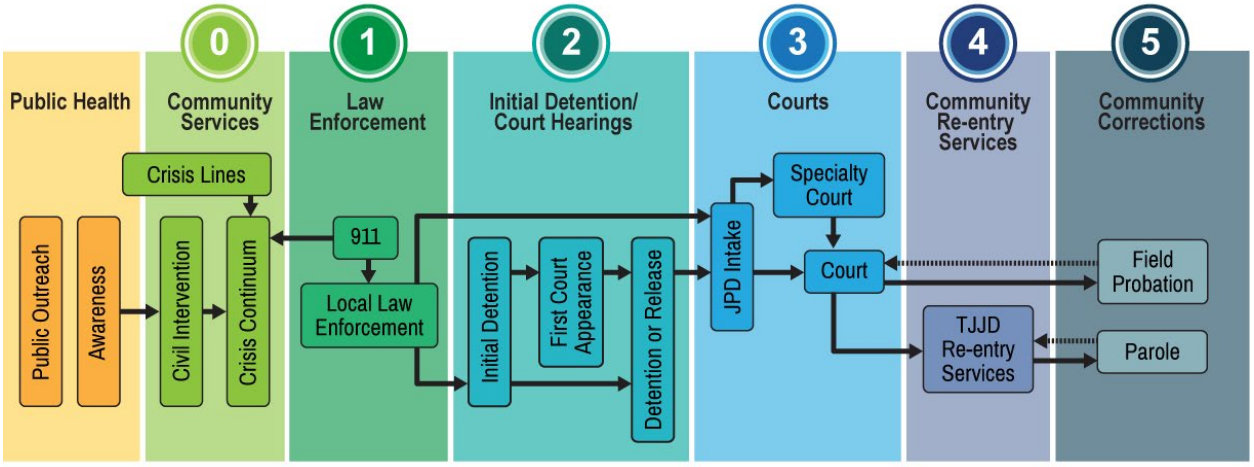
EXECUTIVE SUMMARY

This report was created through a series of online and in-person workshops hosted by the Texas Judicial Commission on Mental Health to address the needs of youth with behavioral health challenges who become involved with the juvenile justice system. It draws on the Sequential Intercept Model to support communities in identifying strategies to divert youth from the justice system and into treatment. The workshops brought together over 50 stakeholders from across systems, including mental health, substance use, schools, juvenile probation, courts, and law enforcement to map resources, gaps, and opportunities at each point a youth intersects with the justice system.

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

Priority 1: Trauma-Informed Training Across the Intercepts
Priority 2: Intensive Outpatient Services
Priority 3: Law Enforcement – Mental Health Collaboration
Priority 4: Prevention in the Community and Schools

The report provides a detailed blueprint for Smith 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 in order 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 SAMSHA'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 Smith County with a virtual session on May 14, 2024 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 Smith County took place October 22, 2024. Following the workshop, the community has continued to work on their priority action plans. They also met virtually with JCMH to review and edit a draft of this report and again three months following the in-person workshop to check in on progress. Throughout this process and thereafter, the community may request free-of-charge technical assistance from JCMH.

KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

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

THE POWER OF LIVED EXPERIENCE

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

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

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

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

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

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

Several organizations and resources provide helpful guidance:

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

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

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

CONTINUED CROSS-SYSTEM COLLABORATION

Experience shows that the counties generating enduring results in their system change efforts are those that create formal coordinating groups such as Behavioral Health Leadership Teams or other coordinating bodies that facilitate and guide countywide justice and behavioral health cross-systems stakeholder planning. This is a recommendation of the National Center for State Courts, which issued a set of Juvenile Justice Mental Health Diversion Guidelines and Principles. According to NCSC, communities should commit to "formalized, consistent, and sustained collaboration between the juvenile justice system, mental health agencies, substance use professionals, schools, law enforcement, and other agencies."

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

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

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

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.

The Office of Juvenile Justice and Delinquency Prevention funded the Juvenile Justice Model Data Project, which gathered input from a broad spectrum of juvenile justice organizations and practitioners to articulate, research, and refine Fundamental Measures for juvenile justice data collection and analysis. This resource helps communities identify the most salient data elements for collection and methods for quantifying critical components of the juvenile justice system. The Fundamental Measures help communities to identify and simplify data requests at each intercept, from community programs through police, courts, juvenile probation, and reentry. The resource also provides tools for analyzing the data.

UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

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

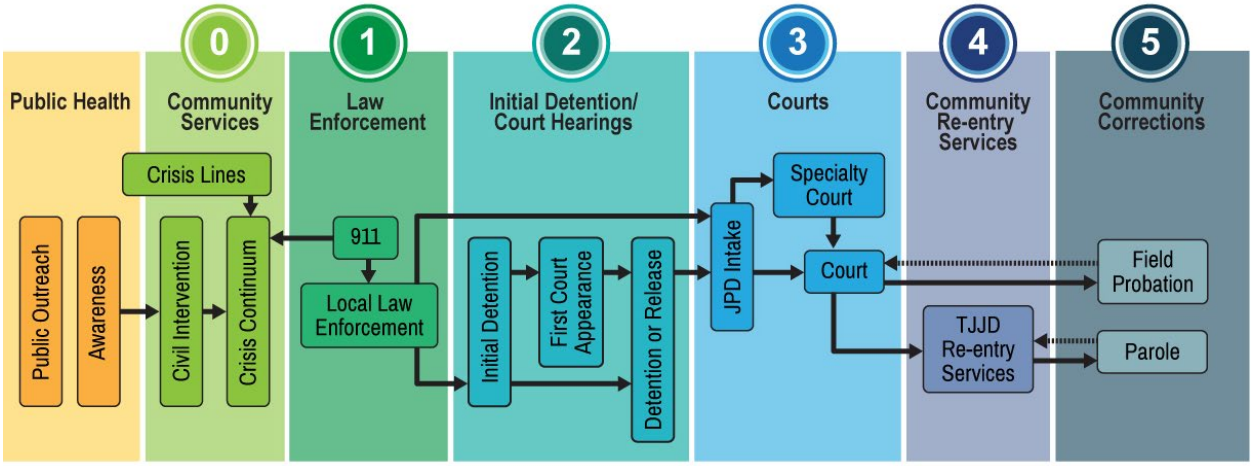
The Judicial Commission on Mental Health recently released the Third Edition of the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book, which provides community and juvenile justice stakeholders with a comprehensive overview of best practices and existing laws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

RESOURCES AND CHALLENGES AT EACH INTERCEPT

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

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

- 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



INTERCEPT 0

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

INTERCEPT 0 RESOURCES

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

Intercept 0 Community Services	
Behavioral Health	
Andrews Center Behavioral Healthcare System	24/7 Crisis Hotline 877-934-2131 Suicide Hotline 988 National Runaway Hotline 800-786-2929
Andrews Center Youth Empowerment Services (YES Waivers)	Andrews Center Mobile Crisis Outreach Team

Andrews Center Helping Other People Excel (HOPE) (First Episode Psychosis)	UT Health Behavioral Health
Autism Response Team	Cenikor
Partnership to End Addiction	Community Resource Coordination Group (CRCG) Region 2
Health Care	
Christus Health	Smith County Indigent Health Care
School-Based Services	
Tyler ISD Guidance & Counseling 17 Elementary Counselors 9 Middle School Counselors 12 High School Counselors DAEP Counselor	Tyler ISD "Red Ribbon" Anti-Drug Awareness
Tyler ISD Leader in Me Program	TCHATT Texas Child Access Through Telemedicine
Tyler ISD Safe2Speak Up App Bullying and Self Harm Prevention Abuse/Neglect Reporting	Next Step Community Solutions
Chapel Hill ISD Guidance and Counseling Services	Whitehouse ISD School Counseling Program
Child Protection	
Court Appointed Special Advocates	Champions for Children
Azleway Boys' Residential Treatment Center	Arrow Child & Family Ministries
4 Kids 4 Families	The Fostering Collective
Unbound Now Serves Survivors of Human Trafficking at Children's Advocacy Center	
Basic Needs	
East Texas Food Bank	
Family Violence	
East Texas Crisis Center	National Domestic Violence Hotline 800-799-7233

INTERCEPT 0 GAPS AND OPPORTUNITIES

During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for youth with behavioral health challenges or IDD at intercept 0 that may be contributing to significant impacts on the juvenile justice system. Stakeholders then shared ideas for opportunities to address these concerns.

Mental Health and Substance Use

Smith County lacks acute hospital beds for children and adolescents in mental health crisis. Further, there are few or no respite beds. Even when some services are available, families are unsure how to access them. At the virtual session in May, the participants recommended re-opening the behavioral health hospital at the University of Texas Health Science Center at Tyler. Between the virtual session and the in-person session, the Smith County Commissioners Court voted to approve a $4 million allocation to reopen the hospital.

Families of children with behavioral health challenges who are above the poverty line face significant challenges. They are financially not qualified for public services through the Andrews Center, yet they have difficulty finding affordable and accessible care for their children. There are fewer psychiatrists in the area, and families have difficulty navigating a complex system of mental health and counseling supports that their children need.

The Smith County stakeholders involved in the SIM mapping pointed to the need for greater resource awareness and better coordination of services. Additionally, they suggested offering competitive pay to attract psychiatrists and other mental health providers.

Communication

Smith County participants identified several communication barriers. There is limited care for children who are nonverbal. Many families have language barriers, yet there is a lack of translation services available. They suggested accessing and utilizing downloadable apps.

Transportation

The participants identified transportation barriers that make it especially difficulty for lower income residents without reliable transportation to get their children to psychiatric and behavioral support appointments. Tyler is served by the Tyler Transit system with routes

throughout the city, but many residents do not live within city limits. People living outside the city can access an appointment-only service to get to certain appointments.

Youth and Family Supports

Smith County stakeholders were in tune with the need for more community supports to promote wellness and resilience. They recommended cultivating new spiritual wellness programs for youth and families. They also suggested creating life skills training for youth with behavioral health challenges who are transitioning into adulthood.

Intervene Early

One of the notable innovations in Smith County is the collaboration between the Andrews Center and local schools. The Andrews Center has staff and clinicians on campus in several schools across five counties, five days per week. This allows the clinicians to support teachers and counselors who are working with youth with behavioral health challenges, regardless of whether the kids are on the Andrews Center caseload or not. The clinicians are also there to provide support and guidance for youth who receive special education services, which keeps kids on track on their individualized education plans.

One of the most important impacts of the program is that teachers, counselors, and kids can get immediate support before behaviors escalate. The ongoing support has important long-term impacts. Through this collaboration, they are seeing improved attendance, higher grades, and fewer disciplinary referrals. They provide skills training to youth, helping them to improve their own capacity to meet their life and academic goals.

The ability to intervene early makes all the difference.

INTERCEPT 0 BEST PRACTICES

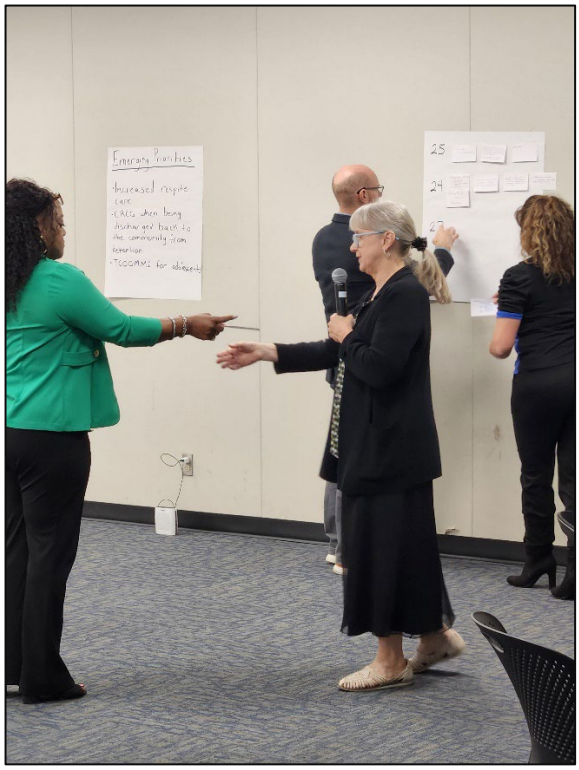
BEST PRACTICE: INTENSIVE CARE COORDINATION

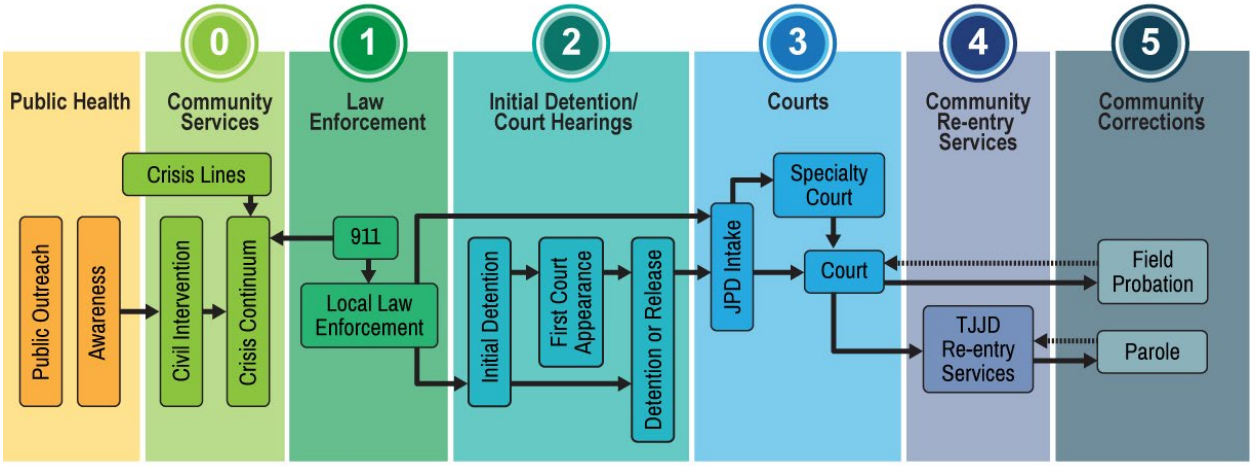
Serious mental and emotional disorders among children represent the most complex and costly challenges to Texas communities. The Centers for Medicare and Medicaid Services, in collaboration with the Substance Abuse and Mental Health Services Administration, identified the need for Intensive Care Coordination (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





INTERCEPT 1

Intercept 1 focuses on the initial contact with law enforcement and encompasses the array of responses to children and adolescents 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	
Tyler ISD Campus Officers	Tyler Police Department
Chapel Hill ISD Police Department	Chapel Hill Police Department
Whitehouse ISD School Resource Officers	Whitehouse Police Department
Winona ISD Police	Smith County Sheriff's Department Mental Health Deputies
Troup ISD Police	Arp Police Department
East Texas Crime Prevention Association	

INTERCEPT 1 GAPS AND OPPORTUNITIES

The participants in the SIM process identified two main gaps with respect to Intercept 1. First, they suggested creating first offender programs. These interventions might be aimed at a variety of offenses, but most especially vaping offenses as they are currently on the rise. Second, the stakeholders recommended better disability awareness training for law enforcement.

INTERCEPT 1 BEST PRACTICES

BEST PRACTICE: DEVELOP COMPREHENSIVE DELINQUENCY PREVENTION

The Office of Juvenile Justice and Delinquency Prevention recommends a comprehensive strategy to prevent juvenile referral. Such strategies are aimed at reducing the risk of juvenile referral by improving the 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 resilience. These strategies might include improved employment training, social skills training, and pairing youth with mentors. 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. Moreover, any approach to building resilience should first consider racial, cultural, and learning differences. It is imperative that schools, parents, and police all recognize that prevention works best in conjunction with intentional efforts to build resilience, involve youth, and see the best in them.

BEST PRACTICE: DISABILITY AWARENESS TRAINING FOR LAW ENFORCEMENT

The Arc National Center on Criminal Justice & Disability partners with law enforcement across the country to increase awareness and provide learning resources on intellectual and developmental disabilities (I/DD). People with I/DD often have limitations in intellectual functioning and adaptive behaviors such as social, practical, and conceptual skills. The most common diagnoses include autism, Down syndrome, Fragile X syndrome, and Fetal Alcohol

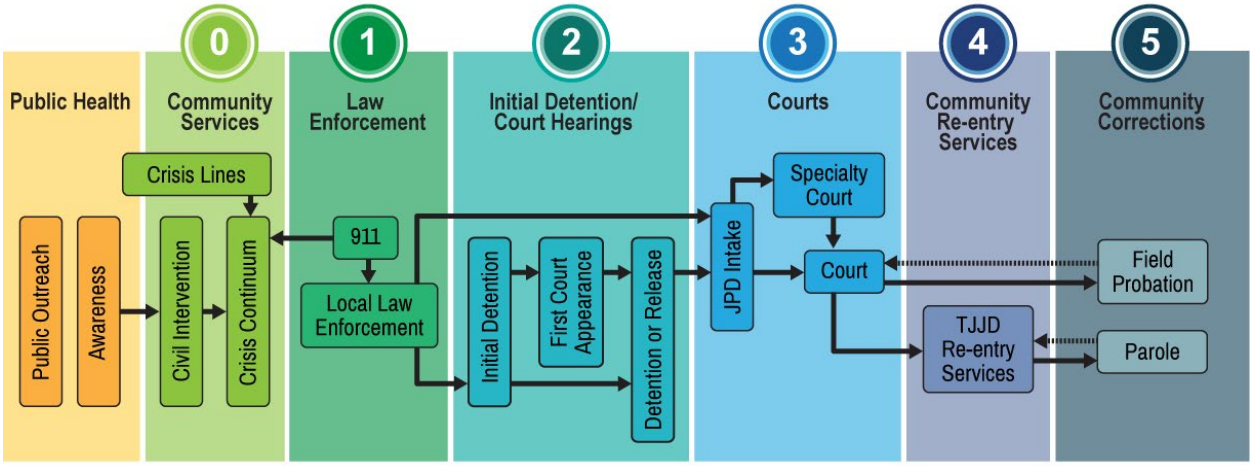
Spectrum Disorder. Not every person with a developmental disability has an intellectual disability.

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

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

Some of the techniques recommended by The Arc include:

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



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 and adolescents with mental illness, substance use disorder, or intellectual and developmental disabilities.

INTERCEPT 2 RESOURCES

Intercept 2 Pretrial/Detention	
Smith County Juvenile Services Detention Center	Next Step Community Solutions Provides Screening and Counseling Services for Youth in Detention

INTERCEPT 2 GAPS AND OPPORTUNITIES

The primary gap identified by participants relates to communication between schools and youth referred to juvenile detention. They suggested improved collaboration between Juvenile Services and the various Independent School Districts in the county. Specifically, they urged staff members to develop processes between the schools and detention to ensure that the youth stay on track academically. Further, they recommended that they continue this collaboration through the period of transition from detention back to school.

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: In accordance with the Office of Juvenile Justice and Delinquency Prevention, develop formal agreements to facilitate the secure and legal exchange of educational records between schools and juvenile detention.
2. Coordinated Lesson Planning:
    a. Align curricula inside juvenile detention with local school curricula.
    b. Provide joint training session for educators from both settings to share effective teaching techniques and address the unique needs of detained youth.
3. Monitor Academic Progress
    a. Create individualized education plans for students with special needs, to ensure they receive the appropriate support and accommodations in juvenile detention and in local schools.
    b. Implement ongoing assessments to monitor academic progress.
4. Transition Supports
    a. Begin planning for the youth's transition from detention back to school upon entry into the detention center. Involve the child's educators, counselors, and family members.
    b. Provide mentorship to youth as they transition back to school.

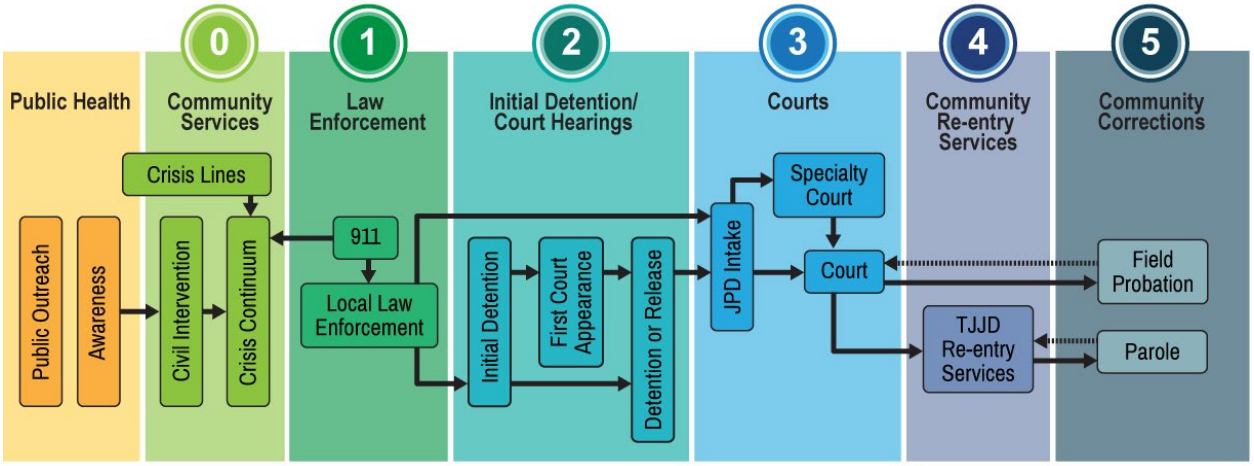
BEST PRACTICE: ENSURE PRESUMPTION OF RELEASE

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

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

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

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



INTERCEPT 3

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

INTERCEPT 3 RESOURCES

The Smith County Court and Community Service Unit consists of:

- Judge Taylor Heaton, 475th District Court
- The Director, Ross Worley
- Director of Probation Services, Gayle Hayward
- Programs Director, Paula Davis
- Training and Compliance Director, Edward Black
- Probation Officer Supervisors
- 15 Certified Juvenile Probation Officers
- Case Aides
- 3 Data Management Specialists
- 2 Community Service Coordinators

INTERCEPT 3 GAPS AND OPPORTUNITIES

The two primary Intercept 3 gaps related to “fitness to proceed”, trauma-informed services, and transportation. Participants indicated that there are a number of children who remain stuck in

juvenile detention or in legal limbo because their mental health challenges must be addressed before continuing with court processes. Participants saw this as an opportunity to improve detention-based fitness restoration services.

Additionally, participants suggested improving transportation options for families of youth in detention or on probation, recognizing the burden on lower-income families without access to reliable transportation.

Also, the participants suggested providing all court staff with trauma-informed training.

INTERCEPT 3 BEST PRACTICES

BEST PRACTICE: STREAMLINED FITNESS RESTORATION PROCESS

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

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

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

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

- "The child was partially oriented to time."
- "The child did not know the name of the home where they were living."
- "The child's communication was rated within the severely impaired range."

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

BEST PRACTICE: TRAUMA-INFORMED JUVENILE COURT SYSTEMS

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

The Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families, published Building a Trauma-Informed Child Welfare System: A Blueprint. In the report, the Children's Commission suggests that the Blueprint is applicable to many systems, such as juvenile courts, that work with children with trauma histories.

Some of the applicable principles include:

- Creating a culture of trauma-informed care,
- Collaboration within and across systems,
- Creating culturally competent and equitable practices,
- 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.

BEST PRACTICE: IMPROVE FAMILY ENGAGEMENT IN JUVENILE COURT

The Justice Center of the Council of State Governments developed research and best practices related to family engagement in juvenile court proceedings. It is imperative that families are engaged in the 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.

Oftentimes, however, courts see families as part of the problem rather than the solution, leading them to remove authority from the family and become more directive. Court and juvenile probation staff sometimes blame families for a youth's behavior, 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. Moreover, cultural and language barriers hinder communication between the court and family members.

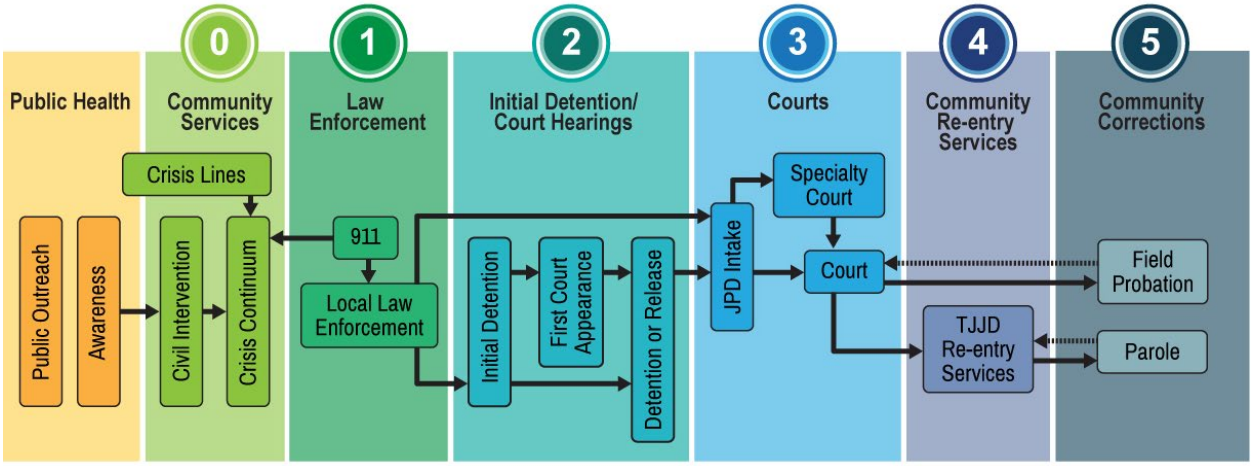
The Justice Center recommends a "family-centered approach" to juvenile court. The approach includes:

- Regular engagement and consultation with the family with respect to case plans, terms of supervision, appointments, rewards, and sanctions,
- Elevating family engagement as a priority and building decision making, court and juvenile probation hours, programming, and other policies around the needs of families, especially people who face greater obstacles to engagement,
- Ensuring that interpretation services are available for all appointments and court dates, and
- Establishing measurable objectives regarding positive family engagement and collecting data to track outcomes.

There are examples of successful family engagement strategies in juvenile courts across the country. 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-center 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.



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	
Individualized Education Plan Meeting Upon Transition Back to School	Anger Management Smith County Juvenile Services

INTERCEPT 4 GAPS AND OPPORTUNITIES

Participants recognized the challenge of helping families prepare for their child's transition out of detention back into the community. The same obstacles to accessing the range of services remain. Children need to maintain continuity of mental health services, prepare for transition back to school, and face the risks associated with peer groups, access to drugs, etc. This requires a range of services to support the youth and families. To do this effectively, the stakeholders recommended improved care coordination, such connecting families with the Community Resource Coordinating Group upon the child's discharge back into the community. They also

recommended providing intensive case management from the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI).

Additionally, the participants highlighted the need for improved medication management for youth, especially as that responsibility shifts back to caregivers. Further, they recommended additional life skills training for youth.

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

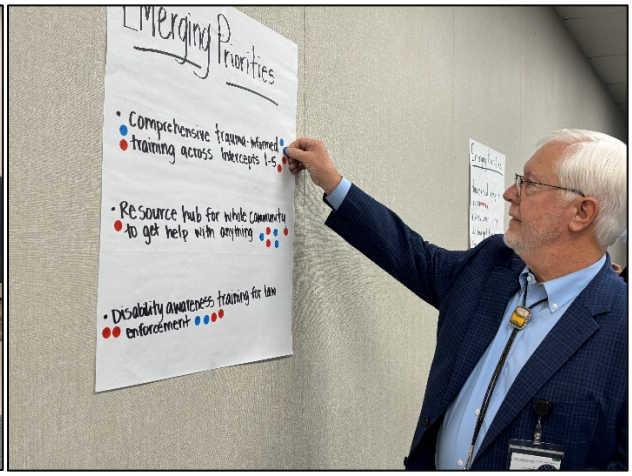
Justice-involved youth are at high risk of falling behind their peers, forcing them to repeat grades and increasing the likelihood they drop out of school entirely. State law (Texas Education Code § 37.023) requires that all returning students have a transition plan, but many districts are either unaware 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.

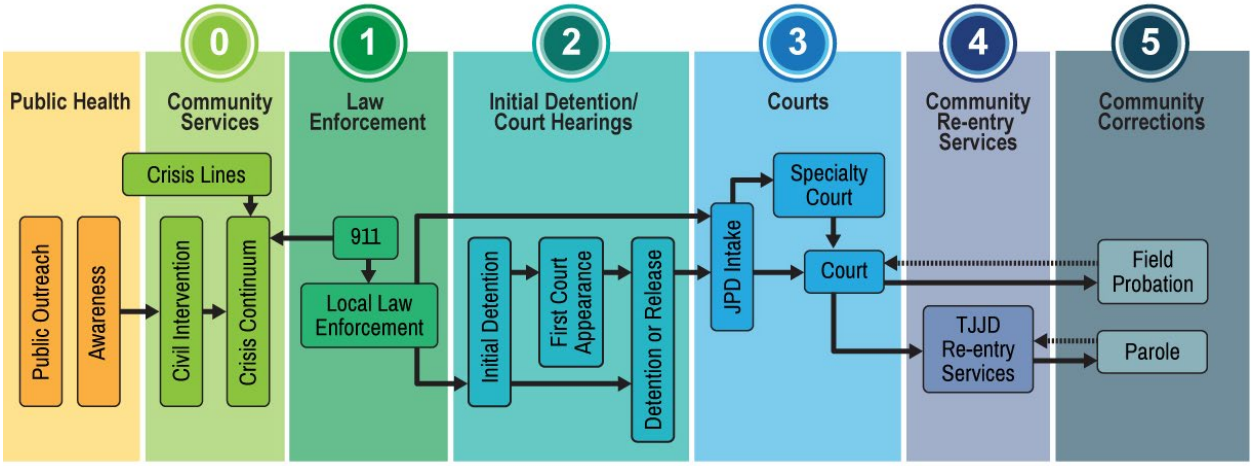
Recommendations for improving transition planning include:

1. **Set Goals, Track Progress, Make Data Accessible:** When schools and parents set goals and mutually develop plans to meet those goals, they should identify measurable

outcomes, such as grades, attendance, grade progression, disciplinary referrals, etc. This provides clear evidence of what is working while also alerting all parties when the plan should be modified. Additionally, when the school tracks data on what works and what doesn't, they can share de-identified data with other school districts. Many school districts struggle with transition planning, so sharing data benefits kids across the state.

2. **Hold Transition Planning and Review Meetings:** Students' needs are continually changing. Changes in living circumstances, foster care referral, or mental health crises are examples of factors that require a new transition planning effort. Further, youth mature and improve academically, signaling that it may be time to reduce or end certain interventions. The important point is to meet on a regular basis, review progress, adjusting the plan as needed.
3. **Include Parents and Students in the Transition Planning Process:** The best and most effective way to create a successful plan begins with a collaboration between the school, juvenile services, the parents, and the student. This allows all parties to assess the student's state of mind, ensuring that interventions are appropriate, and goals are realistic. When there is little buy-in from the student and parents, success is unlikely.
4. **Training on Best Practice:** The Education Service Center is an excellent place to start when seeking additional training for school administrators and teachers on effective transition planning. Additionally, it is recommended that administrators include their district general counsel to review the planning process to ensure it meets the state law requirements.





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	
Smith County Juvenile Services Juvenile Probation	Helping Others Pursue Excellence (HOPE)) Academy Smith County Juvenile Services
Vocational Training HOPE Academy	Substance Use Program HOPE Academy
Smith County Juvenile Services Full Time LCDC and Psychologist on Staff	"Baby Think It Over" Parenting Course
Next Step Community Solutions DAEP/JP Programming	

INTERCEPT 5 GAPS AND OPPORTUNITIES

Community members had a very favorable view of the Smith County Juvenile Services Department and noted few gaps in juvenile probation services. They expressed a desire to expand

the Helping Others Pursue Excellence (HOPE) Academy programming to include services for girls. They also suggested improved gang prevention and intervention programs, especially for youth who may have affiliated with gangs prior to juvenile referral or who are at risk of gang recruitment.

So Many Reasons for Hope

The SIM participants identified very few gaps in services when it comes to juvenile probation. The Smith County Juvenile Services Department, under the leadership of Ross Worley, is held in very high regard in the community. Judge Heaton, when asked about what is working well in the county, immediately pointed to Ross and his staff as a success story for kids.

Fifteen years ago, nearly all juvenile programming was outsourced to other counties. Around that time, the County moved the Department to a new building on 25 acres. Ross and his team got to work. In that time, they developed a long-term residential program and hired a team of clinicians. Today, the Department employs a full-time psychologist, two LCDCs, and a psychiatric intern.

The Helping Others Pursue Excellence (HOPE) Academy is one of the signature programs of the Department. The academy is a long-term residential program that provides vocational training for up to 12 youth at a time. The program offers training for a range of skilled professions such as:

- Automotive and Motorcycle Repair
- Small Engine Repair
- Horticulture,
- Metal Working,
- Building Trades, and more…

The Department achieves an 85 percent success rate among youth who complete the program.

Additionally, the Department provides specialized parenting programming for pregnant girls (and for some boys who are primary caretakers). They also provide life skills training. For youth charged with sexual offenses, the Department can provide intensive services through up to 30 different contracted entities across the state.

With such robust and successful programming, there's little surprise that the County has so much hope for juvenile-justice involved youth.

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.

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.

Smith County Youth Mental Health/Juvenile Justice Priorities	
High/Immediate	Improved family engagement across all intercepts
	Increased communication and collaboration between law enforcement and mental health professionals to better support youth and each other
	Intensive outpatient services youth
	Create a variety of alternatives to juvenile detention and hospitals for youth in mental health crisis
	After hours support for youth with behavioral challenges that might escalate without quick intervention
	Improved prevention and early identification services to inform and teach kids
Moderate/Near Future	Offering free or low-cost services for children with behavioral health challenges
	Create additional inpatient options for youth
	Breaking down silos of care by promoting community collaboration
	Resources, such as counseling options, for those identified early who may need help

Priorities for Later	Build relationships
	Join the East Texas Human Needs Network and other agencies who provide needed resources
	Train members of the clergy in trauma informed care

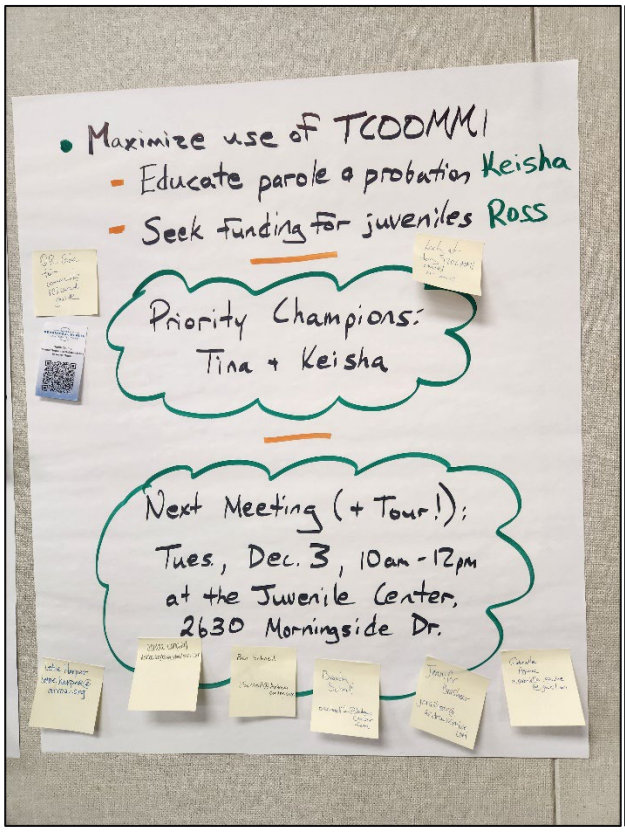
The workshop participants then reviewed and ranked all the ideas according to impact and feasibility. From that process, four clear priorities emerged:

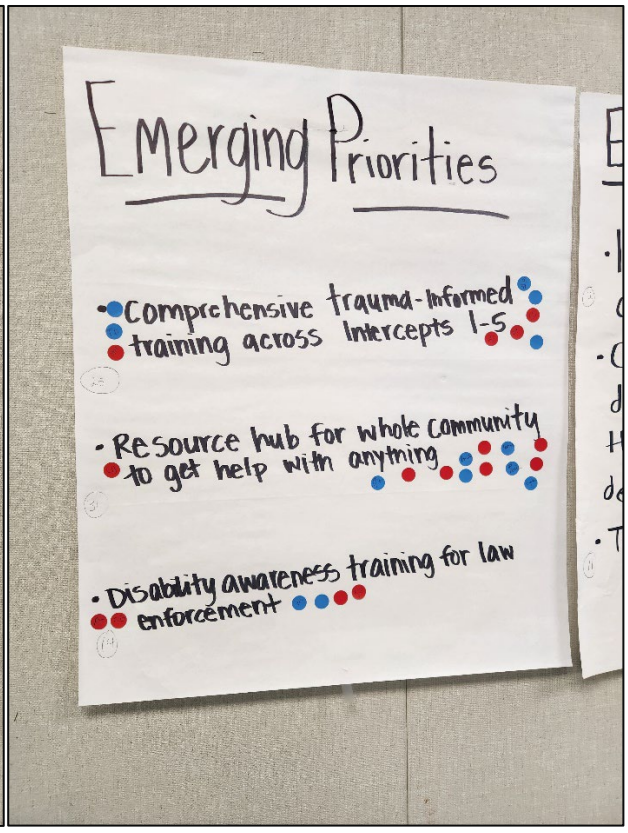
Priority 1: Trauma-Informed Training Across the Intercepts

Priority 2: Intensive Outpatient Services

Priority 3: Law Enforcement – Mental Health Collaboration

Priority 4: Prevention in the Community and Schools





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: TRAUMA-INFORMED TRAINING ACROSS THE INTERCEPTS

Participants (*=Champion): Anna Thomas*, Gabrielle Aguirre, Tiffany Davault, Stephanie McGee, Nickalous McGrew, Laura Miller, John Schnell
Next Meeting: Wednesday, November 20 at 2:00pm at the Fostering Collective, 201 Winchester Dr.

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Identify groups to train	Create the list - Stephanie Find way to reach each group (law enforcement, schools, churches, after-school programs, coaches, parents, families (before & after reunification) bus drivers, etc.)	Conversations with identified groups - Anna	Schedule training - Laura	Have trainings & follow up trainings; evaluation - Anna
Develop training catered to each audience	Research curriculums, participate in trainings - Gabrielle	Start tailoring trainings for each group - Tiffany	Find folks with lived experience - Anna	Re-evaluation of training component; update research - Laura
Training + certifying trainers	Identify those already facilitating and who needs/wants to be trained - Anna	Certify trainers	Practice and feedback	
Present trainings				Present trainings

NOTES:
Identify champions from each group we'd like to train. A great resource for trauma training is by the Olive Tree Alliance (Dr.Houck@theolivetreealliance.org is expert in this area, especially by serving youth with autism). The buy-in. Disability community (nonverbal). Reaching out to orgs already doing this (don't duplicate efforts). TBRI, Mental Health First Aid, IntellectAbility. Breaking down into digestible bites for parents. Trauma-informed family crisis management. Zoom, accessible for busy parents. Neurosequential model - Dr. Bruce Perry. Coordinating & sign up. Peer specialist facilitators. Opening trainings to all (allowing parents to attend, etc.). Liaison from each org running those trainings (steering committee). Presley Ridge for foster care.

RESEARCH AND PRACTICES RELATED TO PRIORITY ONE

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

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

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

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

PRIORITY 2: INTENSIVE OUTPATIENT SERVICES

Participants (*=Champion): Lynn Rutland*, Christi Sowell*, Gabrielle Aguirre, Jennifer Brashear, Kimi Butler, Tiffany Davault, Lettie Harper, Bethjoy Houck, Becki Mangum, Laura Miller, John Schnell, Brandon Schnell, Ben Schnell, Anna Thomas

Next Meeting: Thursday, November 21 at 10am at the Andrews Center Empowerment Room

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Research	Research options that exist, including funding sources			
Connect	Reach out to high level partners, such as Texas Child Mental Health Care Consortium			
Advocate		Get in front of legislature, local partners		
Open			Open for business in 12-18 months	

NOTES:

Discuss funding streams. Get universities involved. East Texas Human Needs Network. Look at Oceans BH, BasePoint. Faith-based volunteers / partners. Training of future providers & new programs. Stevie Hight has a local provider list.

RESEARCH AND PRACTICES RELATED TO PRIORITY TWO

BEST PRACTICE: EXPANDING OPTIONS FOR INTENSIVE OUTPATIENT PROGRAMS (IOP) FOR YOUTH

Access to IOPs for youth is a challenge in most regions, especially for lower-income families. In smaller or less resourced communities, it can be impossible to find a quality IOP. In counties such as Smith, this can increase the risk of crisis and law enforcement intervention. Yet, IOPs can help address behavioral health challenges and assist youth in developing new skills well before a crisis, thereby preventing inpatient hospitalization or juvenile referral.

As Smith County seeks funding to establish IOP programming within the county, it might also consider intermediate steps such as a virtual IOP, which help to reduce the stress on parents with limited transportation options and reduces the funding challenge as it allows the community to partner with IOP providers anywhere in the country. The county can provide youth and families with the equipment and video software necessary to connect to programming.

PRIORITY 3: LAW ENFORCEMENT - MENTAL HEALTH COLLABORATION

Participants (*=Champion): Keisha Morris*, Tina Trussell*, Gabrielle Aguirre, Chuck Boyce, Jennifer Brashear, Kyla Carbert, Ashley Davis, Paula Davis, Keishaunna Gentry, Lettie Harper, Ashlee Langley, Kashena Mosley, Desmond Neal, Ben Schnell, Brandon Schnell, John Schnell, Adam Tarrant, McKenna Wiggins, Ross Worley

Next Meeting: Tuesday, December 3 from 10am-12pm at the Juvenile Center, 2630 Morningside Dr. ***(this meeting includes a tour!)***

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Training for law enforcement around disability	Training in development + sensory toys - Tina Governor's Committee on People with Disabilities free training - Tina Publicize Sidekicks and DPS drivers license endorsement - Chuck & Tina			
Cross-training & informal education	Ride-alongs with law enforcement - Adam Ride-alongs with Mobile Crisis Outreach Team (MCOT) - Keisha			
Explore diversion for assault / family violence	Review & interpret data - Ross Explore liaison or navigator for single point of contact			
Maximize use of TCOOMMI	Educate parole and probation - Keisha Seek funding for juveniles to do TCOOMMI model in-house - Ross			
Educate about available resources	Publicize new Community Resource Guide - John			
NOTES: Diversion for assault/family violence - what are the options? What is allowed?				

RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

BEST PRACTICE: CLEARLY OUTLINING THE ROLE OF LAW ENFORCEMENT

In 2019, Senate Bill 1707 was passed, which limited the role of school resource officers to exclude their participation in routine disciplinary activity; however, the lines between discipline and criminalization remain blurred on school campuses across the state. For instance, an increasingly common driver of expulsion and juvenile system-involvement for students is possession of liquid or wax THC in vape pens, a felony offense. Children and adolescents with mental health challenges — including anxiety, past trauma, depression, and other challenges — often self-medicate with nicotine and other drugs. Therefore, it is helpful for schools to address vaping and substance use in the context of a counseling and social work intervention prior to law enforcement involvement. Such an approach has been shown to reduce harm, promote early identification of mental health challenges, and keep kids in the classroom.

Schools that prioritize diversion have found success by:

- Clearly outlining the limited parameters of officers' duties on campus and specifically outlining the limits on interactions with students to adhere to state law, preventing unnecessary student legal involvement, and protecting marginalized students from disproportionate police exposure, criminalization, and use of force.

- Teaching students their civil rights in interactions with law enforcement and ensuring guardians are notified and present for any interviews with police; wherever possible, prohibiting interviews from occurring without guardian or attorney representation.

Additionally, age- and developmentally-appropriate and individualized approaches to learning, discipline, and social-emotional learning are crucial to preventing incidents that would otherwise result in legal intervention. Some schools have adopted a "whole-school restorative justice" approach to reconciliation that seeks to repair harm by addressing the root cause of the actor's conduct, ultimately mitigating the likelihood of their behavior recurring. Social and emotional learning is a crucial component of education and teaching children how to be accountable for harm, how to repair harm when it occurs, and how to adopt positive behaviors that help avoid harm from occurring in the first place. By ensuring these practices are adopted on a "whole school" level, meaning administrators, teachers, and students alike all utilize restorative justice in the interactions, adults have the chance to model behavior for students.

BEST PRACTICE: FIRST OFFENDER PROGRAMS

The third edition of the Judicial Commission on Mental Health's "Texas Juvenile Mental Health and Intellectual Disabilities Law Bench Book" (2023-2025), p. 60, describes law enforcement's statutory discretion to divert youth from juvenile justice referral and instead address law violations through First Offender Programs.

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.

PRIORITY 4: PREVENTION IN THE COMMUNITY AND SCHOOLS

Participants (*=Champion): Myranda Cannon*, Lettie Harper*, Jennifer Young*, Gabrielle Aguirre, Chuck Boyce, Brenda Hampton, Stevie Hight, Ashlee Langley, Stephanie McGee, Jasmine Moore, Ben Schnell, John Schnell, Tina Trussell

Next Meeting: Thursday, November 21 at 9am at Andrews Center Empowerment Room

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Create data & information sharing	Identify partners	Develop information sharing agreements with partner organizations Develop client/family release of information agreements	Implement system Discuss outcomes Make improvements	Develop a longer-term data sharing agreement and system
Create community prevention group	Identify team members from various organizations Set short and long-term goals for information sharing	Oversee implementation activities. Assist in developing inter-agency agreements	Evaluate outcomes Revise strategic plan as needed	Seek funding and other resources to accomplish longer-term data sharing goals
Provide a variety of prevention programming	Identify a range of programming that will support prevention including content on knowing the law, managing conflict, internet/social media safety, healthy relationships, etc. Determine what various schools and organizations need/want	Create a trainer/speaker's bureau of individuals to provide training	Evaluate impact on training Continue to engage the community partners, learning their needs and modifying/creating content.	

NOTES:

Involve Region VII Education Service Center. Collaborate with East Texas Human Needs Network. Ensure Mitch Rhodes with DAEP is included. Ensure Tyler ISD is involved from the very start. Develop content that engages parents. Include Girls and Boys Clubs Mentor's Alliance. Invite faith community to be part of these efforts. Add Mental Health First Aid (Andrews Center). Add education on trafficking and gangs. Collaborate and use available resources from TCHATT and CPAN.

RESEARCH AND PRACTICES RELATED TO PRIORITY FOUR

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 children and adolescents. 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. School-based screening can also be effective, making it crucial to involved 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.

RECOMMENDED NEXT STEPS

The Youth Mental Health and Juvenile Justice Mapping process serves as a springboard to continued and enduring collaboration between stakeholders across all intercepts. To create the systemic changes outlined in the Smith 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, Smith County created three priority teams as well as priority champions. These key stakeholders are responsible for moving the action plans forward. To ensure continued momentum:

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

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

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

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

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

5. **Coordinate with All Teams:** Smith County has a longstanding Behavioral Health Leadership Team (BHLT), which generally focuses on adults. The BHLT may be able to add a subgroup to focus on youth and track progress on the three priorities. It would be important for each action team to participate in the Leadership Team and to provide regular updates. This allows the full community to engage with the work of all teams, which is essential as the leadership seeks to obtain funding, develop data sharing agreements, and respond to emerging priorities.

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

PRIORITIZE IMPLEMENTATION OF CURRENT STATUTES

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

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

REMAIN CURRENT WITH THE LATEST RESEARCH AND BEST PRACTICES

The field of youth justice is constantly evolving, with new research and promising innovations emerging constantly. Moreover, every time a county such as Smith 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 mental health and juvenile justice 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.

The Texas Behavioral Health and Justice Technical Assistance Center also provides technical assistance and access to a library of helpful resources.

APPENDICES

APPENDIX	TITLE
Appendix 1	Commonly Used Acronyms
Appendix 2	General Resources
Appendix 3	Smith Youth Mental Health and Juvenile Justice Map
Appendix 4	Workshop Participant List
Appendix 5	Workshop Agenda
Appendix 6	Best Practices at Each Intercept
Appendix 7	Key References

APPENDIX 1| COMMONLY USED ACRONYMS

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

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

MENTAL HEALTH COURT PROGRAM RESOURCES

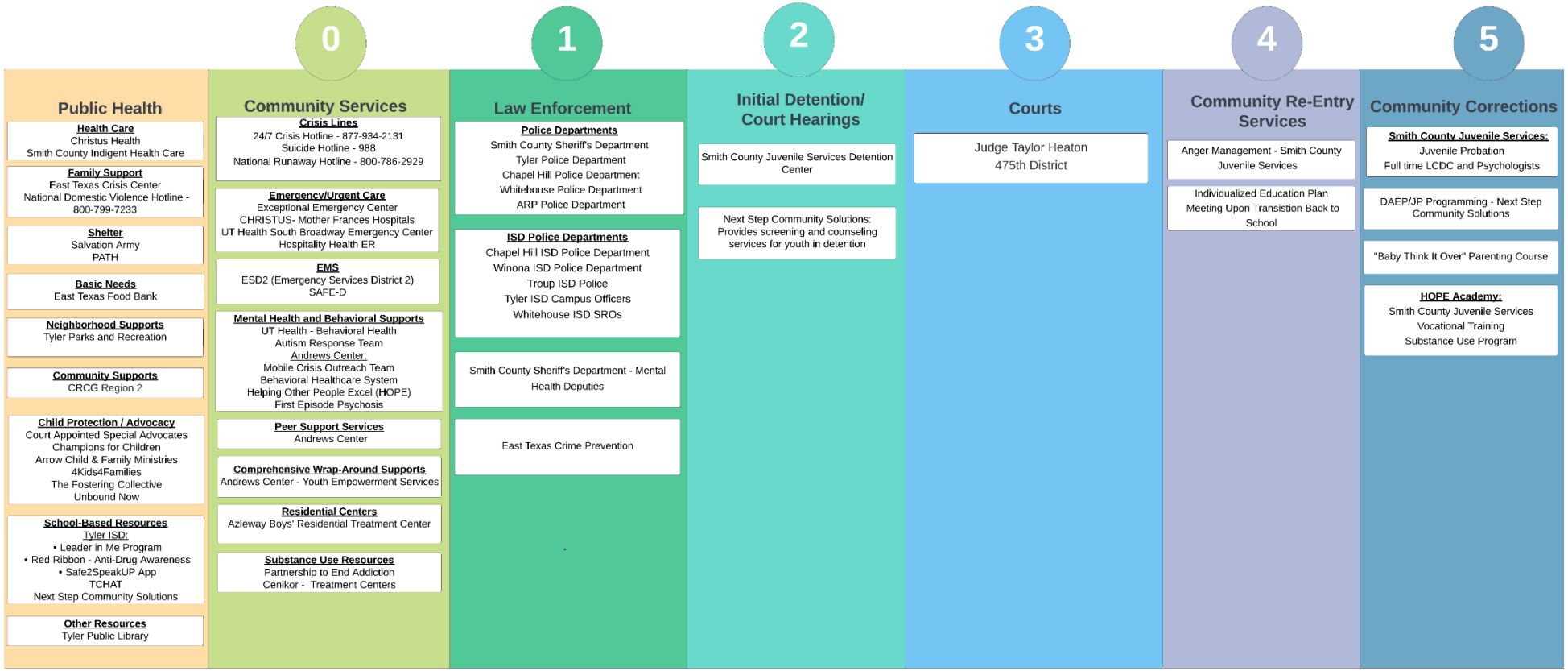
Council of State Governments Justice Center – *Developing a Mental Health Court: An Interdisciplinary Curriculum* https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf	Council of State Governments Justice Center – *A Guide to Collecting Mental Health Court Outcome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

TECHNICAL ASSISTANCE RESOURCES

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

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

APPENDIX 3| SMITH COUNTY YOUTH MENTAL HEALTH AND JUVENILE JUSTICE MAP



APPENDIX 4| PARTICIPANT LIST

First Name	Last Name	Title / Role	Organization
Gabrielle	Aguirre	Case Manager	ETCADA
Chester	Amidon	Director	Azleway
Chuck	Boyce	Patrol	Tyler Police Department
Allie	Braden	Prevention Specialist	Next Step Community Solutions
Jennifer	Brashear	Competency Restoration Coordinator	Andrews Center
Caitlyn	Brown	WRAP	Andrews Center
Kim	Butler	President	The Olive Tree Alliance
Myranda	Cannon	Division Director of MH Case Management	Andrews Center
Kyla	Carbert	Jail Navigator	Andrews Center
Tiffany	Davault	Trauma Specialist	The Fostering Collective
Ashley	Davis	Director of MH Admission and Counseling	Andrews Center-Tyler
Paula	Davis	Program Director	Smith County Juvenile Services
Timothy	Fauss	Juvenile Probation Officer	Smith County Juvenile Services
Vicki	Fox	Licensed Social Worker	Christus Health
Jeanie	Gallegly	Instructor	UT Tyler
Keishaunna	Gentry	Case Manager	ETCADA
Brenda	Hampton	Mission Services Director	Goodwill Industries of East Texas
Lettie	Harper	Clinical Supervisor	Arrow Child and Family Ministries
Taylor	Heaton	Judge	475th District Court
Carol	Henson	Behavioral Health Administrator	UT Health Science Center at Tyler
Stevie	Hight	Director of Mental Health Services	Smith County Juvenile Services
Andria	Horton	Executive Director	Champions for Children
Bethjoy	Houck	Clinical Director	Lone Star Day Program
Tracy	Johnston	Specialist, Special Education	Region 7 Education Service Center
Ashlee	Langley	Admin. Asst - Youth Works Academy	Goodwill Industries of East Texas
Lacey	Longenbaugh	Clinical Supervisor	Arrow Child and Family Ministries
Ashlei	Loyd	Program Manager Youth Development	Next Step Community Solutions
Becki	Mangum	Deputy CEO	Andrews Center
Dawn	Mantooth Richey	Professional Counselor	Smith County Juvenile Services

First Name	Last Name	Title / Role	Organization
Chelsee	McCoy	Team Lead	Cenikor Youth Recovery Community
Stephanie	McGee	Mission Services Manager	Goodwill Industries of East Texas
Nickalous	McGrew		Goodwill Industries of East Texas
Laura	Miller	Family Resource Specialist	The Fostering Collective
Jasmine	Moore	PRL	Cenikor Tyler YRC
Keisha	Morris	Chief SIM Officer	Andrews Center
Kashena	Mosley	Jail Navigator	Andrews Center
Desmond	Neal	Supervisor	ETCADA
Oscar	Perdomo	Juvenile Supervision Officer	Smith County Juvenile Services
Crystal	Ramirez	Social Worker	Get-Cap Head Start
Stephanie	Raymer	Program Director 211 East Texas	United Way of Smith County
Lynn	Rutland	Chief Executive Officer	Andrews Center
Ben	Schnell	Volunteer	Andrews Center
Brandon	Schnell	Volunteer	Andrews Center
John	Schnell	Volunteer	Andrews Center
Christina	Sowell	Director of Victim Services	The Fostering Collective
Adam	Tarrant	Lieutenant	Tyler Police Department
Anna	Thomas	Administrator	Hope Haven
Tina	Trussell	IDD Crisis Intervention Specialist	Andrews Center
McKenna	Wiggins	Canton Clinic Coordinator	Andrews Center MHMR
Skip	Womack		
Ross	Worley	Director / Chief Probation Officer	Smith County Juvenile Services
Jessica	Wortham	Assistant DA, Juvenile Division	Smith County
Jennifer	Young	Clinical Supervisor, Behavioral Health Services	Arrow Child and Family Ministries

APPENDIX 5| WORKSHOP AGENDA

Youth Sequential Intercept Model Mapping Workshop

Smith County
October 22, 2024
Tyler Junior College West Campus

Purpose and Goals:

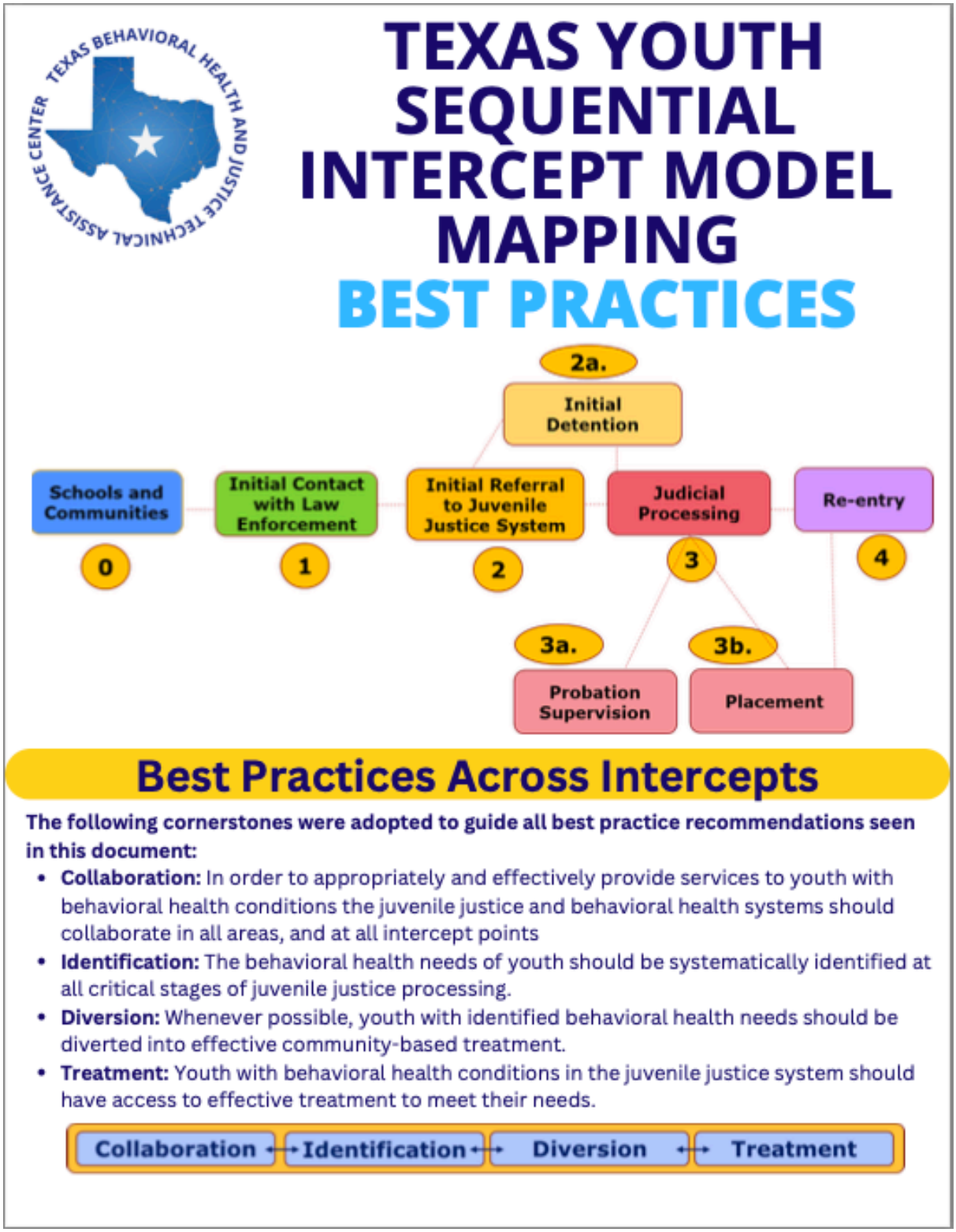
- Facilitate mutual understanding, collaboration and relationship building between a diverse array of stakeholders, all of whom are dedicated to system transformation
- Identify best practices, resources, gaps in services, and opportunities for improvement and innovation across all SIM intercepts
- Prioritize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

AGENDA

8:30 am	**Registration & Networking**	
9:00 am	**Opening Remarks** Judge Taylor Heaton Lynn Rutland	Welcome & Community Goals
9:20 am	**Orienting to This Work** Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:40 am	**Overview of Judicial Commission** Molly Davis	
9:45 am	**Overview of SIM Mapping** Doug Smith Mandi Zapata	Overview of Model Importance of Lived Experience
10:30 am	**Break**	
10:45 am	**Establishing Priorities** Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
11:45 am	**Lunch**	

12:20 pm	**Action Planning** Doug Smith	Group Work Presentation to Full Group
1:40 pm	**Break**	
1:55 pm	**Refining the Action Plan** Doug Smith	Gallery Walk Group Work
2:35 pm	**Next Steps & Summary** Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
3:00 pm	**Adjourn**	

APPENDIX 6| BEST PRACTICES AT EACH INTERCEPT



INTERCEPT 0: SCHOOLS AND COMMUNITY BASED SERVICES BEST PRACTICES

EARLY IDENTIFICATION AND PREVENTION

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

SCHOOL-BASED DIVERSION AND BEHAVIORAL HEALTH SUPPORTS

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

SOMEONE TO CALL

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

SOMEONE TO RESPOND

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

A PLACE TO GO

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

INTERCEPT 0: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 1: LAW ENFORCEMENT & EMERGENCY HEALTH SERVICES BEST PRACTICES

LAW ENFORCEMENT MENTAL HEALTH TRAINING

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

POLICE DIVERSION PROGRAMS

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

LAW ENFORCEMENT AND MENTAL HEALTH PROVIDER COLLABORATION

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

INTERCEPT 1: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 2: INITIAL REFERRAL AND INITIAL DETENTION BEST PRACTICES

JUVENILE PROBATION BEHAVIORAL HEALTH ASSESSMENT, TREATMENT, AND INTERVENTION

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

COURT DIVERSION AND PREVENTION PROGRAMS

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

JUVENILE JUSTICE STAKEHOLDER COLLABORATION

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

INTERCEPT 2: BEST PRACTICE HIGHLIGHTS

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

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

SPECIALIZED COURT INTERVENTIONS

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

PRE-TRIAL INTERVENTIONS

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

STREAMLINED FITNESS RESTORATION PROCESSES

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

INTERCEPT 3: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 4: RE-ENTRY BEST PRACTICES

TRANSITION PLANNING

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

TRAUMA-INFORMED SUPERVISION PRACTICES

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

COORDINATED AFTER-CARE SERVICES

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

INTERCEPT 4: BEST PRACTICE HIGHLIGHTS

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

APPENDIX 7| KEY REFERENCES

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