

Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book

Judicial Commission on Mental Health

Fourth Edition
2025 – 2027



This Bench Book is intended for educational and informational purposes only. It should not be construed as legal advice from the JCMH, or as an advisory opinion or ruling by the Texas Court of Criminal Appeals or the Supreme Court of Texas on specific cases or legal issues. Readers are responsible for consulting the statutes, rules, and cases pertinent to their issue or proceeding.

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Chapter 1: Introduction

It is estimated that up to 70% of youth involved with the juvenile justice system meet the criteria for a mental health disorder.¹ Many experts would argue that nearly all youth in the system have experienced life-altering trauma. Such statistics emphasize that children are different. Juvenile court was originally based on this principle, providing rehabilitation and protective supervision for youth.² In the 1990s, tough-on-crime policies shifted the focus away from treatment.³ Recent developments in brain science have led experts to urge treatment, training, and rehabilitation as the goals of the juvenile justice system. Advances in neuroscience and cognitive psychology reveal that decision-making abilities develop at different rates in youth and the need to carefully consider juvenile justice intervention programs.⁴

1.1 Challenges

Youth who make contact with the juvenile justice system represent an important opportunity to intervene before they are exposed to a cycle of involvement in the criminal justice system, removal from home and school, civil commitment in state hospitals, and homelessness. Lack of alternatives in our nation leads to unnecessary arrests where individuals often languish in jail, effectively criminalizing mental illness.⁵ In the adult criminal justice system, national best practices urge courts to divert individuals with mental illness or intellectual and developmental disabilities (IDD) from incarceration. Because half of all mental health conditions begin by age 14,⁶ the juvenile justice system is primed to successfully intervene and divert offenders away from detention to prevent this cycle. Texas has one of the highest populations of young people,⁷ and mental illness is a significant problem for children and youth. In any given 12-month period there are more than a half-million children and adolescents with severe emotional disturbances (SED) in Texas.⁸ SED includes mental health conditions, such as attention deficit disorders, conduct disorders and depression, and impaired ability to function at school and at home.⁹ Over sixty percent of the children, youth, and adolescents with SED are living at or below 200% of the federal poverty level.¹⁰ Among youth with SED, 30,000 are estimated to remain in the “school to prison pipeline,” absent intervention.¹¹ However, a new understanding of the neuroplasticity of the brain offers real hope that rehabilitation is possible.¹²

¹ Lee A. Underwood & Aryssa Washington, *Mental Illness and Juvenile Offenders*, INT’L J. OF ENVTL. RES. AND PUB. HEALTH 13, NO. 2, 228 at 3 (2016).

² Center on Juvenile and Criminal Justice, *Juvenile Justice History*, CJCJ.ORG, <https://www.cjcj.org/history-education/juvenile-justice-history>.

³ *Id.*

⁴ Conference of Chief Justices and Conference of State Court Administrators, *Resolution 6 Commending the Models for Change Initiative*, NCSC.ORG, https://ccj.ncsc.org/data/assets/pdf_file/0025/23488/07252015-commending-models-for-change-initiative.pdf

⁵ Kristi Taylor, Exec. Dir., Tex. Judicial Comm’n on Mental Health, Patti Tobias, Principal Court Mgmt. Consultant, Nat’l Center for State Courts, *Leading Change: Improving the Court and Community Response to Those with Mental Illness*, Presentation at Lubbock County Office of Dispute Resolution Continuing Education Workshop (January 25, 2020) (citing Institute for Court Management).

⁶ National Alliance for Mental Illness, *Closing the Gap for Children’s Mental Health*, NAMI.ORG, <https://www.nami.org/Blogs/NAMI-Blog/May-2012/Closing-the-Gap-for-Children-s-Mental-Health> (last visited Sept. 3, 2025).

⁷ United States Census Bureau, *QuickFacts, Texas, Persons under 18 Years, Percent*, CENSUS.GOV, <https://www.census.gov/quickfacts/geo/chart/TX/AGE295219> (last visited Sept. 3, 2025).

⁸ The Meadows Mental Health Policy Institute, *Estimates of Prevalence of Mental Health Conditions among Children and Adolescents in Texas* (2016), <https://www.texasstateofmind.org/wp-content/uploads/2016/01/MMHPI-Child-Adolescent-Prevalence-Summary-2016.03.24.pdf>

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² KRISTIN ANDERSON MOORE, CHILD TRENDS, *THE DEVELOPING BRAIN: IMPLICATIONS FOR YOUTH PROGRAMS*, (2015) <https://cms.childtrends.org/wp-content/uploads/2015/06/2015-20DevelopingBrain.pdf> (last visited Sept. 3, 2025).

1.2 The Judiciary's Role in Breaking the Cycle of Recidivism

The National Center for State Courts (NCSC)¹³ offers resources for courts to improve their response to youth with mental illness and IDD. The NCSC highlights the ambitious Models for Change¹⁴ initiative to identify and develop juvenile justice reform efforts for a “more fair, rational, effective and developmentally sound system of justice for youth.”¹⁵

Over the last decade the Models for Change initiative has supported a broad array of goals, including:

- identifying and addressing the mental health treatment needs of youth that come in contact with the juvenile justice system;
- increasing the use of evidence-based assessments and treatment programs;
- improving access to counsel and the quality of representation in delinquency proceedings;
- improving the response to dual status youth;
- improving probation services; and
- expanding alternatives for youth charged with status offenses.

Research supports this approach as a matter of public health to support good mental health in children and youth. Factors such as childhood trauma, including prior abuse, neglect, exposure to instability, or repeated contact with child-serving systems, should be considered in a child's treatment and in their juvenile court case.

The National Child Traumatic Stress Network¹⁶ notes:

More than 80% of juvenile justice-involved youth report experiencing trauma, with many having experienced multiple, chronic, and pervasive interpersonal traumas. This exposure places them at risk for emotional, behavioral, developmental, and legal problems. Unresolved posttraumatic stress symptoms can lead to serious long-term consequences across the entire lifespan, such as problems with interpersonal relationships; cognitive functioning; and mental health disorders including PTSD, substance abuse, anxiety, disordered eating, depression, self-injury, and conduct problems—all of which can increase the likelihood of involvement in delinquency, crime, and the justice system. The prevalence and severity of traumatic stress reactions among juvenile justice-involved youth, caregivers, families, professionals, and providers, necessitates a system-wide response to prevent, identify, address, and minimize further traumatic stress.

Judges, attorneys, probation officers, mentors, and other adults in a child's life can help create and promote resiliency and therefore prevent or ameliorate the negative effects of Adverse Childhood Experiences (ACEs).¹⁷ Courts are uniquely positioned to bring together the necessary stakeholders to enact change for the justice system's response to children and youth with mental illness or IDD. This bench book aims to provide courts with the knowledge and tools they need to enact a hopeful, proactive approach where just one caring adult can change a child's life and prospects.¹⁸

¹³ NATIONAL CENTER FOR STATE COURTS, <https://www.ncsc.org/> (last visited Sept. 3, 2025).

¹⁴ MODELS FOR CHANGE, <http://www.modelsforchange.net/index.html> (last visited Sept. 3, 2025).

¹⁵ Hon. Bobbe J. Bridge, *Introduction: Models for Change in Juvenile Justice Reform, Trends in State Courts*, NATIONAL CENTER FOR STATE COURTS (2014) <https://ncsc.contentdm.oclc.org/digital/collection/famct/id/990>

¹⁶ THE NATIONAL CHILD TRAUMATIC STRESS NETWORK, <https://www.nctsn.org/> (last visited Sept. 3, 2025).

¹⁷ Vanessa Sacks & David Murphey, *The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity*, CHILD TRENDS (Feb. 20, 2018), <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>.

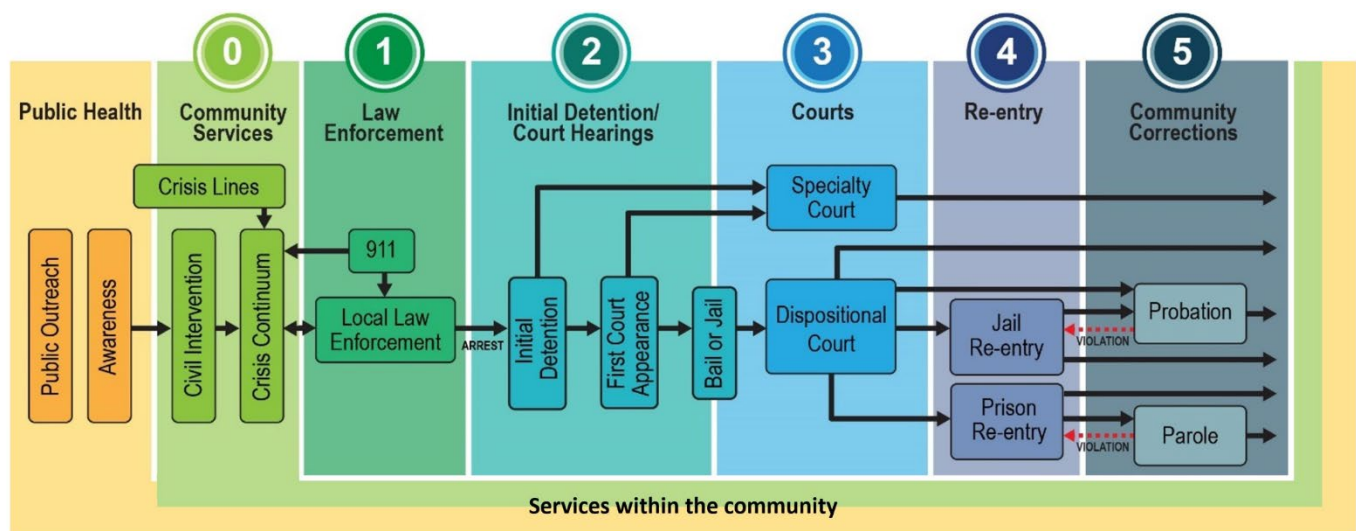
¹⁸ David Murphey et. al., CHILD TRENDS, *Caring Adults: Important for Positive Child Well-Being* (2013) <https://www.childtrends.org/wp-content/uploads/2013/12/2013-54CaringAdults.pdf> (illustrating that developmental research shows that having one or more caring adults in a child's life increases the likelihood that they will flourish, and become productive adults themselves).

Chapter 2: Using This Bench Book

2.1 Procedural Guide Organized Around the Sequential Intercept Model

This Bench Book is a procedural guide for Texas judges hearing cases regarding juveniles with mental illness or intellectual and developmental disabilities (IDD). Each section references applicable statutory processes, and relevant guidance. Statutory language is simplified when possible, and practice notes are included in text boxes and footnotes.

This book is organized according to an adaptation of the Sequential Intercept Model (SIM). The original SIM was developed as a “conceptual framework for communities to organize targeted strategies for justice-system involved individuals with behavioral health disorders.”¹⁹ For this Bench Book, the SIM has been modified to reflect the processes in the Texas juvenile justice system.







Appropriate responses at identified intercepts can prevent entry or divert children and adolescents from the juvenile justice system. Using the SIM can help communities transform fragmented systems, identify local resources and gaps, and develop strategies for intervention. The most effective responses will engage community collaborators early and often.

There are many additional topics related to mental illness and IDD, such as substance use disorder, poverty, inadequate low-income housing, veterans, trauma (e.g., child abuse, domestic violence, natural disasters), human trafficking, and other health conditions (e.g., dementia or epilepsy). These issues frequently overlap with mental illness and IDD issues and, while critical to a thorough understanding of mental illness and IDD, are not the focus of this edition.

¹⁹ SAMHSA's GAINS Center, Policy Research Associates, Inc., 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 Psychol. Serv. 544, 544-49, (April 2006) <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544>. This SIM 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. See also National Center for State Courts, Research Division, Fair Justice for Persons with Mental Illness: Improving the Courts Response 6 (Aug. 2018), https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf

The following icons denote special topics to watch for: Noteworthy Information, Legislative Changes, Reflection Points, and Texas-Specific Examples.

Icon	Explanation
	<p>Noteworthy Information This star icon draws the reader’s attention to important points of law or policy that are often overlooked or misunderstood.</p>
	<p>Legislative Changes New laws from the 89th legislative session (2025) are noted throughout this bench book with this icon. Changes from previous legislative sessions are incorporated into the text of the bench book.</p>
	<p>Reflection Points Reflection Points are at critical places in the processing of a case that create an opportunity to consider judicial and systemic efficiency. Although the Reflection Points are generally directed at judges, each one of us has a role to play in identifying opportunities to improve the justice system, and we encourage all justice system professionals to use these points for honest and thoughtful consideration in their work.</p>
	<p>Practical Examples This icon alerts the reader to practical examples of the statutes and policies that make up Texas Mental Health Law.</p>

Finally, this Bench Book represents a collaborative effort among stakeholders and across disciplines. It is a dynamic publication which will be regularly updated to incorporate legislative changes, provide current practice tips, and highlight areas of disagreement and ongoing conversation. If you are reading this book, you are a stakeholder, and we value your opinion. If you would like to provide feedback on any part of this book, please email us at JCMHBenchBook@txcourts.gov. Thank you for your service and for your interest in these issues.

Chapter 3: Definitions

Adaptive Behavior:

Adaptive behavior means the effectiveness with or degree to which a person meets the standards of personal independence and social responsibility expected of the person's age and cultural group. [Tex. Code Crim. Proc. art. 46B.001\(1\)](#); [Tex. Health & Safety Code § 591.003\(1\)](#).

Admission:

Admission means the formal acceptance of a prospective patient to a facility. [Tex. Health & Safety Code § 572.0025\(h\)\(1\)](#).

Adverse Childhood Experiences (ACEs):

Adverse childhood experiences, or ACEs, refer to the following 10 childhood experiences that researchers have identified as risk factors for chronic disease in adulthood: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, violent treatment towards mother, household substance abuse, household mental illness, parental separation or divorce, and having an incarcerated household member.²⁰ [About Adverse Childhood Experiences | Adverse Childhood Experiences \(ACEs\) | CDC](#) ²¹ Juveniles with ACEs are at an increased risk for justice system involvement and re-offense.²²

Assessment:

Assessment means the administrative process a facility uses to gather information from a prospective patient, including a medical history and the problem for which the patient is seeking treatment, to determine whether a prospective patient should be examined by a physician to determine if admission is clinically justified. [Tex. Health & Safety Code § 572.0025\(h\)\(2\)](#).

Child:

A child is a person who is 10 years of age or older and under 17 years of age; or seventeen years of age or older and under 18 years of age who is alleged or found to have engaged in delinquent conduct or conduct indicating a need for supervision as a result of acts committed before becoming 17 years of age. [Tex. Fam. Code § 51.02\(2\)](#).

Child with an Intellectual Disability:

A child determined by a physician or psychologist licensed in this state to have subaverage general intellectual functioning with deficits in adaptive behavior. [Tex. Fam. Code § 55.01\(2\)](#).

Child with Mental Illness:

A child determined by a physician or psychologist licensed in this state to have a mental illness. [Tex. Fam. Code § 55.01\(3\)](#).

²⁰ Michael T. Baglivio et al., *The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders*, 3 OJJDP J. OF JUV. JUST. 1, 1-2, (2014), <https://nicic.gov/prevalence-adverse-childhood-experiences-ace-lives-juvenile-offenders>.

²¹ <https://www.cdc.gov/aces/about/index.html>

²² *Id.* at 11.

Community Resource Coordination Group (CRCG):

A coordination group established under a memorandum of understanding adopted under section 531.055. [Tex. Gov't Code § 531.421\(2\)](#). CRCGs are comprised of local public and private agencies, and they work with parents, caregivers, youth, and adults to develop service plans for families. CRCGs can help identify service gaps and meet client needs through interagency cooperation.

Conduct Indicating a Need for Supervision (CINS):

1. conduct, other than a traffic offense, that violates:
 - A. the penal laws of this state of the grade of misdemeanor that are punishable by fine only; or
 - B. the penal ordinances of any political subdivision of this state;
2. the voluntary absence of a child from the child's home without the consent of the child's parent or guardian or for a substantial length of time or without intent to return;
3. conduct prohibited by city ordinance or by state law involving the inhalation of the fumes or vapors of paint and other protective coatings or glue and other adhesives and the volatile chemicals itemized in Section 485.001, Health and Safety Code;
4. an act that violates a school district's previously communicated written standards of student conduct for which the child has been expelled under Section 37.007(c), Education Code;
5. ... conduct described by Section 43.02(a) or (b), Penal Code;
6. ... conduct that violates Section 43.261, Penal Code; or
7. notwithstanding Subsection (a)(1), conduct that violates Section 42.061, Penal Code, if the child has not previously been adjudicated as having engaged in conduct violating that section. [Tex. Fam. Code § 51.03\(b\)](#).

Custodian:

A custodian is the adult with whom a child resides. [Tex. Fam. Code § 51.02\(3\)](#).

Dating violence:

- (a) Dating violence is an act, other than a defensive measure to protect oneself, by an actor that:
 1. Is committed against a victim or an applicant for a protective order:
 - A. With whom the actor has or has had a dating relationship; or
 - B. Because of the victim's or applicant's marriage to or dating relationship with an individual with whom the actor is or has been in a dating relationship or marriage; and
 2. Is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the victim or applicant in fear of imminent physical harm, bodily injury, assault, or sexual assault.
- (b) For purposes of this title, "dating relationship" means a relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature. The existence of such a relationship shall be determined based on consideration of:
 1. The length of the relationship;
 2. The nature of the relationship; and
 3. The frequency and type of interaction between the persons involved in the relationship.
- (c) A casual acquaintanceship or ordinary fraternization in a business or social context does not constitute a "dating relationship" under Subsection (b). [Tex. Fam. Code § 71.0021](#).

Delinquent Conduct:

1. Conduct, other than a traffic offense, that violates a penal law of this state or of the United States punishable by imprisonment or confinement in jail;
2. Conduct that violates a lawful order of a court under circumstances that would constitute contempt of that court in:
 - A. A justice or municipal court;
 - B. A county court for conduct punishable only by a fine; or
 - C. A truancy court;
3. Conduct that violates Section 49.04, 49.05, 49.06, 49.07, or 49.08, Penal Code; or
4. Conduct that violates Section 106.041, Alcoholic Beverage Code, relating to driving under the influence of alcohol by a minor (third subsequent offense). [Tex. Fam. Code § 51.03\(a\)](#).

Developmental Disability (DD):

Manifests before the age of 22; severe chronic disability that involves impairments of general mental abilities resulting in at least three out of six of the following limitations:²³

- Self-care;
- Understanding & use of receptive and expressive language;
- Learning;
- Mobility;
- Self-direction; and/or
- Capacity for independent living, including economic self-sufficiency.

Examples of such disabilities include autism-spectrum disorder, fetal alcohol spectrum disorder, and cerebral palsy. [Tex. Health & Safety Code § 614.001\(4\)](#).

Disability:

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

There are many types of disabilities, such as those that affect a person's:

- Vision
- Movement
- Thinking
- Remembering
- Learning
- Communicating
- Hearing
- Mental health
- Social relationships

Although “people with disabilities” sometimes refers to a single population, this is actually a varied group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways. Some disabilities may be hidden or not easy to see. A mental health disorder is a form of disability, but someone with a disability does not necessarily have a mental health disorder.²⁴

²³ [Tex. Hum. Res. Code Ann. § 112.001\(3\)](#) (Vernon Supp. 2015) (defining developmental disability as “mean[ing] a severe, chronic disability as defined by applicable federal developmental disability law”); see, Developmental Disabilities Assistance and Bill of Rights Act of 2000, [42 U.S.C. §§ 15001 – 15115](#) (2018) (cited by the [Tex. Hum. Res. Code Ann. § 112.001\(3\)](#) as the “Applicable Federal Developmental Disabilities Laws”).

²⁴ *Disability and Health Overview*, Ctrs. for Disease Control, (Sept. 16, 2020), <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>.

Developmental Period:

This is the period of a person's life from birth through 17 years of age. [Tex. Code Crim. Proc. art. 46B.001\(4\)](#).

Dual Status Child:

Dual status child means a child who has been referred to the juvenile justice system and is:

- A. in the temporary or permanent managing conservatorship of the Department of Family and Protective Services;
- B. the subject of a case for which family-based safety services have been offered or provided by the department;
- C. an alleged victim of abuse or neglect in an open child protective investigation; or
- D. a victim in a case in which, after an investigation, the department concluded there was reason to be the child was abused or neglected. [Tex. Fam. Code § 51.02\(3-a\)](#).

Family Violence:

1. An act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself;
2. Abuse, as that term is defined by Texas Family Code Sections 261.001(C), (E), (G), (H), (I), (J), (K), and (M), by a member of a family or household toward a child of the family or household; or
3. Dating violence, as that term is defined by Texas Family Code Section 71.0021. [Tex. Fam. Code § 71.004](#).

Forensic Mental Examination:

An examination by a disinterested physician or psychologist to determine if a child who is alleged by petition or found to have engaged in delinquent conduct or conduct indicating a need for supervision is a child with mental illness, is unfit to proceed in juvenile court due to mental illness or intellectual disability, or lacks responsibility for conduct due to mental illness or an intellectual disability. [Tex. Fam. Code § 55.04\(a\)](#).

Guardian:

A guardian is the person who, by a court order, is the guardian of the person of the child or the public or private agency with whom the child has been placed by a court. [Tex. Fam. Code § 51.02\(4\)](#).

Hearing Examiner:

In a parole revocation hearing, a hearing examiner (an attorney employed by the Texas Juvenile Justice Department (TJJD)) determines if there is a preponderance of the evidence presented at a Level I hearing to prove the youth committed an alleged rule violation. The hearing examiner also determines if the requested dispositions will be imposed. [37 Tex. Admin. Code § 380.9550\(7\)](#).

Home and Community-Based Services Program:

HCS is a Medicaid waiver program approved by the Centers for Medicare & Medicaid Services (CMS) pursuant to section 1915(c) of the Social Security Act. [42 U.S.C. 1396n](#). It provides community-based services and support to eligible individuals as an alternative to an intermediate care facility for individuals with an intellectual disability or related conditions program. The HCS program is operated by the authority of the Health and Human Services Commission (HHSC). [26 Tex. Admin. Code § 263.4\(a\)](#).

Inpatient Mental Health Facility:

Refers to a mental health facility that can provide 24-hour residential and psychiatric services and that is:

- A facility operated by the Health and Human Services Commission (HHSC);
- A private mental hospital licensed by HHSC;
- A community center, facility operated by or under contract with a community center or other entity HHSC designates to provide mental health services;
- A local mental health authority or a facility operated by or under contract with a local mental health authority;
- An identifiable part of a general hospital in which diagnosis, treatment, and care for persons with mental illness is provided and that is licensed by the department; or
- A hospital operated by a federal agency. [Tex. Health & Safety Code § 571.003\(9\)](#).

Intake:

Intake means the administrative process for gathering information about a prospective patient and giving a prospective patient information about the facility²⁵ and the facility's treatment and services. [Tex. Health & Safety Code § 572.0025\(h\)\(3\)](#).

Intellectual and Developmental Disabilities (IDD):

IDD is a broader category than ID: it includes people with ID, DD, or both. DD are often lifelong disabilities that can be cognitive, physical, or both. Some Texas statutes on early identification, screening and assessment still do not currently address developmental disabilities, but developmental disabilities are important to consider as they often co-occur with mental illness and ID. Further, people with IDD are more likely than their peers without disabilities to be involved in the justice system, both as victims and suspects.²⁶

Intellectual Disability (ID):

ID means significantly subaverage general intellectual functioning that is concurrent with deficits in adaptive behavior and originates during the developmental period. [Tex. Code Crim. Proc. art. 46B.001\(8\)](#); [Tex. Health & Safety Code § 591.003](#).

²⁵ "Facility" as used in this statute refers to an inpatient mental health facility.

²⁶ See *Frequently Asked Questions on Intellectual Disability*, AMERICAN ASSOCIATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (AAIDD), <https://www.aaidd.org/intellectual-disability/faqs-on-intellectual-disability> (last visited Sept. 3, 2025).

Intellectual Disability Services:

Intellectual disability services include all services concerned with research, prevention, and detection of intellectual disabilities, and all services related to the education, training, habilitation, care, treatment, and supervision of persons with an intellectual disability, but does not include the education of school-age persons that the public education system is authorized to provide. [Tex. Health & Safety Code § 531.002\(10\)](#).

Interdisciplinary Team:

A group of intellectual disability professionals and paraprofessionals who assess the treatment, training, and habilitation needs of a person with an intellectual disability and make recommendations for services for that person. [Tex. Fam. Code § 55.01\(4\)](#).

Juvenile:

A juvenile is a person who is under the jurisdiction of the juvenile court, confined in a juvenile justice facility, or participating in a juvenile justice program. [37 Tex. Admin. Code § 341.100\(19\)](#).

Least Restrictive Appropriate Setting:

The treatment or service setting closest to the child's home that provides the child with the greatest probability of improvement and is no more restrictive of the child's physical or social liberties than is necessary to provide the child with the most effective treatment or services and to protect adequately against any danger the child poses to self or others. [Tex. Fam. Code § 55.01\(5\)](#).

Licensed Practitioner of the Healing Arts (LPHA):

An LPHA is a staff member who is a physician; a licensed professional counselor; a licensed clinical social worker; a psychologist; an advanced practice registered nurse; a physician assistant; or a licensed marriage and family therapist. [26 Tex. Admin. Code § 301.303\(35\)](#).

Local Behavioral Health Authority (LBHA):

LBHAs are units of government that provide services to a specific geographic area of the state, called the local service area. LBHAs deliver mental health and chemical dependency services in communities across Texas. An authority designated as an LBHA has all of the responsibilities and duties of a Local Mental Health Authority (LMHA), and the responsibility and duty to ensure that chemical dependency services are provided in the service area. [Tex. Health & Safety Code § 533.0356\(a\)](#). See also [Tex. Health & Safety Code § 461A.056](#).

Local Intellectual and Developmental Disability Authority (LIDDA):

LIDDAs are units of government that provide services to a specific geographic area of the state, called the local service area. LIDDAs serve as the point of entry for publicly funded intellectual and developmental disability programs, whether the program is provided by a public or private entity. LIDDA responsibilities are delineated in section 533.035 of the Texas Health and Safety Code. See [Tex. Health & Safety Code § 531.002\(12\)](#).

Local-level Interagency Staffing Group:

Local-level interagency staffing group means a group established under the memorandum of understanding described by §531.055, Texas Government Code. [Tex. Fam. Code § 53.011\(a\)\(2\)](#).

Local Mental Health Authority (LMHA):

LMHAs, also referred to as community centers, community mental health centers, or MHMRs, are units of local government that provide services to a specific geographic area of the state called the local service area. HHSC contracts with the 39 LMHAs/LBHAs to deliver mental health services in communities across Texas. Their responsibilities in this capacity are set out in Title 25, Chapter 412 of the Texas Administrative Code. See [Tex. Health & Safety Code §§ 533.035, 571.003\(11\)](#).

Medical Care:

“Medical Care” means all health care and related services provided under the medical assistance program under Chapter 32, Human Resources Code, and described by Section 32.003(4), Human Resources Code. [Tex. Fam. Code § 266.001\(5\)](#).

Mental Health Services:

“Mental Health Services” includes all services concerned with research, prevention, and detection of mental disorders and disabilities, and all services necessary to treat, care for, supervise and rehabilitate persons who have a mental disorder or disability, including persons whose mental disorders or disabilities result from a substance use disorder. [Tex. Health & Safety Code § 531.002\(14\)](#).

Mental Health Facility:

A mental health facility refers to:

- An inpatient or outpatient mental health facility operated by the department (meaning the Department of State Health Services), a federal agency, a political subdivision, or any person;
- A community center or a facility operated by a community center;
- That identifiable part of a general hospital in which diagnosis, treatment, and care for persons with mental illness is provided; or
- With respect to a reciprocal agreement entered into under section 571.0081 of the Texas Health and Safety Code, any hospital or facility designated as a place of commitment by HHSC, a local mental health authority, and the contracting state or local authority. [Tex. Health & Safety Code § 571.003\(12\)](#).

Mental Illness (MI):

Mental illness is an illness, disease, or condition that either:

- Substantially impairs a person’s thoughts, perception of reality, emotional process, or judgment; or
- Grossly impairs behavior as demonstrated by recent disturbed behavior.

The term, as statutorily defined, does not include epilepsy, dementia, substance abuse, or intellectual disability. [Tex. Health & Safety Code § 571.003](#).

Note that Chapter 46B of the Code of Criminal Procedure also defines this term and, in contrast to the definition above, provides that mental illness is an illness, disease, or condition that grossly impairs (rather than substantially impairs) a person’s thoughts, perception of reality, emotional process, or judgment; or grossly impairs behavior as demonstrated by recent disturbed behavior. [Tex. Code Crim. Proc. art. 46B.001\(11\)](#).

Mental Impairment:

Mental impairment means a mental illness, an intellectual disability, or a developmental disability. [Tex. Health & Safety Code § 614.001\(6\)](#).

Minimum Length of Stay:

The predetermined minimum period of time established by TJJD that a youth will be assigned to live in a high- or medium-restriction placement before being placed on parole status. [37 Tex. Admin. Code § 380.8501\(12\)](#).

Minimum Period of Confinement:

The predetermined minimum period of time established by law that a youth committed to TJJD on a determinate sentence must remain confined in a high-restriction placement. [37 Tex. Admin. Code § 380.8501\(13\)](#).

Non-physician Mental Health Professional:

Non-physician mental health professional means:

1. A psychologist licensed to practice in this state and designated as a health-service provider;
2. A registered nurse with a master's degree or doctoral degree in psychiatric nursing;
3. A licensed clinical social worker;
4. A licensed professional counselor, licensed to practice in this state;
5. A licensed marriage and family counselor, licensed to practice in this state; or
6. A licensed physician assistant who has expertise in psychiatry or is currently working in a mental health facility. [Tex. Health & Safety Code § 571.002\(15\)](#).

Offender with a Medical or Mental Impairment:

An offender with a medical or mental impairment means a juvenile or adult who is arrested or charged with a criminal offense and who:

- A. is a person with:
 - i. a mental impairment; or
 - ii. a physical disability, terminal illness, or significant illness; or
- B. is elderly. [Tex. Health & Safety Code § 614.001\(8\)](#).

Parent:

A parent is the mother or father of a child but does not include a parent whose rights have been terminated. [Tex. Fam. Code § 51.02\(9\)](#).

Person-Centered Language:

People-first language is used to communicate appropriately and respectfully with and about an individual with a disability. People-first language emphasizes the person first, not the disability. For example, when referring to a person with a disability, refer to the person first, by using phrases such as, “a person who ...”, “a person with ...” or, “person who has”

Tips	Use	Do not use
Emphasize abilities, not limitations	Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
	Person who uses a device to speak	Can't talk, mute
Do not use language that suggests the lack of something	Person with a disability	Disabled, handicapped
	Person of short stature	Midget
	Person with cerebral palsy	Cerebral palsy victim
	Person with epilepsy or seizure disorder	Epileptic
	Person with multiple sclerosis	Afflicted by multiple sclerosis
Emphasize the need for accessibility, not the disability	Accessible parking or bathroom	Handicapped parking or bathroom
Do not use offensive language	Person with a physical disability	Crippled, lame, deformed, invalid, spastic
	Person with an intellectual, cognitive, developmental disability	Slow, simple, moronic, defective, afflicted, special person
	Person with an emotional or behavioral disability, a mental health impairment, or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Avoid language that implies negative inferences	Person without a disability	Normal person, healthy person
Do not portray people with disabilities as inspirational only because of their disability	Person who is successful, productive	Has overcome his/her disability, is courageous

Physician:

Physician means: (1) a person licensed to practice medicine in this state; (2) a person employed by a federal agency who has a license to practice medicine in any state; or (3) a person authorized to perform medical acts under a physician-in-training permit at a Texas postgraduate training program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the Texas Medical Board. [Tex. Health & Safety Code § 571.002\(18\)](#).

Qualified Mental Health Professional – Community Services (QMHP-CS):

A QMHP-CS has demonstrated and documented competency in the work to be performed, and has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; is a registered nurse; or completes an alternative credentialing process in accordance with § 412.316(c) and (d) of this title. [26 Tex. Admin. Code § 301.303\(48\)](#).

Record:

Record means any documentation related to a juvenile matter, including information contained in that document. [Tex. Fam. Code § 58.251\(4\)](#).

Referral to Juvenile Court:

A referral to juvenile court is the referral of a child or a child's case to the office or official, including an intake officer or a probation officer, designated by the juvenile board to process children within the juvenile justice system. [Tex. Fam. Code § 51.02\(12\)](#).

Remote Proceeding:

A proceeding in which one or more of the participants, including a judge, party, attorney, witness, court reporter, or other individual, attends the proceeding remotely through the use of technology and the Internet, including through teleconferencing or videoconferencing. [Tex. Fam. Code § 54.012\(e\)](#).

Residential Care Facility:

A residential care facility is a state supported living center or the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) component of the Rio Grande Center. [Tex. Health & Safety Code § 591.003\(18\)](#).

Psychiatric Residential Youth Treatment Facility:

A psychiatric residential youth treatment facility means a private facility that provides psychiatric health treatments and services in a residential, nonhospital setting exclusively to individuals who are 21 years of age or younger and is licensed as a general residential operation under Chapter 42, Human Resources Code. The term includes a facility that provides room & board. [Health & Safety Code § 577A.001\(3\)](#)

Restoration Classes:

Curriculum-based educational sessions a child attends to assist in restoring the child's fitness to proceed, including the child's capacity to understand the proceedings in juvenile court and to assist in the child's own defense. [Tex. Fam. Code § 55.01\(7\)](#).

School Offense:

A school offense is an offense committed by a child enrolled in a public school that is a Class C misdemeanor other than a traffic offense and that is committed on property under the control and jurisdiction of a school district. [Tex. Ed. Code § 37.141\(2\)](#).

Sequential Intercept Model:

The Sequential Intercept Model is a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system. For a more detailed description, see Chapter 4 of this bench book.

Serious Emotional Disturbance (SED):

Serious emotional disturbance is a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.²⁷ Many mental health resources refer to SED in children, and to serious mental illness (SMI) in adults.

State Hospital:

A state hospital is a state-operated hospital inpatient mental health facility operated by HHSC that provides 24-hour residential and psychiatric services to persons civilly and forensically admitted. [Tex. Health & Safety Code § 571.003\(9\)](#).

State-Supported Living Center (SSLC):

A SSLC is a state-supported and structured residential facility operated by HHSC to provide clients with an intellectual disability a variety of services, including medical treatment, specialized therapy, and training in the acquisition of personal, social, and vocational skills. [Tex. Health & Safety Code § 531.002\(19\)](#).

Subaverage General Intellectual Functioning:

Intelligence that is measured on standardized psychometric instruments of two or more standard deviations below the age-group mean for the instruments used. [Tex. Fam. Code § 55.01\(8\)](#).

Texas Commission on Law Enforcement (TCOLE):

TCOLE is the agency that establishes and enforces standards to ensure that the people of Texas are served by highly trained and ethical law enforcement, corrections, and telecommunications personnel.

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI):

TCOOMMI is the agency responsible for providing a formal structure for criminal justice, health and human services, and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs, including those with MI and ID. The TCOOMMI program monitors, coordinates, and implements a continuity of care system through collaborative efforts with the 39 LMHAs/LBHAs throughout the state. Outpatient levels of service include Intensive Case Management, Transitional Case Management, and Continuity of Care for individuals on probation or parole. See [Tex. Health & Safety Code Ch. 614](#).

²⁷ *Serious Mental Illness and Serious Emotional Disturbance*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, <https://www.samhsa.gov/find-help/disorders> (last visited Sept. 3, 2025).

Texas Juvenile Justice Department (TJJD):

TJJD is the state agency responsible for the supervision and rehabilitation services provided by the juvenile justice system in the community and in residential and secure facilities. Following its creation in 2011, TJJD was tasked with the following purposes:

1. creating a unified state juvenile justice agency that works in partnership with local county governments, the courts, and communities to promote public safety by providing a full continuum of effective supports and services to youth from initial contact through termination of supervision; and
2. creating a juvenile justice system that produces positive outcomes for youth, families, and communities by:
 - A. assuring accountability, quality, consistency, and transparency through effective monitoring and the use of systemwide performance measures;
 - B. promoting the use of program and service designs and interventions proven to be most effective in rehabilitating youth;
 - C. prioritizing the use of community-based or family-based programs and services for youth over the placement or commitment of youth to a secure facility;
 - D. operating the state facilities to effectively house and rehabilitate the youthful offenders that cannot be safely served in another setting; and
 - E. protecting and enhancing the cooperative agreements between state and local county governments. [Tex. Hum. Res. Code § 201.002.](#)

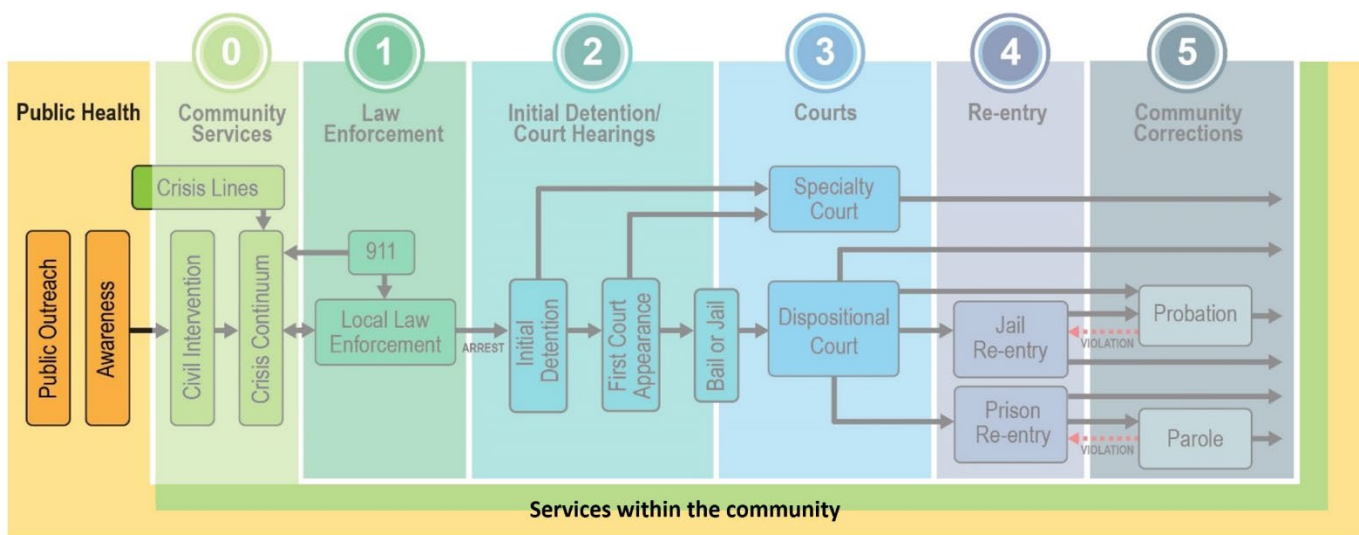
Trauma Informed Care:

Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful to life-threatening with lasting adverse effects on the individual's functioning or the individual's mental, physical, social, emotional, or spiritual well-being.

An individual, program, organization, or system that is trauma-informed fully integrates knowledge about trauma into policies, procedures, and practices by:

1. Realizing the widespread impact of trauma, understanding potential paths for recovery, and acknowledging the compounding impact of structural inequities related to culture, history, race, gender, identity, locale, and language;
2. Recognizing the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Maximizing physical and psychological safety and responding to the impact of structural inequities on individuals and communities;
4. Building healthy, trusting relationships that create mutuality among children, families, caregivers, and professionals at an individual and organizational level; and
5. Striving to avoid re-traumatization. [40 Tex. Admin. Code § 702.701.](#)

Chapter 4: Public Health



4.1 Public Health

Public health addresses the importance of laying a foundation that sets up individuals, families, and public outreach systems for appropriate identification of and responses to mental health and intellectual and developmental disabilities (IDD) issues before any justice-related system comes into play.²⁸ Addressing mental health issues does not and should not begin with the justice system.²⁹ Ideally, many people in a child's life, including family members, educators, and physicians, will understand the signs of mental illness and IDD, as well as the social determinants of good mental health such as the availability of healthy food, safe homes and neighborhoods, the quality of relationships, and experiences with trauma and grief. While there is no guarantee that a child or adolescent with MI or IDD will not eventually interact with the justice system, early intervention is ideal.³⁰ Therefore, this Bench Book includes Public Health as the first opportunity to intercept an individual from moving further into the system, although it might be more appropriate to think of public health flowing through each intercept. Mental health and IDD awareness can be increased by public outreach to individuals including children, families, and support systems. Awareness is intentionally broad and refers to identification as well as awareness of resources.

4.2 Systems of Care

Systems of Care is a shared set of guiding principles that are used to address problems in mental health systems for children and youth. This bench book has adopted this approach to describe comprehensive needs of people with mental health conditions and their families, rather than providing mental health treatment in isolation.³¹ For all interventions in this bench book, it is helpful to consider interagency collaboration; individualized strengths-based care that is trauma-informed; cultural competence; individual and family involvement; community-based services; and accountability. These principles are essential elements of delivering care.

²⁸ National Center for State Courts, Research Division, *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.

²⁹ *Id.*

³⁰ *Id.*

³¹ Beth A. Stroul et al., *The Evolution of the System of Care Approach for Children, Youth, and Young Adults with Mental Health Conditions and Their Families*, <https://www.cmhnetwork.org/wp-content/uploads/2021/05/The-Evolution-of-the-SOC-Approach-FINAL-5-27-2021.pdf>

4.2.1 Individual Awareness

Identifying signs of mental illness is the first step to achieving effective responses. Children and adolescents seek help from a parent or guardian when they feel that it is safe and normal to ask for help. They need trusted adults to listen and to provide a warm and trusting environment. Research supports multi-disciplinary early intervention approaches.³² These Avenues of awareness include teachers and other school personnel, childcare workers, after school program staff, coaches, pediatricians, and media sources.

Studies have shown that a significant portion of pediatric primary care visits address MH problems.³³ Texas has continued to move towards an integrated behavioral health care model, such as the Collaborative Care model, that better supports primary care physicians (PCPs) and the children they serve as PCPs are often the first connection to services for mental health and substance use care with children and adolescents.³⁴ Sesame Street's collection of *Traumatic Experiences*³⁵ and *Caring for Each Other*³⁶ videos demonstrate that it is never too early to begin these conversations.

4.2.2 Family Support

Parents, guardians, and relatives are often the first to recognize signs of a child's possible mental health condition. Families should be encouraged to seek out information and support from their community as soon as possible, as early intervention can result in a better outcome for the child. Organizations such as NAMI and the Texas Health and Human Services Commission (HHSC)³⁷ provide guidelines for communicating with children about mental health, responding to a mental health crisis, and finding available resources in the community.

4.2.3 Public Outreach

Public outreach and campaigns to enhance mental health awareness enable citizens, loved ones, and professionals to identify and correctly respond to the need for mental health interventions before a crisis occurs. Two such campaigns are Okay to Say³⁸ and Children's Mental Health Awareness Day.³⁹ 9-8-8 is a nationwide, three-digit phone number that people can call to speak with suicide prevention and mental health counselors at the existing National Suicide Prevention Lifeline (1-800-273-TALK).⁴⁰ New efforts are underway every day and connecting them with existing needs is a critical step.

³² Prevention and Early Intervention in Youth Mental Health: Is it Time for a Multidisciplinary and Trans-Diagnostic Model for Care?, Colizzi, M., Lasalvia, A. & Ruggeri, M. . Int J Ment Health Syst 14, 23 (2020). <https://doi.org/10.1186/s13033-020-00356-9>

³³ Barriers to Children's Mental Health Services OWENS, PAMELA L. et al. Journal of the American Academy of Child & Adolescent Psychiatry, Volume 41, Issue 6, 731 - 738 <https://pubmed.ncbi.nlm.nih.gov/12049448/>

³⁴ Clinical Update: Collaborative Mental Health Care for Children and Adolescents in Pediatric Primary Care Schlesinger, Abigail et al. Journal of the American Academy of Child & Adolescent Psychiatry, Volume 62, Issue 2, 91 - 119 [https://www.jaacap.org/article/S0890-8567\(22\)00315-X/fulltext](https://www.jaacap.org/article/S0890-8567(22)00315-X/fulltext)

³⁵ *Traumatic Experiences*, SESAME STREET IN COMMUNITIES, <https://sesamestreetincommunities.org/topics/traumatic-experiences/> (last visited Sept. 3, 2025).

³⁶ *Caring for Each Other*, SESAME STREET, <https://www.sesamestreet.org/caring> (last visited Sept. 3, 2025).

³⁷ TEXAS HEALTH AND HUMAN SERVICES COMMISSION, <https://hhs.texas.gov/> (last visited Sept. 3, 2025).

³⁸ OKAY TO SAY, <https://www.okaytosay.org/> (Last visited Sept. 3, 2025).

³⁹ AMERICAN PSYCHOLOGICAL ASSOCIATION, CHILDREN'S MENTAL HEALTH AWARENESS DAY, <https://www.apa.org/pi/families/children-awareness-day> (Last visited Sept. 3, 2025).

⁴⁰ FEDERAL COMMUNICATIONS COMMISSION, FCC DESIGNATES '988' AS 3-DIGIT NUMBER FOR NATIONAL SUICIDE PREVENTION HOTLINE (2020), <https://docs.fcc.gov/public/attachments/DOC-365563A1.pdf>.

4.2.4 Death by Suicide

Death by suicide is closely linked to mental illness, but a majority of people who have a mental illness do not die by suicide.⁴¹ National research shows that youth in foster care are four times more likely to have attempted suicide than youth who have never been in care,⁴² and youth who are involved in the juvenile justice system have up to a four times higher rate of suicide than youth who are not justice system-involved.⁴³

Several initiatives are under way to combat this preventable tragedy. Texas Suicide Prevention Council⁴⁴ developed both a training program, ASK About Suicide to Save a Life,⁴⁵ to recognize suicide risk factors, protective factors, warning signs, and appropriate referral strategies. Additionally, the Texas Suicide Prevention Council updated the state suicide prevention plan,⁴⁶ and created a toolkit for schools.⁴⁷



Legislative Change

S.B. 1390 (86th Reg. Sess. (2019)) promoted comprehensive suicide prevention strategies in schools, including prevention of suicidal behaviors, and required state agencies to focus on the reduction of suicide rates among all Texans.

S.B. 18 (86th Reg. Sess. (2019)) contained measures to support mental health in schools, including a requirement for districts to create an “improvement plan” incorporating evidence-based practices for suicide prevention, positive behavior interventions including grief- and trauma-informed care, and teacher instruction on positive behavioral interventions for students with mental health or substance use conditions.

4.2.5 Trauma-Informed Care

Trauma-Informed Care is more than a trending buzzword. Research shows that trauma impacts a child’s development and health. The groundbreaking Adverse Childhood Experiences (ACEs) study⁴⁸ and replicated studies since demonstrate that childhood stress is linked to poor health outcomes, including obesity, diabetes, depression, alcohol and drug abuse, low graduation rates, poor employment prospects, heart disease, stroke, and cancer.⁴⁹

⁴¹ TEX. SUICIDE PREVENTION COUNCIL, TEXAS STATE PLAN FOR SUICIDE PREVENTION 2023-2028 4 (2013), http://texassuicideprevention.org/wp-content/uploads/2023/01/StatePlan_3January2023.pdf.

⁴² *Id.* (citing Daniel J. Pilowsky & Li-Tzy Wu, *Psychiatric Symptoms and Substance Use Disorders in a Nationally Representative Sample of American Adolescents Involved with Foster Care*, 38 J. OF ADOLESCENT HEALTH 351 (2006)).

⁴³ *Id.* (citing U.S. Dep’t of Health and Hum. Serv. Off. of the Surgeon Gen. & Nat’l Action Alliance for Suicide Prevention, *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action* (2012)), <https://www.hhs.gov/sites/default/files/national-strategy-for-suicide-prevention-overview.pdf>

⁴⁴ TEXAS SUICIDE PREVENTION, <https://texassuicideprevention.org/> (last visited Sept. 3, 2025).

⁴⁵ *Ask About Suicide (ASK)*, TEXAS SUICIDE PREVENTION, <https://texassuicideprevention.org/training/video-training-lessons-guides/ask-about-suicide-ask/> (last visited Sept. 3, 2025).

⁴⁶ TEX. SUICIDE PREVENTION COUNCIL, TEXAS STATE PLAN FOR SUICIDE PREVENTION 2023-2028 4 (2013), http://texassuicideprevention.org/wp-content/uploads/2023/01/StatePlan_3January2023.pdf (last visited Sept. 3, 2025).

⁴⁷ *Texas Suicide Prevention Toolkit*, TEXAS SUICIDE PREVENTION, <https://texassuicideprevention.org/information-library/texas-suicide-prevention-toolkit/> (last visited Sept. 3, 2025).

⁴⁸ Vincent J. Felitti et. al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, 14 AM. J. OF PREVENTIVE MED., 245-58 (1998), [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/fulltext#secid1847701e2623](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext#secid1847701e2623)

⁴⁹ *About the CDC-Kaiser ACE Study*, CENTERS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/violenceprevention/aces/about.html> (last visited Sept. 3, 2025).

Estimates of ACEs among children and youth in the major child-serving systems in Texas show the need for these systems to be adept at identifying, understanding, and treating trauma. Statewide, approximately 730,000 children and adolescents have experienced three or more ACEs.⁵⁰ Nearly 90,000 children and adolescents under the age of 17 have been exposed to 10 or more episodes of violence,⁵¹ and among youth involved within the juvenile justice system in Texas, 5,900 have experienced four or more ACEs.⁵²

Children and adolescents who are not experiencing consistent physical and emotional safety may develop behaviors and coping mechanisms which allow them day-to-day survival and function. These learned adaptations make sense when a physical or emotional threat is pervasive but are not helpful once a person is no longer under such threats.⁵³ Trauma and ACEs can result in a range of behaviors which are punishable by law, including a referral to juvenile court.

Knowing that children who interact with the juvenile justice system are vulnerable to trauma, our systems must respond to the needs of children and families through a trauma-informed lens. This requires judges, attorneys, court staff, and other stakeholders to understand how traumatic responses present in the children and families before the court and adapt courtroom practices to help families build resilience. In doing so, serving children and families moves beyond responding to behaviors to promoting healing. A trauma-informed juvenile justice system “acknowledges the prevalence and impact of trauma and attempts to create a sense of safety for all persons, whether or not they have experienced trauma.”⁵⁴

The essential elements of a trauma-informed juvenile justice system⁵⁵ are:

1. Trauma-informed policies and procedures
2. Identification and screening of youth who have been traumatized
3. Clinical assessment and intervention for trauma-impaired youth
4. Trauma-informed programming and staff education
5. Prevention and management of secondary traumatic stress
6. Trauma-informed partnering with youth and families
7. Trauma-informed cross system collaboration
8. Trauma-informed approaches to address disparities and diversity.

In 2017, the Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families⁵⁶ launched the Statewide Collaborative on Trauma-Informed Care (SCTIC)⁵⁷ to elevate trauma-informed policy and practices in the Texas child welfare system by creating a statewide strategy to support system

⁵⁰ MEADOWS MENTAL HEALTH POLICY INST., TRAUMA-INFORMED CARE FINAL REPORT 21 (2017), <http://texaschildrenscommission.gov/media/83503/trauma-informed-care-final-report.pdf>.

⁵¹ *Id.* at 22.

⁵² *Id.* at 23.

⁵³ *Complex Trauma Effects*, THE NATIONAL CHILD TRAUMATIC STRESS NETWORK, <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects> (last visited Sept. 3, 2025).

⁵⁴ MEADOWS MENTAL HEALTH POLICY INST., TRAUMA-INFORMED CARE FINAL REPORT 5 (2017), <http://texaschildrenscommission.gov/media/83503/trauma-informed-care-final-report.pdf>.

⁵⁵ THE NATIONAL CHILD TRAUMATIC STRESS NETWORK, ESSENTIAL ELEMENTS OF A TRAUMA-INFORMED JUVENILE JUSTICE SYSTEM (2015), https://www.nctsn.org/sites/default/files/resources/essential_elements_trauma_informed_juvenile_justice_system.pdf (last visited Sept. 3, 2025).

⁵⁶ THE SUPREME COURT OF TEXAS PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH AND FAMILIES, <http://texaschildrenscommission.gov/>

⁵⁷ *Statewide Collaborative on Trauma-Informed Care*, THE SUPREME COURT OF TEXAS PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH, AND FAMILIES, <http://texaschildrenscommission.gov/our-work/systems-improvement/sctic/> (last visited Sept. 3, 2025).

reform, organizational leadership, cross-systems collaboration, and community-led efforts with data-informed initiatives. The SCTIC published a report in February 2019 entitled “Building a Trauma-Informed Child Welfare System: A Blueprint.”⁵⁸ The Trauma Blueprint provides a plan for the state to advance trauma-informed care practices in the child welfare system, recognizes the interactions with other systems, and suggests that the Blueprint can and should be used as a framework for any system.

The presence of ACEs does not mean that a child will experience poor life outcomes. Positive experiences and protective factors can prevent children from experiencing adversity and protect against many negative health and life outcomes.⁵⁹ Judges have the power to lead the way in transforming the juvenile justice system into one that engages the children in their courtrooms, avoids re-traumatization, and supports recovery, all in the pursuit of increased public safety and reduced recidivism.



Reflection Point

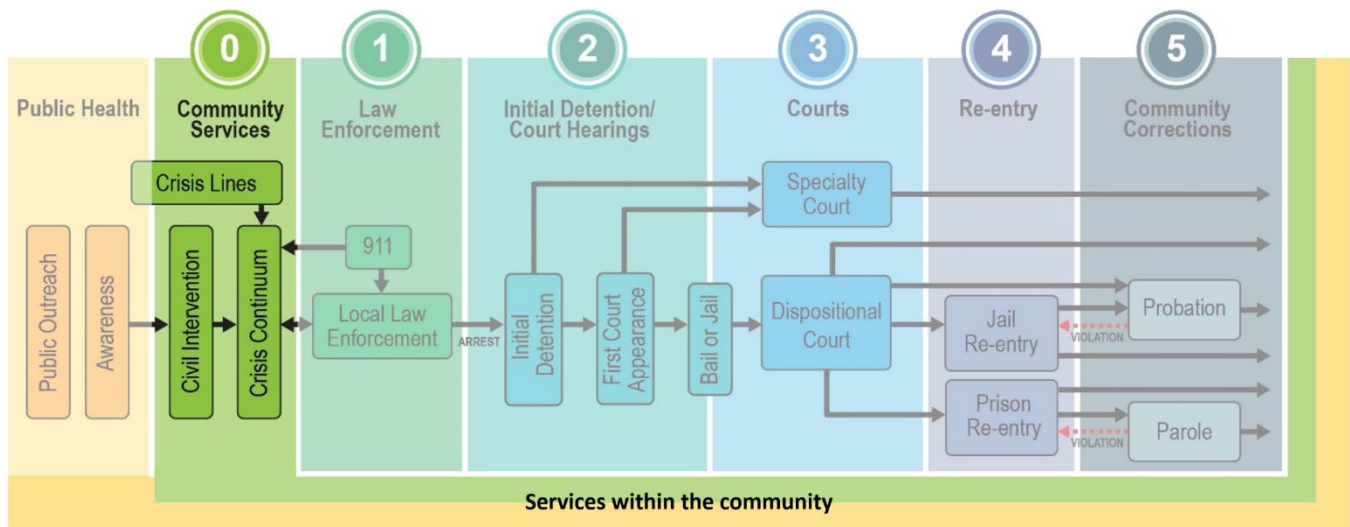
All assumptions and interactions with juveniles should consider adolescent brain development, trauma, and stigma.

⁵⁸ THE SUPREME COURT OF TEXAS PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH, AND FAMILIES, Building a Trauma-Informed Child Welfare System: A Blueprint (2019) <http://texaschildrenscommission.gov/media/84026/building-a-trauma-informed-child-welfare-system-a-blueprint-online.pdf>

⁵⁹ Resilience: A Powerful Weapon in the Fight Against ACEs, CENTER FOR CHILD COUNSELING, <https://www.centerforchildcounseling.org/resilience-a-powerful-weapon-in-the-fight-against-aces/> (last visited Sept. 3, 2025).

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Chapter 5: Intercept 0—Community Services



5.1 Community Services

Community Services encompasses early intervention points for children with mental illness or intellectual or developmental disabilities (IDD) before they are taken into custody by law enforcement. It captures systems and services designed to connect children with treatment before a mental health crisis begins or at the earliest possible stage of system exposure. In Texas, these include schools and other services such as crisis hotlines, screening and assessment, youth crisis-response teams, and specially trained law enforcement. Children and adolescents are eligible for many of the same services and supports as adults.

An understanding of complex trauma and its association with the risk of delinquency is critical to early intervention. Effective intervention that addresses factors related to complex trauma *before* a youth becomes involved in the juvenile justice system can prevent youth from offending and entering the system.⁶⁰ The effect of trauma is cumulative: the greater the number of traumatic events that a child experiences, the greater the risks to a child's development and their emotional and physical health.⁶¹

Youth who experience complex trauma have been exposed to a series of traumatic events that include interpersonal abuse and violence, often perpetrated by those who are meant to protect them.⁶² This level of traumatic exposure has extremely high potential to derail a child's development on a number of levels.⁶³ Communities must work together to recognize and address mental illness, intellectual and

⁶⁰ National Council of Juvenile and Family Court Judges, *Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency* (2010), https://www.ncjfcj.org/wp-content/uploads/2012/02/trauma-bulletin_o.pdf#:~:text=Ten%20Things%20Every%20Juvenile%20Court%20Judge%20Should%20Know,NCTSN%20Office%20of%20Juvenile%20Justice%20and%20Delinquency%20Prevention (last visited Sept. 3, 2025).

⁶¹ Id.

⁶² Id.

⁶³ Id.

development disabilities, and traumatic stress, and to provide early interventions for treatment before a youth becomes entrenched in a pattern of maladaptive and problematic behavior.⁶⁴



Reflection Point

As a judge, consider building strengths-based teamwork between families and systems. Seek to identify existing community coalitions and organizations that will build a network of support for children and families in advance of justice-involvement.

5.2 Community-based Mental Health Services

Community-based mental health services are available for children and adolescents with intellectual disabilities, developmental disabilities, serious emotional disturbance, mental illnesses, and substance use disorders. As a judge and a community leader, it is advantageous to have a general understanding of the resources available in your community.⁶⁵



Reflection Point

As a judge, it is important to remember that all youth benefit from developmentally appropriate, individualized services at every intercept point.

5.2.1 Services Provided by Local Mental Health Authorities and Local Behavioral Health Authorities (LMHAs/LBHAs)

LMHAs and LBHAs serve as the point of entry for publicly funded, privately funded, or unfunded mental health services for people who are assessed with mental illness in Texas.

5.2.1.1 Statutorily Required Services

Each of the 39 LMHAs/LBHAs is required to provide:

- 24-hour emergency screening and rapid crisis stabilization services;⁶⁶
- Community-based crisis residential services or hospitalization;
- Community-based assessments, including the development of interdisciplinary treatment plans and diagnosis and evaluation services;
- Medication-related services, including medication clinics, laboratory monitoring, medication education, mental health maintenance education, and the provision of medication; and
- Psychosocial rehabilitation programs, including social support activities, independent living skills, and vocational training. [Tex. Health & Safety Code § 534.053\(a\)](#).

To the extent that resources are available, LMHAs/LBHAs shall:

- Ensure that the services listed in this section are **available for children, including adolescents**, as well as adults, in each service area;

⁶⁴ *Id.* at 5.

⁶⁵ HHSC has a program called 2-1-1 Texas, which helps Texas citizens connect with services. *See 211 Connecting People and Services*, TEX. HEALTH & HUMAN SERV., <https://www.211texas.org/about-2-1-1/> (last visited Sept. 3, 2025) for more information. *See also*, HON. BARBARA HERVEY ET AL., TEXAS MENTAL HEALTH RESOURCE GUIDE, (1st ed. 2019), <https://www.txcourts.gov/media/1445767/texas-mental-health-resource-guide-01242020.pdf>. (A compilation of mental health and substance use disorder resources across Texas organized by county.).

⁶⁶ Every LMHA/LBHA has a 24-hour crisis line. Find yours here: *Mental Health Crisis Services*, TEX. HEALTH & HUM. SERV., <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services> (last visited Sept. 3, 2025).

- Emphasize early intervention services for children, including adolescents, who meet the department's⁶⁷ definition of being at high risk of developing severe emotional disturbances or severe mental illnesses; and
- Ensure that services listed in this section are available for defendants required to submit to mental health treatment under Article 17.032, 42A.104, or 42A.506, Code of Criminal Procedure. [Tex. Health & Safety Code § 534.053\(c\)](#).

5.2.1.2 General Services LMHAs/LBHAs

- Provide a full array of services and supports for people with mental illness.⁶⁸
- Are responsible for admitting eligible people with Medicaid into an assessed and most appropriate level of care based on completion of the Uniform Assessment.⁶⁹
- Are responsible for admitting eligible people, when they have capacity, into an assessed and most appropriate level of care based on completion of the Uniform Assessment.
- Are responsible for completing Preadmission Screening and Resident Review (PASRR)⁷⁰ Evaluations, known as a PE, for people suspected of having a serious mental illness seeking admission to a Medicaid-certified nursing facility.
- Provide specialized services in the most appropriate setting for the people, including the nursing facility, who are PASRR positive and agree to receive the Mental Health Specialized Services.⁷¹

5.2.1.3 Diagnostic Criteria

A local mental health authority shall ensure the provision of assessment services, crisis services, and intensive and comprehensive services using disease management practices for adults with bipolar disorder; schizophrenia; or clinically severe depression **and for children with serious emotional illnesses**. The local mental health authority shall ensure that individuals are engaged with treatment services that are:

- Ongoing and matched to the need of the individual in type, duration, and intensity;
- Focused on a process of recovery designed to allow the individual to progress through levels of service;
- Guided by evidence-based protocols and a strength-based paradigm of service; and
- Monitored by a system that hold the local authority accountable for specific outcomes, while allowing flexibility to maximize local resources [Tex. Health & Safety Code § 534.0354\(a\)](#).

⁶⁷ As used here, "department" refers to the Department of State Health Services (DSHS). The 84th Legislature made structural changes to the Health and Human Services system, including transferring some DSHS functions to HHSC. HHSC defines which children are at high risk of developing severe emotional disturbances or severe mental illnesses.

⁶⁸ State performance contracts with LMHAs define the mental health priority population, or the groups of children, adolescents, and adults with mental illness or serious emotional disturbance assessed as most in need of mental health services. [26 Tex. Admin. Code § 306.153\(46\)](#).

⁶⁹ The Uniform Assessment is an assessment used by the Texas Health and Human Services Commission as Form 3020. See <https://hhs.texas.gov/laws-regulations/forms/3000-3999/form-3020-uniform-assessment> (last visited Sept. 3, 2025).

⁷⁰ PASRR is a federally mandated program that requires all states to prescreen all people, regardless of payer source or age, seeking admission to a Medicaid-certified nursing facility. For more information, see *Preadmission Screening Resident Review*, TEX. HEALTH & HUM. SERV., <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr> (last visited Sept. 3, 2025).

⁷¹ Specialized Services are administered by LMHAs/LBHAs, LIDDAs, and nursing facilities. See *Specialized Service Definitions & Provider Roles*, TEX. HEALTH & HUM. SERV., <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/specialized-service-definitions-provider-roles> (last visited Sept. 3, 2025).

5.3 Community-based IDD Services

5.3.1 How People with IDD Receive Services and Supports

5.3.1.1 Waiver Services

Waiver services for individuals, including children, include the following:

- **Home and Community-based Services (HCS)** is a Medicaid waiver program approved by Centers for Medicare & Medicaid Services (CMS) pursuant to section 1915(c) of the Social Security Act. It provides community-based services and supports to eligible individuals as an alternative to an intermediate care facility for individuals with an intellectual disability or related condition. The HCS Program is operated by the Texas Health and Human Services Commission (HHSC), formerly the Department of Aging and Disability Services. [26 Tex. Admin. Code § 263.4\(a\)](#).
- **Texas Home Living (TxHmL)** supplies essential services and supports to Texans with ID or a related condition so that they can continue to live in the community.
- **Community Living Assistance and Support Services (CLASS)** provides home- and community-based services to people with related conditions as a cost-effective alternative to placement in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).
- **Deaf-blind with Multiple Disabilities** focuses on increasing opportunities for people who are deaf-blind with multiple disabilities to communicate and interact with their environment, providing a cost-effective alternative to institutional placement.

5.3.1.2 State Plan Services

- **Community First Choice (CFC)** is a program that enables Texas Medicaid to provide the most cost-effective approach to basic attendant and habilitation service delivery.

5.3.2 How Programs are Funded

- **Medicaid Waivers** are federal funds that help provide services to people who would otherwise be in an institution, nursing home, or hospital to receive long-term care in the community.
- **General Revenue (GR) Funded Services** are state funds from the General Revenue that are primarily intended to help people remain in their own or their family's homes. Not all GR funded services are available in all areas of the state. GR services are provided through a LIDDA.

5.3.3 Where Services are Provided

- Person's own home or family home
- Community-based residential home
- Schools
- Intermediate Care Facilities for Individuals with an ID or Related Condition (ICF/IID)
- State Supported Living Centers (SSLCs)

5.3.4 Local Intellectual and Developmental Disability Authorities (LIDDA's) Serve Individuals with IDD

A LIDDA's role is to serve as the single point of access to certain publicly funded services and support for the residents within the LIDDA's local service area. A LIDDA's responsibilities include:

- Developing a plan of services and supports. If the designated LIDDA determines an individual is eligible for and desires service coordination, the LIDDA must develop a plan of services and support for the individual using person-directed planning that is consistent with DADS *Person Directed Planning Guidelines*.⁷²
- Provision of service coordination.
- Revising the plan of services and supports.
- Minimum contact.
- Individuals enrolled in the TxHmL Program. In addition to the requirements in this subchapter, a LIDDA must ensure service coordination is provided to individuals enrolled in the TxHmL Program in accordance with Chapter 9, Subchapter N of this title (relating to Texas Home Living (TxHmL) Program and Community First Choice (CFC) and Chapter 41 of this title (relating to Consumer Directed Services Option)).
- Individuals enrolled in the HCS Program. In addition to the requirements in this subchapter, a LIDDA must ensure service coordination is provided to individuals enrolled in the HCS Program in accordance with Chapter 9, Subchapter D, of this title (relating to Home and Community-based Services (HCS) Program and Community First Choice (CFC)) and Chapter 41 of this title. [26 Tex. Admin. Code § 331.11](#); see also LIDDA Performance Contract.⁷³

Local Intellectual and Developmental Disability Authorities

In all but two Texas counties (Bexar and Dallas), the LMHA and LIDDA functions are united under one local agency. A list of these agencies can be found in the Appendix. Stand-alone LIDDAs are:

LIDDA	Address	Phone Number	County Served
Alamo Area Council of Governments https://aacog.gov/	2700 NE Loop 410 Suite 101 San Antonio, TX 78217	210-362-5200 210-832-5020 (intake) 210-832-5022 (crisis)	Bexar
Metrocare https://www.metrocareservices.org/	Multiple locations in Dallas County	214-948-9950 214-333-7000 (intake) 214-743-1215 (crisis)	Dallas

5.3.4.1 Types of Services Offered or Contracted

Screening is performed in person or by telephone contact with persons to determine a need for services.

Eligibility determination includes an interview and assessment, or an endorsement conducted in accordance with Texas Health and Safety Code section 593.005, and 26 Tex. Admin. Code § 330.9 to determine if a person has an intellectual disability or is a member of the IDD priority population.

⁷² TEX. DEP'T. OF AGING & DIS. SVCS., PERSON DIRECTED PLANNING GUIDELINES, <https://www.hhs.texas.gov/sites/default/files/documents/person-directed-planning-guidelines.pdf>

⁷³ Health & Hum. Serv. Comm'n, Complete Fiscal Year 2018-2019 Performance Contract Notebook, Statement of Work A-1 (2017), <https://contracts.hhs.texas.gov/>

Service coordination helps people access medical, social, educational, and other services and supports that will help them achieve an acceptable quality of life and community participation.

Community supports are individualized activities that are provided in the person's home and at community locations, such as libraries and stores. Supports may include:

- Habilitation and support activities that foster improvement of, or facilitate, the person's ability to perform daily living activities;
- Activities that help preserve the family unit and prevent or limit out-of-home placement of the person;
- Transportation for the person between home and their community employment site or day habilitation site; and
- Transportation to facilitate the person's employment opportunities and participation in community activities.

Permanency Planning is required by the LIDDA for persons under age 22 who reside in an ICF/IID, an HCS residential group home, or nursing facility.

Respite is either planned or emergency short-term relief provided by trained staff to the person's unpaid caregiver when the caregiver is temporarily unavailable. If enrolled in other services, the person continues to receive those services as needed during the respite period.

Crisis respite provides short-term respite for persons with IDD:

- Out-of-home crisis respite provides on-site therapeutic support and 24-hour supervision; and
- In-home crisis respite provides therapeutic support in a less restrictive setting for crises that can be resolved within a 72-hour period.

Employment assistance helps people locate paid jobs, and includes helping them:

- Identify employment preferences, skills, and work requirements and conditions; and
- Identify prospective employers who offer appropriate employment.

Supported employment is provided to a person who has paid employment to help them sustain that employment. It includes individualized support services, supervision, and training.

Nursing is provided to people who require treatment and monitoring of health care conditions and related procedures that are prescribed by a physician or medical practitioner or that are required by standards of professional practice or state law to be performed by licensed nursing personnel.

Behavioral supports are specialized interventions to help people increase adaptive behaviors and to replace or modify maladaptive behaviors that prevent or interfere with their inclusion in home and family life or community life. Supports include:

- Assessing and analyzing assessments findings to design an appropriate behavior support plan;
- Developing an individualized behavior support plan consistent with the outcomes identified in the person-directed plan;
- Training and consulting with family members or other providers and, as appropriate, with the person; and
- Monitoring and evaluating the success of the behavior support plan and modifying it as necessary.

Crisis Intervention Specialists train groups and providers to work with people with IDD who are at risk of needing crisis services. The CIS helps people access crisis respite and develop crisis prevention plans. The CIS also works with the local Mobile Crisis Outreach Team (MCOT) during crisis events. MCOT provides a combination of crisis services including emergency care, urgent care and crisis follow-up and relapse prevention to the person in the community.

Specialized therapies include assessment and treatment by licensed or certified professionals for social work services, counseling services, occupational therapy, physical therapy, speech and language therapy, audiology services, dietary services, and behavioral health services other than those provided by an LMHA, as well as training and consulting with family members or other providers.

Vocational training is a service provided to people in industrial enclaves, work crews, sheltered workshops or supportive industry settings to help them get a job.

Individualized Skills and Services assist with getting, keeping, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life. This service is normally provided regularly in a group setting (not in the person's residence) and includes personal assistance for those who cannot manage their personal care needs during day habilitation and need assistance with medications and performing tasks delegated by a registered nurse.⁷⁴

Medicaid Program Enrollment: LIDDAs are responsible for enrolling eligible individuals into the following Medicaid programs:

- Intermediate Care Facilities for Individuals with Intellectual Disabilities (a 24-hour residential setting including state-supported living centers);
- Home and Community-based Services (HCS);⁷⁵ and
- Texas Home Living.⁷⁶

Transition Support Teams (TST) were originally developed to assist people in the transition from an institutional setting (e.g., SSLCs and nursing facilities) into a community setting, but have since expanded their reach. Because people with complex needs often require more experienced staff, HHSC has contracted with eight LIDDAs across Texas to provide support to other LIDDAs and community waiver providers in designated service areas.

The eight contracted LIDDAs have teams that offer educational activities, technical assistance, and case review. The teams have licensed medical staff such as physicians, registered nurses, psychiatrists, and psychologists with experience working with people with IDD.

⁷⁴ See [26 Tex. Admin. Code § 559.227\(l\)\(1\)](#).

⁷⁵ See *Home and Community-based Services (HCS)*, TEX. HEALTH & HUM. SERV., <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-based-services-hcs> (last visited Sept. 3, 2025).

⁷⁶ See *Texas Home Living (TxHmL)*, TEX. HEALTH & HUM. SERV., <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhml> (last visited Sept. 3, 2025).

These programs are currently funded through the Money Follows the Person (MFP) Grant, which is distributed by CMS to Texas and passed on to the LIDDAs. Because MFP rebalancing funds are evaluated yearly, uncertainty of ongoing funding affects the existence of the TST Program. LIDDAs are aware that funding is subject to change based on guidance from CMS which impacts whether the TST program is an available resource.

Early Childhood Intervention (ECI) is a program administered by HHSC that assists families in helping their children under age 3 with disabilities and developmental delays to reach their full potential. If eligible, the family and a team create an Individualized Family Service Plan to identify the child's strengths and needs and prioritize services. Most services are provided at home but can be provided at day care or other community settings. ECI program locations can be found here:

<https://citysearch.hhsc.state.tx.us/>

5.3.5 Residential Services through the HSC Program

The HCS Program can be an important diversionary program because it can provide housing to prevent an individual's admission to institutional services. Providers offering services under the HCS program maintain three- to four-bed group homes where individuals reside. When residing in an HCS group home, individuals are entitled to many services, including:

- Supervised living;
- Supported home living (transportation);
- Direct personal assistance with activities of daily living (grooming, eating, bathing, dressing, and personal hygiene);
- Assistance with meal planning and preparation;
- Securing and providing transportation;
- Assistance with housekeeping;
- Individualized skills and socialization;
- Supported employment;
- Financial management services;
- Assistance with medications and the performance of tasks delegated by a registered nurse;
- Behavioral support by a licensed professional;
- Physicians;
- Dietary services; and
- Dental treatment.

Those interested in receiving HCS services are placed on an interest list by the LIDDA until funding becomes available. An offer from the HCS program to provide services depends on individual need and one's date of placement on the interest list. Further, funding each individual placement depends on the outcome of the HHSC's Legislative Appropriations Request (LAR) where HHSC outlines its funding requirements and/or needs for the upcoming biennium.

Crisis Diversion Slot may be an alternate route to enter the HCS program if available. A person may qualify for a crisis diversion slot if:

- The person is at imminent risk of admission to an institution;
- The person is not being court-committed to a facility for competency evaluation, such as an SSLC or state hospital;
- Adequate and appropriate community resources are not available, as evidenced by attempts to locate and use community-based services and supports, such as ICF/IID, GR funded services, CFC services, Crisis Intervention Services, other Medicaid waiver programs, or support through the local school district and
- The person meets the criteria for a Level of Care I.
 - An LOC I requires either a diagnosis of ID or a related condition (RC). Along with the diagnosis of an RC, the person's IQ score must be 75 or below. For the specific requirements for LOC I, see [26 Tex. Admin. Code § 261.238\(a\)](#).



Legislative Change

H.B. 1188 (89th Reg. Sess. (2025)) requires school districts to provide information about LIDDA services at the first Individualized Education Program (IEP) meeting under Education Code 29.005 for students with IDD.

5.4 Crisis Services Provided by LMHAs/LBHAs

Each of the 39 LMHAs/LBHAs is required to provide crisis-response services for all individuals in the service area.

5.4.1 Crisis Services

A crisis is defined as a situation in which:

- An individual presents an immediate danger to self or others;
- An individual's mental or physical health is at risk of serious deterioration; or
- An individual believes either that:
 - they present an immediate danger to self or others; or
 - their mental or physical health is at risk of serious deterioration. [26 Tex. Admin. Code § 301.303\(13\)](#).

All providers of crisis services must be available 24 hours a day, every day of the year, to perform immediate screening and assessments of individuals in crisis, including assessments to determine risk of deterioration and immediate danger to self or others. Crisis assessments cannot be delegated to law enforcement officials. [26 Tex. Admin. Code § 301.327\(b\)](#).

5.4.1.1 What Crisis Response Services Include

Crisis response services include three services:

- A crisis screening;
- A crisis assessment; and
- A recommendation about the level of care required to resolve the crisis.

An LMHA/LBHA ensures immediate screening and, if recommended based on the screening, a face-to-face intake assessment of an individual found in the LMHA/LBHA's local service area who is experiencing a crisis in accordance with Texas Administrative Code, Title 26, Rule 301.327, which governs access to mental health community services. [26 Tex. Admin. Code § 306.161\(a\)](#).



LMHAs/LBHAs Conduct Crisis Response for Both MI and IDD

For persons with MI and IDD, crisis response will be conducted by the LMHA/LBHA. However, it is recommended that the LMHA/LBHA consult with the LIDDA. For persons with IDD who are NOT in crisis, the LIDDA will serve as the point of access for services. In all but two Texas counties (Bexar and Dallas) the LMHA and LIDDA functions are performed by one local agency. See [Tex. Health & Safety Code § 533.035\(a\)](#).

Note: In Bexar County, the Alamo Area Council of Government serves as the LIDDA. In Dallas County, Metrocare serves as the LIDDA.

5.4.1.2 IDD Crisis Services

Local IDD Authorities provide crisis services to individuals with IDD and their families. Specifically, crisis intervention services and crisis respite services are available to individuals who are experiencing a crisis or at risk of a crisis. These services are available for individuals with high medical, mental health, or behavioral needs and seek to reduce hospitalization, incarceration, and other forms of institutionalization.

5.4.1.3 Crisis Screening and Response System

All LMHA/LBHAs have a crisis screening and response system in operation at all times and available to individuals throughout its contracted service delivery area.⁷⁷ The telephone system to access the crisis screening and response system includes a toll-free crisis hotline number. The crisis hotline number is prominently placed on each LMHA/LBHA website and is typically the primary point of contact for a county jail or a juvenile detention center that does not have mental health professionals available on staff or through a local contract.

5.4.1.4 Crisis Hotline

The crisis hotline is a continuously available telephone service staffed by trained and competent QMHP-CSs who provide information, screening, intervention, support, and referrals to callers 24 hours a day, seven days a week.⁷⁸ The hotline facilitates referrals to 911, a Mobile Crisis Outreach Team (discussed below), or other crisis services and conducts follow-up contacts to ensure that callers successfully accessed the referred services. If an emergency is not evident after further screening, the hotline includes referral to other appropriate resources within or outside the LMHA/LBHA local service area. The hotline works in close collaboration with local law enforcement, 211, and 911 systems.

⁷⁷ TEX. HEALTH & HUMAN SERV., INFORMATION ITEM V, CRISIS SERVICES STANDARDS (2019) <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/info-item-v.docx>. See *Community Mental Health Contracts*, TEX. HEALTH & HUMAN SERV., <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts> (last visited Sept. 3, 2025).

⁷⁸ TEX. HEALTH & HUMAN SERV., INFORMATION ITEM V, CRISIS SERVICES STANDARDS, at V-1.

988 Suicide and Crisis Lifeline



988 offers 24/7 access to free and confidential support for anyone experiencing behavioral health-related distress – whether it is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. When a caller connects to a 988-crisis center or one of the many national backup centers, a trained crisis counselor is there to listen to the caller, provide support, and share resources or referrals as needed. Crisis centers that are part of the 988 network support contacts over the phone, via chat online, and over text. There are currently six 988 crisis centers operating in Texas:

- MHMR of Tarrant County;
- Emergence Health Network;
- The Harris Center;
- Integral Care;
- Bluebonnet Trails through Avail Solutions Inc.; and
- The Suicide and Crisis Center of North Texas.

Legislative Change



H.B. 5342 (89th Reg. Sess. (2025)) establishes a trust for the maintenance, operation, and improvement of the 988 Suicide and Crisis Lifeline, which can accept grant, donation, and federal sources.

5.4.1.5 Mobile Crisis Outreach Team (MCOT)

When the crisis hotline is called, the staff member provides a crisis screening and determines if the crisis requires deployment of the LMHA/LBHA MCOT. If the crisis is determined to be emergent or urgent, at least one trained MCOT member shall respond to the crisis and conduct a crisis assessment. Immediately upon arrival, a face-to-face screening shall be completed by at least a QMHP-CS unless a telephone screening was previously completed. MCOTs provide a combination of crisis services including emergency care, urgent care, crisis follow-up, and relapse prevention to the child, youth, or adult in the community.⁷⁹ Some local intellectual and development disability authorities operate integrated teams to include staff with IDD expertise but may not always have a professional available for the crisis call.

Note: Some counties, such as Travis County, have an Expanded Mobile Crisis Outreach Team (EMCOT) that collaborates with local law enforcement or other first responders for a real-time co-response to a person in a psychiatric crisis. EMCOT connects people to treatment appropriate for psychiatric crises, diverting them from emergency rooms and jails. This improves health outcomes and allows first responders to return to responding to medical emergencies and public safety issues.⁸⁰


5.4.1.6 Youth Mobile Crisis Outreach Team (YCOT)

The Youth Mobile Crisis Outreach Team pilot program, funded through the 88th Legislature, will provide crisis stabilization support 24 hours a day, seven days a week, when any individual contacts the crisis system for a child or youth in crisis. The YCOT teams will use trauma-informed interventions and strategies to de-escalate a child in crisis, aid in relapse prevention and safety planning, and be available to

⁷⁹ *Id.* at V-3 – V-6.

⁸⁰ Integral Care Crisis Services, Expanded Mobile Crisis Outreach Team, AUSTINTEXAS.GOV, <https://www.austintexas.gov/edims/document.cfm?id=302634> (last visited Sept. 3, 2025).

the child’s family for up to 90 days (or no less than 4-6 weeks) after the crisis. The LMHA/LBHA is required to provide ongoing stabilization support and ensure connection or community mental health resources.



Legislative Change

S.B. 1 (89th Reg. Sess. (2025)) the legislature approved a \$54M GR (\$40M increase) for Youth Crisis Outreach Teams (YCOTs), including funding to establish at least eight new YCOTs.

HHSC is to prioritize the establishment of the new YCOTs in urban areas of the state. HHSC may establish three coverage tiers for YCOTs with minimum coverage consisting of YCOT staff available for eight hours each weekday for crisis response, stabilization, follow-up care, and community outreach and engagement activities and maximum coverage to include weekday and weekend on-call coverage available 24 hours for crisis response.

5.4.1.7 Rural Crisis Response and Diversion (RCRD)

Rural Crisis Response and Diversion programs divert individuals in crisis from jails and emergency rooms to community mental health services. People diverted are then connected to the appropriate level of care in the least restrictive environment. Further, this program allows LMHAs to address the mental health and crisis needs of the rural communities they serve and strengthen the relationship and collaboration between the local mental health authority and law enforcement in their communities. There are currently thirteen LMHAs/LBHAs operating rural crisis response and diversion programs in Texas, including five which started in the 2024 fiscal year:

RCRDs	RCRDs Starting in 2024 Fiscal Year
<ul style="list-style-type: none"> Betty Hardwick Center Border Region Behavioral Health Center Burke Camino Real Community Services Central Counties Services Coastal Plains Center StarCare Specialty Texana 	<ul style="list-style-type: none"> Heart of Texas Region MHMR Center MHMR Authority of Brazos Valley North Texas Behavioral Health Authority Texoma Community Centers West Texas Centers

5.4.1.8 Crisis Alternative Programs

Crisis alternative programs such as Crisis Respite Facilities are located in the community and allow children and adolescents in behavioral health crises to receive treatment in the most appropriate and available setting.⁸¹ Use of these programs can minimize time spent by law enforcement officers driving to and waiting at hospitals and facilities, divert individuals from the criminal justice system, and reduce use of local emergency room services to manage behavioral health crises. Contact your local LMHA/LBHA to determine if a crisis alternative program is available in your community.

⁸¹ Tex. Health & Human Serv., Information Item V, Crisis Services Standards at V-38 – V-41.

5.4.1.9 Children's Crisis Respite (CCR)

Children's Crisis Respite (CCR) program supports the provision of crisis respite services for children with a single diagnosis of serious emotional disturbance (SED) or a primary SED diagnosis and co-occurring diagnosis, including a substance use disorder or intellectual development disability. The goals of the program are to increase access to short-term, safe, and clinically appropriate placement for children who are in crisis, but do not meet inpatient care criteria; and provide transition planning services to the child's family, adult caregiver, or Legally Authorized Representative prior to the child exiting the crisis respite facility. There are eight CCRs in Texas. Interested families can call their LMHA or LBHA to determine if it is offered locally.

5.4.1.10 What a Crisis Assessment Includes

A crisis assessment shall include an evaluation of risk of harm to self or others, presence or absence of cognitive signs suggesting delirium, need for immediate full crisis assessment, need for emergency intervention, and an evaluation of the need for an immediate medical screening/assessment by a physician (preferably a psychiatrist), psychiatric advanced practice nurse, physician assistant, or registered nurse.⁸²

After the crisis assessment is conducted, the LMHA/LBHA will make a recommendation about the treatment necessary to resolve the crisis.

Communication with LMHAs/LBHAs



Open and clear communication and planning between facilities and LMHAs/LBHAs on crisis assessments and crisis response is encouraged. Every second counts when a child or adolescent experiences an emergent or urgent mental health crisis. Solving procedural complications before a crisis occurs will save time and avoid redundancy.

The LMHA/LBHA's crisis response and response time should not change, whether the youth is in custody or not. MCOT staff will respond to the location of the crisis to provide services, whether it is a private home or a residential facility.

Secure juvenile facilities, such as juvenile detention centers and post-adjudication facilities, should be in ongoing communication with the LMHA/LBHA so that any part of the crisis assessment or recommendation for treatment needed to resolve the crisis is clear. Ongoing communication between facilities and the LMHA/LBHA on the local process and procedure for delivery of MCOT services is also needed. This will naturally vary center to center.

5.4.1.11 Emergency Care Services: LMHA/LBHA Shall Respond Within One Hour

If, during a crisis screening, it is determined that an individual is experiencing a crisis that may require emergency care services, the QMHP-CS must:

- Take immediate action to address the emergency situation to ensure the safety of all parties involved;
- Activate the immediate screening and assessment processes as described in title 26, section 301.327 of the Texas Administrative Code; and
- Provide or obtain mental health community services or other necessary interventions to stabilize the crisis. [26 Tex. Admin. Code § 301.327\(d\)\(1\)\(B\)](#).

⁸² *Id.* at V-5.

For emergency calls, a face-to-face crisis response (or telehealth based on policies and procedures approved by the medical director) shall be provided within one hour. After crisis intervention services are provided, and if the individual is still in need of emergency care services, then the individual shall be assessed by a physician (preferably a psychiatrist) within 12 hours.

5.4.1.12 Urgent Care Services: LMHA/LBHA Shall Respond Within Eight Hours

If the crisis screening indicates that an individual needs urgent care services, a QMHP-CS shall, within eight hours of the initial incoming hotline call or notification of a potential crisis situation:

- Perform a face-to-face assessment; and
- Provide or obtain mental health community services or other necessary interventions to stabilize the crisis. [26 Tex. Admin. Code § 301.327\(d\)\(1\)\(C\)](#).

5.5 Ongoing Non-crisis Mental Health Services

Individuals who meet diagnostic- and need-based requirements will be assigned a level of care to determine which services they may be eligible to receive. Section 534.53 of the Texas Health and Safety Code describes the required community-based mental health services:

- (A) HHSC shall ensure at a minimum, the following are available in each LMHA/LBHA service area:
 - (1) 24-hour emergency screening and rapid crisis stabilization services;
 - (2) Community-based crisis residential services or hospitalization;
 - (3) Community-based assessments, including the development of interdisciplinary treatment plans and diagnosis and evaluation services;
 - (4) Medication-related services, including medication clinics, laboratory monitoring, medication education, mental health maintenance training, and the provision of medication; and
 - (5) Psychosocial rehabilitation programs, including social support activities, independent living skills, and vocational training.
- (B) HHSC shall arrange for appropriate community-based services to be available in each service area for each person discharged from a department facility who is in need of care.
- (C) To the extent that resources are available, HHSC shall:
 - (1) Ensure that the services listed in this section are **available for children, including adolescents**, as well as adults, in each service area;
 - (2) **Emphasize early intervention services for children, including adolescents**, who meet the department's definition of being at high risk of developing severe emotional disturbances or severe mental illnesses; and
 - (3) Ensure that services listed in this section are available for defendants required to submit to mental health treatment under articles 17.032 or 42A.104 or 42A.506 of the Texas Code of Criminal Procedure. [Tex. Health & Safety Code § 534.053](#).

Eligibility for ongoing outpatient mental health treatment is a diagnosis- and need-based determination governed by the state and federal requirements and the HHSC performance contract with LMHAs/LBHAs. LMHAs/LBHAs are required to ensure that services that address the needs of priority populations are provided. [Tex. Health & Safety Code § 534.054\(a\)](#).

The child and adolescent mental health priority population are children ages 3 – 17 with serious emotional disturbance (excluding a single diagnosis of substance abuse, intellectual or developmental disability, or autism spectrum disorder) who have a serious functional impairment or who are at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms or are enrolled in special education because of a serious emotional disturbance.

5.5.1 Children's Mental Health System Navigator (CMHSN) Pilot Program

The Children's Mental Health System Navigator Pilot Program supports the provision of services and treatment for children with behavioral health needs. Priority populations for this program are children in DFPS conservatorship who lack placement, children who are at risk of entering state conservatorship lacking placement status, and children at risk of parental relinquishment. The navigators focus on fostering enhanced partnerships with child-serving systems, promoting better collaboration between partners in the child-serving system, and supporting efforts towards diverting children from entering DFPS conservatorship through increased support. This program is currently offered at Camino Real Community Services, Coastal Plains Community Center, Emergence Health Network, Integral Care, North Texas Behavioral Health Authority, and StarCare Specialty Services.

5.5.2 Behavioral Health Partnership Program (BHPP)

The Behavioral Health Partnership Program provides funding to LMHAs/LBHAs to hire Non-Physician Mental Health Professionals (NPMHPs) to serve as a mental health and substance use resource for school districts located in the region served by a regional education service center (ESC) and in which the LMHA provides services. The goal of the BHPP is to increase ESC and school personnel awareness and understanding of mental health and substance use disorders. The BHPP provides adult, youth, and teen training on Mental Health First Aid, trauma and grief for children with Intellectual and Developmental Disabilities, and substance use. They assist personnel with implementation of initiatives related to mental health or substance use and ensure the personnel are aware of best practice-based programs, research-based programs, and other public and private mental health and substance use programs. School districts or personnel interested in getting help through the BHPP can call their LMHA/ LBHA to ask to be connected to their respective BHPP liaison.

5.5.3 YES Waiver

The Youth Empowerment Services Waiver (YES Waiver) is a 1915(c) Medicaid program that partners with families and the community to ensure qualifying Texas youth ages 3 through 18 who have serious mental, emotional, and behavioral difficulties have access to a wide range of community-based services and supports. The YES Waiver provides intensive services delivered within a strengths-based team planning process called Wraparound. YES Waiver services are family-centered, coordinated, and effective at preventing out-of-home placement. The average length of time in the YES Waiver is 11 – 18 months, however, each youth's needs will determine duration of care. Individuals must contact their LMHA/LBHA to be added to the YES Waiver inquiry list. Only a parent, guardian, or managing conservator may request a youth be added to the inquiry list and assessed for the YES Waiver, unless the youth is 16 years of age or older. For more information about YES Waiver, see <https://hhs.texas.gov/services/mental-health-substance-use/childrens-mental-health/yes-waiver>.

5.5.4 Residential Treatment Center Project (RTC Project)

The Residential Treatment Center Project is a collaborative effort between the Department of Family and Protective Services (DFPS) and the Health and Human Services Commission (HHSC). The RTC Project provides support for families in crisis who are at risk of parental custody relinquishment to the child welfare system because they are unable to access the intensive mental health care necessary for their child to remain at home. Through the RTC Project, families are matched with state-funded residential placement for their child while maintaining full custody and rights as a parent or guardian. Families interested in receiving support through the RTC Project can contact their LMHA or LBHA to request a referral to the program, and the LMHA or LBHA will submit a referral to the HHSC RTC Project directly.

Families can also contact the Department of Family and Protective Services at **1-800-252-5400** or www.txabusehotline.org. When contacting DFPS, parents should mention that they are trying to access mental health resources through DFPS or refer to the “Mental Health Support Protocol.”⁸³

5.5.5 Community Resource Coordination Groups (CRCGs)

Community Resource Coordination Groups are groups of individuals from state agencies and community organizations who collaborate to provide recommendations for a unique combination of services that one agency, alone, cannot provide. CRCGs are available across Texas and serve children, adolescents, and adults with multiple service needs. To find a CRCG in your area, call 512-206-4658, or search online at: <https://crcg.hhs.texas.gov/find-resources-near-me.html>.

5.5.6 Multi Systemic Therapy (MST) Programs

MST is an evidence-based intensive family and community-based treatment program for at-risk youth with intensive needs and their families aimed at promoting pro-social behavior and interrupting the child’s involvement with the juvenile justice system. Children involved with DFPS who have an active caregiver may participate in MST.

Eligibility. Multisystemic Therapy serves children ages 12-17, who are at risk of out-of-home placement and have mental health issues coinciding with juvenile justice involvement. Exclusionary criteria include:

- Children that are actively suicidal or homicidal
- Children living independently or without a committed caregiver
- Justice involvement that is primarily sexual offending
- Severe psychiatric impairment
- Moderate to severe developmental disabilities that interfere with social communication.

Legislative Change



The legislature approved \$32.65 million in the 89th Regular Session (2025) to maintain and expand Multisystemic Therapy (MST) capacity for youth who have committed violent offenses, have serious mental health or substance use concerns, are at risk of out-of-home placement, or who have experienced abuse and neglect.

⁸³ The mental health support protocol is not a document but language that DFPS intake uses statewide to properly route calls from families seeking access to mental health treatment, and specifically, access to the RTC Project.



Texas System of Care

The National Child Traumatic Stress Network noted the common frustration that “Mental health services and IDD-focused services have traditionally been provided through separate and parallel systems of care, rather than a collaborative service delivery plan involving shared recognition, accountability, and decision-making. The lack of intersystem planning and coordination has resulted in obstacles to mental health and trauma-informed care, within both the mental health and IDD sectors.

- In the mental health system, there may be reluctance to treat youth with IDD such as intellectual disability or autism spectrum disorder; this likely stems from both the providers’ lack of knowledge that youth with IDD can benefit from trauma treatment, and the providers’ lack of expertise in implementing the appropriate care.
- In the IDD field, the tendency is to rely on behavior management instead of approaches that would better help youth process and recover from traumatic experiences.
- In the trauma field, providers often lack familiarity or experience working with youth with IDD.

Overcoming these obstacles within each sector requires greater understanding of the trauma-related needs of youth with IDD. Across sectors, there is an equally pressing need for improved communication, collaboration, and sharing of resources by providers and systems.”⁸⁴

One solution for preventing the “siloeing” – or isolation – of planning, coordination, and services is through the **System of Care**. **Texas System of Care** is not a specific program for delivering services, but rather a “spectrum of effective community-based services and supports for children, youth, and young adults with or at risk for mental health and related challenges and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life.”⁸⁵

The system of care framework, which was established over 25 years ago and is already working in urban and rural communities across the state, builds on existing community assets to improve access to mental health services, expands access to wraparound services like Yes Waiver, assists emerging adults with transition planning, provides training in core values and best practices such as Trauma Informed Care, and includes family and youth voices in decision making.⁸⁶

Most impressively, the system of care approach works: it has been shown to result in increases in school attendance by 18%; decreases in unlawful activities by 48%; and decreases in suicide attempts by 81%.⁸⁷

⁸⁴ The National Child Traumatic Stress Network, NADD, The Impact of Trauma on Youth with Intellectual and Developmental Disabilities: A Fact Sheet for Providers (2020), <https://www.nctsn.org/resources/the-impact-of-trauma-on-youth-with-intellectual-and-developmental-disabilities-a-fact-sheet-for-providers>

⁸⁵ TEXAS SYSTEM OF CARE tiemh.org/projects/texas-system-of-care (last visited Sept. 3, 2025).

⁸⁶ *Id.*

⁸⁷ *Id.*

5.6 Civil Mental Health Law: The Texas Mental Health Code

The statutes that govern the provision of mental health treatment are found in Chapters 571 – 578 of the Texas Health and Safety Code, commonly referred to as the “Texas Mental Health Code.” These substantive provisions and procedures apply to all public and private facilities operating in the state of Texas. It is important to remember that the purpose of the Mental Health Code is to provide persons with severe mental illness⁸⁸ access to humane care and treatment in the least restrictive appropriate setting while also protecting their fundamental rights. [Tex. Health & Safety Code § 571.002](#).

5.6.1 Voluntary Mental Health Services

Children under the age of 16 generally do not have the right to consent to medical or mental health treatment. However, children can consent to counseling for suicide prevention, chemical addiction or dependency, or sexual, physical, or emotional abuse. [Tex. Fam. Code § 32.004\(a\)](#).

A child 16 years of age or older may decide voluntarily to request mental health treatment. [Tex. Health & Safety Code § 572.001\(a\)](#). Chapter 572 of the Texas Mental Health Code addresses the requirements for voluntary admission to mental health treatment. Voluntary admission does not involve the court, unless the involuntary commitment process is initiated because a voluntary patient, parent, managing conservator, or guardian of a person younger than 18 years of age requests discharge and a treating physician determines that the person poses a risk of serious harm to self or others unless continued treatment is provided. [Tex. Health & Safety Code § 572.004](#).

Generally, a child under the age of 18, including a child who is in the managing conservatorship of the Department of Family and Protective Services, may not be involuntarily committed *unless* provided by Chapter 572 of the Texas Health and Safety Code, Chapter 55 of the Texas Family Code, or department rule. [Tex. Health & Safety Code §§ 572.001\(c-1\); 572.0025\(f-3\)](#). Chapter 55 proceedings are discussed in Intercept 3: Courts.

5.6.1.1 Parental Consent

Consent is required before a child can receive medical or mental health treatment. Parents have both the duty to provide a child with medical care, and the right to consent to the child’s medical care and psychiatric and psychological treatment. [Tex. Fam. Code § 151.001\(a\)](#). Most children who receive inpatient or outpatient treatment for a mental illness do so only after their parent consents to the treatment.

5.6.1.2 Who Qualifies for Non- Parental Consent

Some children may not have a parent available to consent to mental health treatment for them. The Texas Family Code provides some options for non-parent caregivers to consent to limited treatment for a child.

Written Authorization under Texas Family Code Chapter 32:

The “written authorization” in Texas Family Code Chapter 32 can be a simple consent form and is a good option for caregivers who may need to make a one-time medical decision for a child.

If the child’s parent is not available to give consent, the following persons may consent to treatment:

- the child’s grandparent, adult sibling, or adult aunt or uncle. [Tex. Fam. Code § 32.001\(a\)\(1\), \(2\) and \(3\)](#).

⁸⁸ See Persons with Intellectual Disabilities Act, 7 [Tex. Health & Safety Code Ann. Ch. §§ 591.001 – 597.054](#) (Vernon 2019) (containing the provisions related to persons with ID).

- an adult who has care, control, and possession of the child and has written authorization to consent from the parent. [Tex. Fam. Code § 32.001\(a\)\(5\)](#).
- an education institution in which the child is enrolled and has written authorization to consent from the parent. [Tex. Fam. Code § 32.001\(a\)\(4\)](#).
- a court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject. [Tex. Fam. Code § 32.001\(a\)\(6\)](#).
- an adult responsible for the actual care, control, and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county. [Tex. Fam. Code § 32.001\(a\)\(7\)](#).
- a peace officer who has lawfully taken custody of a minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment. [Tex. Fam. Code § 32.001\(a\)\(8\)](#).

5.6.1.3 Temporary Authorization for Inpatient Mental Health Services by Non-Parent

Certain family members can seek a court order for temporary authorization to consent to voluntary inpatient mental health services for a child under Texas Family Code Chapter 35A.

- A caregiver is able to seek temporary authorization for inpatient mental health services if the child has lived with the caregiver for at least six months prior to the filing of the petition. [Tex. Fam. Code § 35A.001](#).
- The petition must include a **certificate of medical examination** for mental illness prepared by a physician who has examined the child in the 3 days before the petition was filed, and be accompanied by a sworn statement containing the physician's opinion, and the detailed reasons for that opinion, that the child is a person:
 - With mental illness or who demonstrates symptoms of a serious emotional disorder;
 - Who presents a risk of serious harm to self or others if not immediately restrained or hospitalized.... [Tex. Fam. Code § 35A.003\(7\)](#).
- The petition must also state any reason that the caregiver is unable to obtain signed, written documentation from a parent, conservator, or guardian of the child. [Tex. Fam. Code § 35A.003\(8\)](#).
- The court must hold a hearing, and can hear evidence relating to the child's need for inpatient mental health services, any other matter raised in the petition, and any objection or testimony by the child's parent, conservator, or guardian. [Tex. Fam. Code § 35A.005\(a\)](#).
- The court must grant the petition only if the court finds:
 1. By a **preponderance of the evidence** that the child does not have available a parent, conservator, guardian, or other legal representative to give consent under Section 572.001, Health and Safety Code, for voluntary inpatient mental health services; and
 2. By **clear and convincing evidence** that the child is a person:
 - A. With mental illness or who demonstrates symptoms of a serious emotional disorder; and
 - B. Who presents a risk of serious harm to self or others if not immediately restrained or hospitalized. [Tex. Fam. Code § 35A.005\(c\)](#).
- The court must **dismiss the petition** if an objection is made by the child's parent, conservator, or guardian. [Tex. Fam. Code § 35A.005\(b\)](#).
- The order expires on the date the caregiver requests that the child be discharged from the inpatient mental health facility; the date a physician determines that the criteria listed in Subsection (c)(2) no longer apply to the child; or the 10th day after the order for temporary authorization is issued, whichever is earliest. [Tex. Fam. Code § 35A.005\(d\)](#).

If the caregiver obtains an order for temporary managing conservatorship before the order for temporary authorization expires, then the order for temporary authorization remains in effect until the caregiver requests that the child be discharged, or a physician determines that the criteria listed in Subsection (c)(2) no longer apply, whichever is earlier. [Tex. Fam. Code § 35A.005\(e\)](#).

5.6.1.4 Consent for Children in Foster Care

Children in Foster Homes and Consent to Medical Care



Every child in DFPS conservatorship is required to have a **medical consenter**. The responsibility of the medical consenter is to provide medical consent – that is, decisions on whether to agree to a medical test, treatment, procedure, or a prescription medication.

Informed consent means the medical consenter gets complete information about the proposed medical care before making a decision. The goal is to ensure that the medical consenter makes an informed decision about the child's physical and mental health care. When permission is given for health care, the medical consenter must understand the child's symptoms and diagnosis, how the treatment will help the condition, what could happen without the treatment, and the risks and side effects associated with the treatment. Medical consenters must complete approved training. [Tex. Fam. Code § 266.004\(h-1\)](#).

The court with continuing jurisdiction over the child will authorize an individual, or DFPS, as the medical consenter, on its own motion or during a hearing under Texas Family Code Chapter 263. The individual may be the child's foster parent, the child's parent (if the parent's rights have not been terminated and the court determines it is in the best interest of the child), a relative, or an adult involved in the child's life. [Tex. Fam. Code § 266.004\(b\)](#).

If the court authorizes DFPS to consent to medical care for the child, DFPS can designate up to four primary and backup medical consenters. DFPS can designate the child's foster parents, relatives, caseworker, other CPS staff member, or the child's parent, if the parent's rights have not been terminated and it is in the child's best interest. [Tex. Fam. Code § 266.004\(c\)](#).

The court may also determine that **a foster child who is at least 16 years old** has the capacity to consent to medical care. [Tex. Fam. Code § 266.010\(a\)](#). Attorneys ad litem and DFPS staff are required to inform 16- and 17-year-old children in foster care of their right to ask the court whether they can consent to their own medical care. [Tex. Fam. Code §§ 107.003\(b\)\(3\), 266.010\(l\)](#).

If a child's healthcare decision puts the child at risk of harm, the court can overrule the child's decision to refuse medical care. See [Tex. Fam. Code §§ 266.010\(d-i\)](#).

Emergency medical care: No consent or court authorization is needed during an emergency in which it is "immediately necessary to provide medical care to the foster child to prevent the imminent probability of death or substantial bodily harm to the child or others..." [Tex. Fam. Code § 266.009\(a\)](#).

5.6.1.5 Request for Admission

- A person 16 years of age or older may request admission to an inpatient mental health facility or for outpatient mental health services by filing a request with the administrator of the facility where admission or outpatient treatment is requested. [Tex. Health & Safety Code § 572.001\(a\)](#).
 - The administrator of an inpatient or outpatient mental health facility may admit a minor who is 16 years of age or older to an inpatient or outpatient mental health facility as a voluntary patient *without the consent of the parent, managing conservator, or guardian*. [Tex. Health & Safety Code § 572.001\(d\)](#).

- **A parent, managing conservator, or guardian** of a person younger than 18 years of age may request the admission of the person to an inpatient mental health facility or for outpatient mental health services by filing a request with the administrator of the facility where admission or outpatient treatment is requested. [Tex. Health & Safety Code § 572.001\(a\)](#).
 - An inpatient mental health facility may admit or provide services to a person 16 years of age or older and younger than 18 years of age if the person's parent, managing conservator, or guardian consents to the admission or services, *even if the person does not consent to the admission or services*. [Tex. Health & Safety Code § 572.001\(a-2\)](#).
- **A person eligible to consent to treatment for the person** under section 32.001(a)(1), (2), or (3), Family Code, may request temporary authorization for the admission of the person to an inpatient mental health facility by petitioning under Chapter 35A, Family Code, in the district court in the county in which the person resides for an order for temporary authorization to consent to voluntary mental health services under this section.
 - The petitioner may be represented by the county attorney or the district attorney. [Tex. Health & Safety Code § 572.001\(a-1\)](#).
- An admission request must be in writing and signed by the person requesting the admission. [Tex. Health & Safety Code § 572.001\(b\)](#).
- A person or agency appointed as **the guardian or a managing conservator of as person younger than 18** years of age and acting as an employee or agent of the state may request admission of the person younger than 18 years of age only as provided by Subsection (c-2), or the person may be admitted for inpatient services only pursuant to an application for court-ordered mental health services or emergency detention or an order for protective custody. [Tex. Health & Safety Code § 572.001\(c\)](#).
- **A child in DFPS conservatorship** can only be admitted to an inpatient mental health facility if a physician states their opinion and detailed reasons for the opinion, that the child is a person:
 - with mental illness or who demonstrates symptoms of a serious emotional disorder; and
 - who presents a risk of serious harm to self or others if not immediately restrained or hospitalized. [Tex. Health & Safety Code § 572.001\(c-2\)](#).
 - DFPS periodically shall review the need for continued inpatient treatment of a minor admitted to an inpatient mental health facility. If DFPS determines that there is no longer a need for inpatient treatment they shall notify the facility administrator, who may no longer detain the child unless an application for court-ordered mental health services is filed. [Tex. Health & Safety Code § 572.001\(c-4\)](#).
- A request for admission as a voluntary patient must state that the person for whom admission is requested agrees to voluntarily remain in the facility until the person's discharge and that person consents to the diagnosis, observation, care, and treatment provided until the earlier of:
 - The person's discharge, or the period described by section 572.004. [Tex. Health & Safety Code § 572.001\(e\)](#).

5.6.1.6 Admission

After the person requests admission to a facility, the facility may admit the person if the facility determines:

- That the person has symptoms of mental illness and will benefit from the inpatient or outpatient services after conducting a preliminary exam;
- That the person has been informed of the person's rights as a voluntary patient; and

- That the admission was voluntarily agreed to by said person, if they are 16 or older; or, if they are younger than 18 years of age, by their parent, managing conservator, or guardian. [Tex. Health & Safety Code § 572.002](#).

5.6.1.7 Information on Medication

- A mental health facility must provide a patient with information about the patient's medication ordered by a treating physician. The information must, if possible, be in the patient's own language. [Tex. Health & Safety Code § 572.0022\(a\)](#).
- A facility must also provide the information to the patient's family if they request it, but only if it does not violate state and federal privacy laws. [Tex. Health & Safety Code § 572.0022\(b\)](#).

5.6.1.8 Intake, Assessment and Admission

- HHSC has promulgated administrative regulations that establish rules regarding the intake and assessment process that takes place prior to a formal admission of the patient to an inpatient facility. These rules govern a patient's consent to treatment as well as ensure the patient's understanding of the financial commitments such treatment will entail. [Tex. Health & Safety Code § 572.0025](#).
- The three following terms are defined in a way that is unique to this section:
 - An "admission" means the formal acceptance of a prospective patient to a facility. [Tex. Health & Safety Code § 572.0025\(h\)\(1\)](#).
 - An "assessment" means the administrative process a facility uses to gather information from a prospective patient to determine whether a prospective patient should be examined by a physician to determine if admission is clinically justified. This term does not refer to the examination that must be performed within 72 hours before or 24 hours after a patient or prospective patient is admitted to the facility. [Tex. Health & Safety Code §§ 572.0025\(g\), \(f\); 572.0025\(h\)\(2\)](#).
 - "Intake" means the administrative process for gathering information about a prospective patient and giving a prospective patient information about the facility and treatment services. [Tex. Health & Safety Code § 572.0025\(h\)\(3\)](#).
- The rules governing the intake process shall establish minimum standards for:
 - Reviewing a prospective patient's finances and insurance benefits;
 - Explaining to a prospective patient the patient's rights;
 - Explaining to a prospective patient the facility's services and treatment process. [Tex. Health & Safety Code § 572.0025\(b\)](#).
- The rules governing the assessment process prescribe:
 - The types of professionals who may conduct an assessment;
 - The minimum credentials each type of professional must have to conduct an assessment; and
 - The type of assessment that professional may conduct. [Tex. Health & Safety Code § 572.0025\(d\)](#).
- The applicable rules can be found in the Texas Administrative Code. [26 Tex. Admin. Code §§ 306.175, 306.221](#).
- A prospective patient may not be formally admitted to the facility unless:
 - There is an order from a physician who has conducted a physical and psychiatric exam of the patient, in person or through communications technology:
 - 72 hours before admission; or
 - 24 hours after admission; or

- The admitting physician consulted with another physician who examined the patient within the above time frames; and
- The facility agrees to accept the patient in writing. [Tex. Health & Safety Code § 572.0025\(f\)](#).
- If a facility admits a patient prior to performing a physical and psychiatric exam, the patient must be immediately discharged if a physician performing the exams after admittance determines the person does not meet clinical standards to receive inpatient mental health services. [Tex. Health & Safety Code § 572.0025\(f\)\(1\)](#).
- If a person is discharged under these circumstances, the facility may not bill the patient or the patient's insurance for temporary admission. [Tex. Health & Safety Code § 572.0025\(f\)\(2\)](#).

5.6.1.9 Rights of Patients

- A person's voluntary admission into an inpatient mental health facility does not affect any legal capacity, civil rights, or the person's right to obtain a writ of habeas corpus. [Tex. Health & Safety Code § 572.003\(a\)](#).
- **If the patient is a minor**, the patient's parent, managing conservator, or guardian must also be informed of the patient's rights. [Tex. Health & Safety Code § 572.003\(d\)](#).

5.6.1.10 Discharge

- On receipt of a written request for discharge from a patient admitted under Section 572.002(3)(B) who is younger than 18 years of age, a facility shall consult with the patient's parent, managing conservator, or guardian regarding the discharge.
- If the parent, managing conservator, or guardian objects in writing to the patient's discharge, the facility shall continue treatment of the patient as a voluntary patient. [Tex. Health & Safety Code § 572.004\(i\)](#).

5.6.1.11 Transportation of Voluntary Patient to Another State

- A court order is required to transport a patient to another state for voluntary inpatient mental health services. [Tex. Health & Safety Code § 572.0051](#).

5.6.2 Involuntary Mental Health Services

Children Cannot be Involuntarily Committed



Recall that Texas Health and Safety Code [subsection 572.001\(c-1\)](#) instructs: “A person younger than 18 years of age may not be involuntarily committed unless provided by this chapter, Chapter 55, Family Code, or department rule.”

The legislature amended the section of the Texas Health and Safety Code pertaining to warrantless Emergency Detentions in 2019 to specifically include children, as explained above. No similar amendment was made to [section 573.011](#) of the Texas Health and Safety Code, “Application for Emergency Detention.” Some have interpreted that reading the two statutes together yields the conclusion that children cannot be the subject of an Emergency Detention Warrant, an Order of Protective Custody, or of Civil Commitment outside of Texas Family Code Chapter 55.

A warrantless Emergency Detention will last for 48 hours, which could provide the opportunity for a parent, guardian, or caregiver to be located to give consent for voluntary mental health treatment. If a child has no readily identifiable parent or caregiver, a mandated reporter would likely contact the Department of Family and Protective Services so that the Department, or another party, can file an emergency petition for temporary managing conservatorship.

Legislative Change



S.B. 1238 (86th Reg. Sess. (2019)) amended Texas Health and Safety Code [subsection 572.001\(c-1\)](#) by substituting **Chapter 55, Texas Family Code** in place of the previous wording, **other state law**. This change should clear up confusion about which laws provide for the involuntary commitment of children.

Least-Restrictive Appropriate Setting



The Mental Health Code is clear to point out that the patient’s right to liberty must always be respected and balanced against society’s interest in safety, as seen in [section 571.004](#) of the Texas Health and Safety Code:

The least restrictive appropriate setting for the treatment of a patient is the treatment setting that:

1. Is available;
2. Provides the patient with the greatest probability of improvement or cure; **and**
3. Is no more restrictive of the patient’s physical or social liberties than is necessary to provide the patient with the most effective treatment and to protect adequately against any danger the patient poses to themselves or others.

5.6.2.1 Emergency Detention

A description of emergency detentions involving children and adolescents and initiated by peace officers, can be found in **Intercept 1**. This section has a brief overview of the emergency detention process. Although rarely used, a person younger than 18 years of age may be taken into custody pursuant to an Emergency Detention. [Tex. Health & Safety Code § 573.001\(a\)](#).

Found in sections 573.001 and 573.011 of the Texas Health and Safety Code, emergency detention is the legal procedure by which a person experiencing a mental health crisis, **regardless of their age**, may be detained for a preliminary examination and crisis stabilization, if appropriate.

Emergency detention may be necessary and appropriate when a person must be placed in the least restrictive, most appropriate setting, while safeguarding the person's legal rights to a subsequent judicial determination of their need for involuntary mental health services. See [Tex. Health & Safety Code §§ 571.004, 576.021\(a\)\(1\)](#). If a person under 18 years of age is experiencing a mental health crisis, and their parent or guardian is unavailable or unwilling to consent to treatment, emergency detention may be appropriate.

The Texas Health & Safety Code permits peace officers to make a warrantless apprehension of a person with mental illness when appropriate for the purpose of transporting that person to a mental health facility for evaluation.



Rights of Persons during Emergency Detention Procedures

The purpose of emergency detention procedures is not punishment, but prevention of serious harm to the person or others due to the person's mental illness. See [Tex. Health & Safety Code § 573.001\(a\)\(1\)](#).

The rights of persons involved in an emergency detention are set out in section 573.025 of the Texas Health and Safety Code:

- To be advised of the location and reasons for the detention, and that the detention could result in a longer period of involuntary commitment;
- To a reasonable opportunity to communicate with and retain an attorney;
- To be transported upon release to a location as provided by section 573.024 unless the person is arrested or objects;
- To be released as provided by section 573.023 if the person does not meet the requirements for admission to an inpatient mental health⁸⁹ facility after the preliminary examination, or if the facility determines that the requirements of 573.022(a)(2) no longer apply;
- To be advised that any communication with a mental health professional may be used in proceedings for further detention;
- To be transported in accordance with the requirements of Chapters 573 and 574; and
- To a reasonable opportunity to communicate with a relative or other responsible person who has a proper interest in the person's welfare. [Tex. Health & Safety Code §§ 573.025\(a\)\(1-7\)](#).

5.6.2.1.a Temporary Acceptance Required

A facility must temporarily accept a person for whom:

- An officer or EMS personnel under an MOU provides a notice of detention completed by the officer under section 573.002(a) of the Texas Health and Safety Code. [Tex. Health & Safety Code § 573.021\(a\)](#).
- **Note:** a facility must comply with this section only to the extent that the commissioner determines that a facility has sufficient resources to perform the necessary services under this section. [Tex. Health & Safety Code § 573.021\(d\)](#).
- **Exception:** a person may not be detained in a private mental health facility without the consent of the facility administrator. [Tex. Health & Safety Code § 573.021\(e\)](#).

⁸⁹ Note that this language is not in the statute, which less specifically refers to "a facility."

5.6.2.1.b Preliminary Evaluation

Regardless of whether a person was transported to a facility with or without a warrant, the person must be evaluated by at least one **physician** within **12 hours** *after the time the person is apprehended by the peace officer*. [Tex. Health & Safety Code § 573.021\(c\)](#)



Preliminary Examination vs. CME

A physician's "written statement" documenting a preliminary examination under [section 573.022](#) of the Texas Health and Safety Code is **not** a "CME for mental illness" under [section 574.011](#) of the Texas Health and Safety Code. The former is required after a preliminary examination is performed for a facility to hold a person under emergency detention provided by Chapter 573 (Emergency Detention); the latter must accompany an application for court ordered mental health services under Chapter 574 as discussed in the Fitness to Proceed section of **Intercept 3: Courts**.

5.6.2.1.c Period of Detention

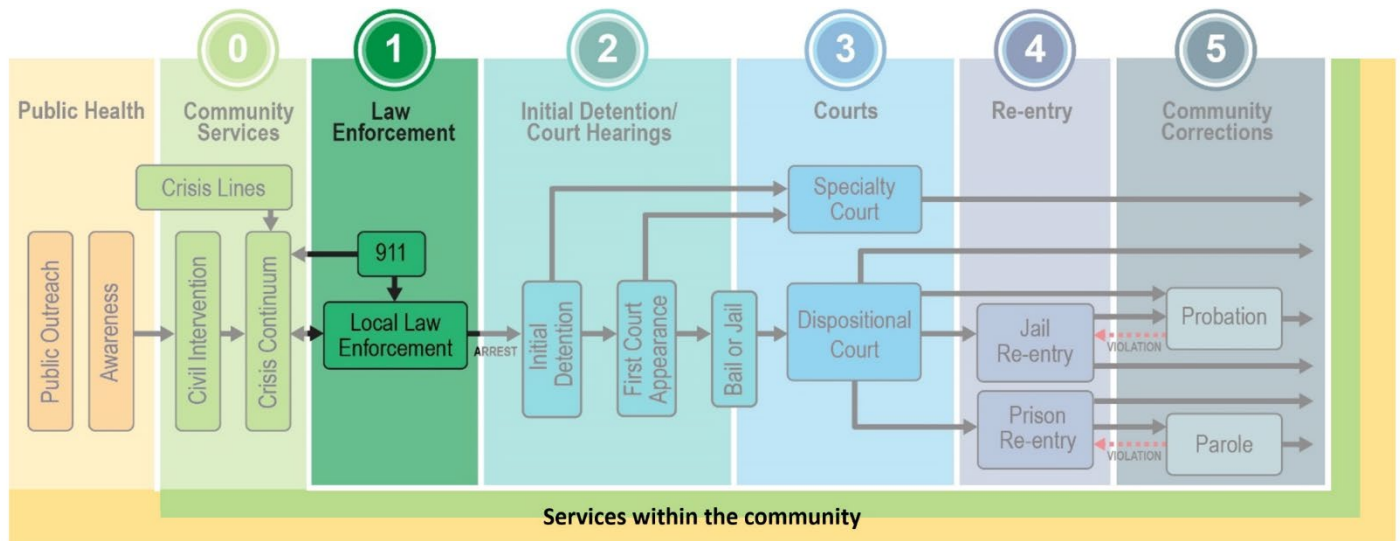
- A child accepted for a preliminary examination may be detained for no more than 48 hours *after the time they are presented to the facility*. That includes any time the child spends waiting in the facility for medical care before they receive the preliminary examination. [Tex. Health & Safety Code § 573.021\(b\)](#).
- If the 48-hour period ends on a Saturday, Sunday, legal holiday, or before 4 p.m. on the first succeeding business day, the person may be detained until 4 p.m. on the first succeeding business day. If the 48-hour ends at a different time, the person may be detained only until 4 p.m. on the day the 48-hour period ends. [Tex. Health & Safety Code § 573.021\(b\)](#).

5.6.2.1.d After 48 Hours of Initial Detention

- A person younger than 18 years of age may not be involuntarily committed unless provided by Chapter 572, Texas Health and Safety Code, Chapter 55, Texas Family Code, or department rule. [Tex. Health & Safety Code § 572.001\(c-1\)](#). Commitments of persons younger than 18 years of age occur under the provisions of Chapter 55, Texas Family Code, and are discussed in **Intercept 3: Courts**.

1

Chapter 6: Intercept 1—Initial Contact with Law Enforcement



6.1 Initial Contact with Law Enforcement

Initial contact with law enforcement focuses on the law enforcement response to children and adolescents with MI or IDD. Officers have considerable discretion in responding to a situation in the community involving a child or adolescent with a mental illness or intellectual disability who may be engaging in delinquent conduct or CINS, experiencing a mental health crisis, or both. School Resource Officers, in particular, are valuable partners in assisting children with MI or IDD.

While taking a child into custody may be legally permissible, there are alternatives that could better serve the child and the community. It is important that judges are familiar with alternatives to detention, and that they encourage the provision of training and resources for law enforcement on these issues.

6.2 Emergency Detention of Children with MI

6.2.1 What is an Emergency Detention?

An emergency detention is not an arrest. Emergency detention is the legal procedure by which **a person of any age**, including a child, who is experiencing a severe mental health crisis may be detained for a preliminary examination and crisis stabilization, if appropriate. An emergency detention may be completed with a warrant issued by a magistrate, or without a warrant by a law enforcement officer. Law enforcement officers have significant discretion to make a warrantless apprehension for an emergency detention if the statutory criteria are met. (See [Tex. Health & Safety Code § 573.001\(a\)](#).) In the adult system, this is frequently referred to as an “APOWW” (Apprehension by Police Officer Without a Warrant).

Emergency detention may be necessary and appropriate when a parent, managing conservator, or legal guardian cannot or will not consent to voluntary services for their child. The child must be placed in the least restrictive, most appropriate setting. See [Tex. Health & Safety Code §§ 571.004, 576.021\(a\)\(1\)](#).

6.2.2 Peace Officer: Transport to a Facility Without a Warrant

Law enforcement officers have the opportunity to provide the fastest intervention to begin deescalating a crisis and obtain the necessary early information to evaluate, stabilize, and safeguard the child. Law enforcement officers trained in crisis intervention can provide an immediate response with support and access to emergency medical services.



Legislative Change

S.B. 1164 (89th Reg. Sess. (2025)), effective September 1, 2025, amended Texas Health and Safety Code laws regarding emergency detentions. ***Anosognosia Can be Considered in Emergency Detentions.*** The new law adds the “inability of the person to recognize symptoms or appreciate the risks and benefits of treatment” when looking at the criteria for an emergency detention.

Mental Health Officers, Crisis Intervention Teams, and Trauma-Informed Law Enforcement



Mental health officers (MHOs) are peace officers who have specialized, TCOLE-approved training in crisis intervention and de-escalation of crisis calls.

Crisis Intervention Teams (CITs) are local initiatives designed to improve the law enforcement and community response to people experiencing mental health crises. Teams are built on strong partnerships between law enforcement, mental health providers, and individuals and families affected by mental illness. For more information on CITs, see <https://www.texascit.org/>. MHOs work collaboratively with the crisis response teams of LMHAs and LBHAs to divert adults and children in need of crisis services from jails and hospitals to community-based services. These partnerships can help communities develop solutions to close service gaps, and to deliver more effective, and less expensive, behavioral health treatment to an individual than they would receive at a hospital or jail facility.

Trauma-Informed Law Enforcement Training “not only educate[s] police about trauma, but give[s] them specific techniques for carrying out their duties... when police officers acquire a trauma perspective and work in concert with mental health providers and the community, families and children see them not simply as forces of order charged with enforcing the law, but as trusted advocates concerned about their safety.”⁹⁰

⁹⁰ National Child Traumatic Stress Network, *Creating a Trauma-Informed Law Enforcement System*, 2 NCTSN SERV. SYS. BRIEFS 2 (2008), https://www.nctsn.org/sites/default/files/resources/creating_trauma_informed_law_enforcement_systems.pdf

Overview of Emergency Mental Health Procedures



I. Emergency Detention (ED) Under Chapter 573 of the Texas Health and Safety Code

A. Transporting Child to, or Holding Child Currently at, a Facility

1. Law Enforcement – No Warrant (no initial court involvement required) (“APOWW”)

- **Standard for Apprehension:** a peace officer has reason to believe and does believe that:
 - The child is a person with Mental Illness (MI) and because of the MI:
 - There is a substantial risk of serious harm to self or others;
 - The person evidences severe emotional distress and deterioration in the person’s mental condition; **or**
 - The person evidences an inability to recognize symptoms or appreciate the risks and benefits of treatment;
 - the child is likely, without immediate detention, to suffer serious risks of harm or to inflict serious harm on another person; **and**
 - there is insufficient time to get a warrant. [Tex. Health & Safety Code § 573.001\(a\)](#).
- **Notice to Facility:** officer must give notice of detention to facility, [Tex. Health & Safety Code § 573.002](#); without notice, the facility may not detain the child involuntarily. The requirements and form are set out in statute. [Tex. Health & Safety Code § 573.002](#). This notification must include a statement that the risk of harm is imminent without immediate restraint. [Tex. Health & Safety Code § 573.002\(b\)\(3\)](#).

B. Preliminary Examination at Facility

1. When it Must Occur

The exam must be performed by a physician within **12 hours** after the child is apprehended. [Tex. Health & Safety Code § 573.021\(c\)](#).

2. Standard for ED Admission

- The person may be admitted to the facility, only if the physician who conducted the preliminary examination showed makes a written statement that:
 - The person is a person with MI;
 - Because of that MI the person evidences:
 - a substantial risk of serious and harm to self or others;
 - severe emotional distress and deterioration in the person’s mental condition; **or**
 - an inability to recognize symptoms or appreciate the risks and benefits of treatment;
 - The described risk of harm is imminent unless immediately restrained; **and**
 - Emergency detention is the least restrictive means to accomplish the restraint. [Tex. Health & Safety Code § 573.022\(a\)\(2\)](#).

3. Child Must be Released if the Child Does Not Meet the Above Criteria.

4. Transportation After Release

The child must be returned to the location of apprehension, residence in Texas, or another suitable location. If the child was apprehended by a peace officer, immediate transport is required; otherwise, it must be reasonably prompt. [Tex. Health & Safety Code § 573.024](#).



Legislative Change

SB 1164, 89th Reg. Sess. (2025). Texas law created additional procedural safeguards when a peace officer takes a child (age 17 or younger) into custody under an Apprehension by a Peace Officer Without a Warrant (APOWW) under Texas Health & Safety Code Chapter 573.

When a child is taken into custody under APOWW, the officer must now include:

- Statement of Risk and Parental Inability to Protect:
 - For any child 17 years of age or younger, the officer must affirmatively state:
 - “My belief the child is at risk of imminent serious harm unless immediately removed from the parents’ custody is based on the above-stated facts showing the parents or guardians are presently unable to protect the child from imminent serious harm.”
- Notice to Parent or Guardian
 - The officer must also indicate:
 - Whether they provided notice to the child’s parent or guardian of the intent to file the emergency detention notification, or
 - If unable to provide notice, the officer must document the reason why notice was not provided.

This statement ensures the officer documents both the immediacy and severity of risk, and the inability of the parent or guardian to mitigate that risk.

6.2.3 Standard: A Substantial Risk of Serious Harm

A peace officer may take a person into custody, **regardless of the age of the person**, without a warrant if the officer has reason to believe and does believe that:

- The person is a person with Mental Illness (MI);
 - And because of the MI;
 - there is a substantial risk of serious harm to self or others;
 - The person evidences severe emotional distress and deterioration in the person’s mental condition; **or**
 - The person evidences an inability to recognize symptoms or appreciate the risk and benefits of treatment;
 - The person is likely, without immediate detention, to suffer serious risk of harm or to inflict serious harm on another person; **and**
 - There is insufficient time to get a warrant. [Tex. Health & Safety Code § 573.001\(a\)](#).

A substantial risk of serious harm may be demonstrated by:

- The person’s behavior; or
- Evidence of severe emotional distress and deterioration in the person’s mental condition to the extent that the person cannot remain at liberty. [Tex. Health & Safety Code § 573.001\(b\)](#).

6.2.4 What May Support an Officer’s Belief

The officer must be able to cite specific recent behavior, overt acts, attempts, or threats in support of their belief. [Tex. Health & Safety Code § 573.002\(b\)\(5\)](#).

The officer’s belief may be based on:

- The representation of a credible person;
- The person’s conduct; or
- The circumstances under which the person is found. [Tex. Health & Safety Code § 573.001\(c\)](#).

Officer's Personal Observations Not Required



Note that the statute does not require an officer's personal observations of conduct or behavior suggesting a substantial risk of serious harm. An officer's belief may be based on credible information given to the officer by a witness, such as a family member, teacher, or coach.

6.2.5 An Officer Must Investigate

A peace officer must "investigate the circumstances surrounding a mental health call prior to taking the subject into custody and before transporting the subject to a mental health facility." *Trevino v. State*, 512 S.W.3d 587, 595 (Tex. App.—El Paso 2017, no pet.).

6.2.6 Transport to a Facility

An officer must transport the person:

- To the nearest appropriate inpatient mental health facility;
- If such a facility is unavailable, to another mental health facility⁹¹ **deemed suitable** by the LMHA/LBHA; or
- To EMS personnel in accordance with a memorandum of understanding (MOU) for transport to an appropriate facility as described below.

[Tex. Health & Safety Code § 573.001\(d\)](#).

Deemed Suitable



A jail or similar detention facility may not be deemed suitable except in an extreme emergency. [Tex. Health & Safety Code § 573.001\(e\)](#).

6.2.7 Memorandum of Understanding (MOU) Regarding Transportation for Emergency Detention

A law enforcement agency and an EMS provider may execute an MOU under which EMS personnel employed by the provider may transport a person taken into custody under an emergency detention by a peace officer employed by the law enforcement agency. The MOU must:

- Address responsibility for the cost of transporting the person taken into custody; and
- Be approved by the county in which the law enforcement agency is located and the LMHA that provides services in that county with respect to provisions of the MOU that address the responsibility for the cost of transporting the person. [Tex. Health & Safety Code § 573.005\(b\)](#).

⁹¹ The definition of mental health facility includes "that identifiable part of a general hospital in which diagnosis, treatment, and care for persons with mental illness is provided." [Tex. Health & Safety Code § 571.003\(12\)](#). Pursuant to their obligations under the federal Emergency Medical Treatment and Active Labor Act or otherwise, hospital emergency departments often diagnose, treat, and care for persons with mental illness.

6.2.8 The Detained Person's Rights

An officer must immediately inform the person orally and in simple, nontechnical terms:

- Of the reason for the detention; and
- That a staff member of the facility will inform the person of their rights within 24 hours. [Tex. Health & Safety Code § 573.001\(g\)](#).

6.2.9 Firearms

An officer may immediately seize any firearms in the person's possession. [Tex. Health & Safety Code § 573.001\(h\)](#). Note that specific procedures for seizure and return of firearms will vary by jurisdiction.⁹²

6.2.10 Notice of Detention to Facility

After taking the person to a facility, the officer must immediately file with the facility a notification of detention on the statutorily required form (a sample notification is included in the Appendix). The facility must honor the statutorily prescribed form and cannot require use of a different form. The facility must include the notice in the person's clinical file. [Tex. Health & Safety Code §§ 573.002\(a\), \(c\)](#). If emergency medical personnel transport the person at the request of a peace officer, they must immediately file with the facility the notification of detention completed by the peace officer who made the request. [Tex. Health & Safety Code § 573.002\(a\)](#).

Children Cannot be Involuntarily Committed



Recall that Texas Health and Safety Code [subsection 572.001\(c-1\)](#) instructs: "A person younger than 18 years of age may not be involuntarily committed unless provided by this chapter, Chapter 55, Family Code, or department rule."

The legislature amended the section of the Texas Health and Safety Code pertaining to warrantless Emergency Detentions in 2019 to specifically include children, as explained above. No similar amendment was made to [section 573.001](#) of the Texas Health and Safety Code, "Application for Emergency Detention." Some have interpreted that reading the two statutes together yields the conclusion that children cannot be the subject of an Emergency Detention Warrant, an Order of Protective Custody, or of Civil Commitment outside of Texas Family Code Chapter 55.

A warrantless Emergency Detention will last for 48 hours, which could provide the opportunity for a parent, guardian, or caregiver to be located to give consent for voluntary mental health treatment. If a child has no readily identifiable parent or caregiver, a mandated reporter would likely contact the Department of Family and Protective Services so that the Department, or another party, can file an emergency petition for temporary managing conservatorship.

⁹²

See also [Tex. Code Crim. Proc. arts. 18.19, 18.191](#) for the procedures related to the disposition of firearms.

6.3 Taking a Child into Custody Absent a Mental Health Crisis

6.3.1 Taking a Child into Custody is Usually Discretionary

Law enforcement may take a child into custody:

- pursuant to an order of the juvenile court;
- pursuant to the laws of arrest;
- if the officer has probable cause to believe the child engaged in:
 - conduct that violates a penal law of this state or a penal ordinance of any political subdivision of this state;
 - delinquent conduct or conduct indicating a need for supervision; or
 - conduct that violates a condition of probation imposed by the juvenile court;
- pursuant to a directive to apprehend issued as provided by section 52.015 of the Texas Family Code. [Tex. Fam. Code § 52.01](#).

The officer can also issue a warning notice to the child instead of taking the child into custody, if certain conditions are met. [Tex. Fam. Code § 52.01\(c\)](#). These citations cannot be issued for school offenses. [Tex. Ed. Code § 37.143\(a\)](#). Further discussion follows.

Reflection Point



At the point of a custodial decision, have I fully considered the youth's individual circumstances, including practical barriers that may affect a family's ability to provide supervision or meet release conditions? Am I mindful of the risk of interpreting economic hardship or logistical limitations as indicators of risk, rather than exploring appropriate supports or less restrictive alternatives? How am I balancing statutory detention criteria with the presumption of release to a parent or responsible adult under the Family Code?

Legislative Change



S.B. 133 (88th Reg. Sess. (2023)) added subsection (j) to [section 37.0021](#) of the Texas Education Code to ban the use of restraints by peace officers and school security personnel on students in fifth grade or below unless the student poses a serious risk of harm to themselves or another person.

6.3.2 When Taking a Child into Custody is Mandatory

A peace officer shall take a child into custody on the issuance of a directive to apprehend. [Tex. Fam. Code § 52.015\(b\)](#).

6.3.3 Notice to Probate Court May be Required

As soon as practicable, but not later than the first working day after the date a law enforcement officer takes a **child who is a ward** into custody under section 52.01(a)(2) or (3) of the Texas Family Code, the law enforcement officer or other person having the custody of the child shall notify the court with jurisdiction over the child's guardianship of the child's detention or arrest. [Tex. Fam. Code § 52.011\(b\)](#). Note that in this section, "ward" has the meaning assigned by [section 22.033, Texas Estates Code](#): "Ward" means a person for whom a guardian has been appointed. This notification is an added safety net to prevent a child with MI or ID from being lost within the system.

6.3.4 Release or Delivery to Court

Law enforcement agencies can develop guidelines to help determine if or when to take children, but particularly children with mental illness or an intellectual disability, into custody. Officers should consider whether adequate supervision is available in the child's home before taking a child into custody.



Out-of-Custody Referrals

Many juvenile cases can be filed by law enforcement as "out-of-custody" referrals. Absent a present threat to the safety of the juvenile or the community, officers should consider making an out-of-custody referral instead of taking a juvenile with MI or ID into custody. Separation from family is difficult for all juveniles, and a juvenile with specialized needs may find their needs unmet by the detention program.

A law enforcement officer who has taken a child into custody is required to immediately take one of seven actions:

- Take the child to the juvenile processing office designated by the juvenile board;
- Release the child to a parent, guardian, custodian, or other responsible adult;
- Bring the child to the office or official designated by the juvenile board if there is probable cause to believe that the child engaged in delinquent conduct, CINS, or conduct that violates a condition of probation imposed by the juvenile court;
- Bring the child to a juvenile detention facility;
- Bring the child to a medical facility if the child is believed to suffer from a serious physical condition or illness that requires prompt treatment;
- Dispose of the case without referral to juvenile court under section 52.03; or
- Return the child to their school campus if school administrators agree to resume responsibility for the child for the remainder of the day. [Tex. Fam. Code § 52.02\(a\)](#).

Note that a person taking a child into custody must promptly give notice of the person's action and a statement of the reason for taking the child into custody, to:

- The child's parent, guardian, or custodian; and
- The office or official designated by the juvenile board. [Tex. Fam. Code § 52.02\(b\)](#).



Firearms Offenses

A child who is alleged to have engaged in delinquent conduct and to have used, possessed, or exhibited a firearm in the commission of the offense must be detained until the child is released at the direction of the judge of the juvenile court, a substitute judge, or a juvenile referee. [Tex. Fam. Code § 53.02\(f\)](#). The judge can authorize the child's release over the phone. Firearms offenses include all offenses committed with a firearm and illegal carrying or possession of a firearm.

6.3.5 Law Enforcement Diversion from Juvenile Court

Even when a law enforcement officer has determined that a child should be taken into custody, the officer does not have to make a referral to juvenile court. Several kinds of informal dispositions are available to law enforcement. These diversions from juvenile court can result in better outcomes in cases involving all children, including children with MI or IDD.⁹³

6.3.5.1 Warning Notice

Under certain circumstances involving minor offenses, law enforcement officers can issue a warning notice to a child instead of taking the child into custody. [Tex. Fam. Code § 52.01\(c\)](#). A warning notice is similar to a traffic ticket.

- Guidelines for the issuance of warning notices must be adopted by the law enforcement agency and approved by the juvenile board.
- The warning notice must identify the child and describe the conduct.
- When a child is issued a warning notice, copies of the notice must be sent to the child's parent, guardian, or custodian; filed with the office or official designated by the juvenile board; and filed with the law enforcement agency. [Tex. Fam. Code §§ 52.01\(c\)\(1-6\)](#).

Further action, such as a family conference, may be taken by the juvenile court staff or law enforcement agency, but is not required. Note that warning notices cannot be issued for school offenses. [Tex. Ed. Code § 37.143\(a\)](#).

Reflection Point



Every law enforcement agency should seek to use warning notices when and where possible. Each law enforcement agency should learn what guidelines the local juvenile board has adopted for making dispositions without referral to court under Texas Family Code section 52.03.

6.3.5.2 Law Enforcement Disposition Without Referral to Court

Law enforcement officers can dispose of certain low-level offenses and non-traffic Class C misdemeanors without referring them to juvenile court or municipal court if:

- Guidelines for such dispositions have been adopted by the juvenile board;
- The disposition is authorized by the guidelines; and
- The officer makes a written report of the disposition to the law enforcement agency, identifying the child and specifying the grounds for believing that taking the child into custody was authorized. [Tex. Fam. Code § 52.03\(a\)](#).

Possible authorized dispositions under this section include referral of the child to an agency other than the juvenile court, a family conference, or a referral of the child and family to a family services agency or a DFPS youth intervention program. [Tex. Fam. Code § 52.03\(c\)](#).

⁹³ See Holly A. Wilson and Robert D. Hoge, *The Effect of Youth Diversion Programs on Recidivism: A Meta-Analytic Review*, 40 CRIM. JUST. & BEHAVIOR, 497, 499 (2013) ("A growing body of results from empirical research is also providing at least indirect support for the use of diversion. This research demonstrates clearly that involvement in the juvenile justice system, holding all other factors constant, is associated with an increased likelihood of offending behavior."); see also BARRY HOLMAN & JASON ZIEDENBERG, JUSTICE POLICY INST., THE DANGERS OF DETENTION: THE IMPACT OF INCARCERATING YOUTH IN DETENTION AND OTHER SECURE FACILITIES 2 (2006) ("A recent literature review of youth corrections shows that detention has a profoundly negative impact on young people's mental and physical well-being, their education, and their employment.").

6.3.5.3 First Offender Program

Another diversion opportunity for law enforcement agencies is first offender programs. The juvenile board is authorized to establish a law enforcement first offender program for children with no prior delinquent conduct adjudications who are taken into custody or accused, prior to the filing of charges, of:

- conduct indicating a need for supervision;
- a non-traffic Class C misdemeanor; or
- Class A or B misdemeanor or state jail felony delinquent conduct that does not involve violence to a person or the use or possession of a firearm, location-restricted knife, or club. [Tex. Fam. Code § 52.031\(a\)](#).

First offender programs are operated by the law enforcement officer or agency designated by the juvenile board, pursuant to disposition guidelines adopted by the juvenile board. [Tex. Fam. Code § 52.031\(b\)](#). The program may include periodic reporting to the law enforcement officer or agency, voluntary restitution, voluntary community service restitution, and educational training, vocational training, counseling, or other rehabilitative services. [Tex. Fam. Code § 52.031\(h\)](#).

A child referred by law enforcement to the first offender program is not referred to the juvenile court, and the record of the offense is not submitted to DPS. [Tex. Fam. Code § 58.001\(c\)](#). If the child successfully completes the program and is not taken into custody for a new offense for the next 90 days, the law enforcement agency destroys all records linking the child to the offense, other than keeping the child's name and basic information for the purpose of determining future eligibility for the program. [Tex. Fam. Code § 52.031\(i\)](#). Chapter 58, Family Code, contains additional record-keeping requirements related to first offender programs.

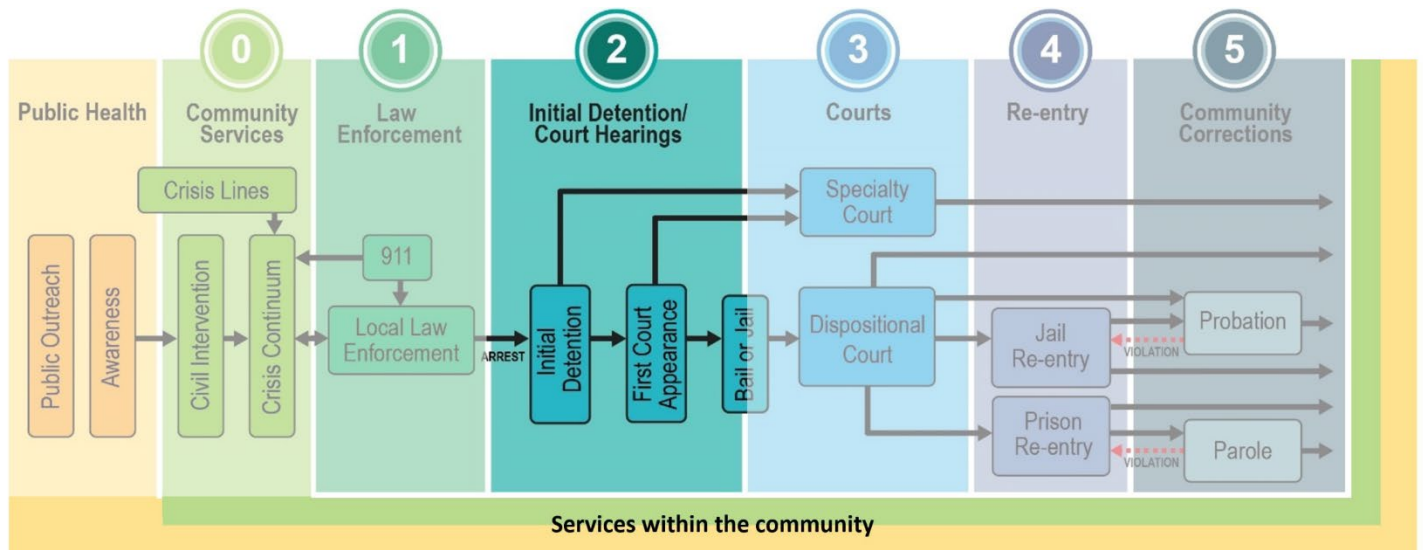
Human Trafficking Victims



If there is probable cause to believe that a child engaged in delinquent conduct or CINS and is the victim of human trafficking, the child's case cannot be disposed of under either the Disposition Without Referral to Court or First Offender Program sections of the Texas Family Code. [Tex. Fam. Code § 52.032\(b\)](#). Instead, that child's case should be addressed under a special deferred prosecution program for trafficked children, under [Texas Family Code section 54.0326](#), discussed in Intercept 3: Courts.

2

Chapter 7: Intercept 2—Initial Detention and Court Hearings



7.1 Initial Detention and Court Hearings

This intercept will frequently be the first opportunity for judicial involvement. This includes matters such as intake screening, early assessment, and pretrial release of children with mental illness or intellectual disabilities. Identification at this stage can facilitate informed decision-making around a juvenile's care, treatment continuation, and release orders. Diversion continues to be a focus in this intercept.

7.2 Detention

Laws across the Administrative Code, the Code of Criminal Procedure, and the Family Code detail the various procedures for identifying a juvenile's possible MI or ID at the earliest stages of – and throughout – a juvenile court proceeding.

Facilities moving toward trauma-informed practice will want to carefully examine what happens from the moment youth enter the door, and how well detention intake policies and procedures create an environment of safety. Some considerations⁹⁴ are whether:

- Staff are sensitive and alert to whether a child is in distress and take appropriate steps to address concerns;
- Youth believe that their needs will be recognized;
- Interviews about sensitive information occur in private areas;
- Youth are informed about safety in the facility; for example, how gang issues are handled, what protections ensure safety, and how to confidentially report problems;
- Searches are no more intrusive than needed for intake and in compliance with Prison Rape Elimination Act standards⁹⁵ (no cross-gender pat downs, and cross-gender strip searches or body cavity searches only in exigent circumstances);

⁹⁴ Sue Burrell, The Nat'l Child Traumatic Stress Network, Youth Law Cent., *Trauma and the Environment of Care in Juvenile Institutions* (2013), http://www.njcn.org/uploads/digital-library/NCTSN_trauma-and-environment-of-juvenile-care-institutions_Sue-Burrell_September-2013.pdf

⁹⁵ Prison Rape Elimination Act National Standards, 28 C.F.R. pt. 115 (2019), <https://www.ojp.gov/sites/g/files/xyckuh186/files/media/document/PEA-Final-Rule.pdf>

- Youth are screened for trauma, and further assessment occurs where needed;
- Youth receive all information they need about their rights and the institutional rules in a form they can understand;
- Youth receive information about how to register complaints or to speak confidentially to someone who can help if problems arise.

7.2.1 Early Identification and Assessments

Detention staff are required to perform various assessments of children on admission to the detention facility. Efficient communication of this information is necessary for judges, attorneys, and probation officers to understand and address any special needs a child may have.

Reflection Point



Practitioners should remain aware of how practical factors such as availability of supervision, access to technology, or caregiver work schedules can influence decisions regarding release and alternatives to detention. Some families may have more flexibility to provide home supervision or meet system requirements due to their employment circumstances or available resources. It is important to ensure that decisions are based on the youth's circumstances and needs, rather than external limitations that may not reflect the youth's level of care or support.

7.2.1.1 Detention Intake

There will be an intake officer at the detention facility, or on call, 24 hours a day. The intake officer determines whether the juvenile should be released or detained based on the facility's policies and in accordance with Texas Family Code section 53.01. Juveniles requiring emergency medical care due to injury, illness, intoxication, or mental health crisis will not be admitted into detention. Instead, the officer who transported the juvenile to detention will need to take the juvenile to a health care facility for evaluation and treatment. The juvenile may be admitted later, after written clearance from a health care or mental health care provider. [37 Tex. Admin. Code § 343.400](#).

Legislative Change



H.B. 5195 (88th Reg. Sess. (2023)) added [section 54.021](#) to the Texas Family Code to ensure that children in detention facilities receive education and services while detained. By the 21st day of a child's detention, the detention center must assess the child and develop a written plan to reach rehabilitation goals, and provide a status report every 90 days.

Release from Detention



When a child is brought into detention, the intake or other authorized officer of the court must immediately make an investigation and **shall release the child** unless it appears that the child's detention is warranted. The release may be conditioned upon requirements reasonably necessary to insure the child's appearance at later proceedings, but the conditions must be in writing and filed with the office or official designated by the court and a copy furnished to the child. [Tex. Fam. Code § 53.02\(a\)](#).

A child taken into custody may be detained prior to a hearing on the petition only if:

1. The child is likely to abscond or be removed from the jurisdiction of the court;
2. Suitable supervision, care, or protection for the child is not being provided by a parent, guardian, custodian, or other person;
3. The child has no parent, guardian, custodian, or other person able to return the child to the court when required;
4. The child may be dangerous to themselves, or the child may threaten the safety of the public if released;
5. The child has previously been found to be a delinquent child or has previously been convicted of a penal offense punishable by a term in jail and is likely to commit an offense if released; or
6. The child's detention is required due to an alleged firearms offense.

[Tex. Fam Code § 53.02\(b\)](#).

7.2.1.2 Mandatory Mental Health Screening⁹⁶

The detention facility must administer a mental health screening or provide a clinical assessment conducted by a mental health provider within 48 hours of the juvenile's admission to the facility. The mental health screening tool used in Texas is the Massachusetts Youth Screening Instrument, 2nd Edition, or MAYSI-2. A juvenile who receives a positive screening must be given a secondary screening immediately or referred to a mental health provider by the end of the next workday. If either the secondary screening or the mental health provider recommends further mental health intervention for the juvenile, a referral to a mental health provider or to a physician must occur within 48 hours. See [37 Tex. Admin. Code § 343.404](#).

MAYSI-2⁹⁷



The MAYSI-2 is a brief behavioral health screening tool designed for juvenile justice programs and facilities. 46 states have adopted the MAYSI-2. The tool requires no formal training as a mental health professional and can be administered in approximately 10 minutes. It consists of 52 questions regarding the recent experience of thoughts, feelings or behaviors, to which the juvenile answers YES or NO. The answers provide scores on seven scales: Alcohol/Drug Use, Angry Irritable, Depressed Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences. Scores on each scale allow staff to determine whether the juvenile may need immediate attention for suicide precaution or further assessment by a mental health professional.

⁹⁶ The MAYSI and other detention intake assessments require the child to respond to questioning by a government employee or agent, the detention officer. Texas Family Code section 54.03(e) states that "A child alleged to have engaged in delinquent conduct or CINS need not be a witness against nor otherwise incriminate himself. An extrajudicial statement which was obtained without the requirements of this title or of the constitution of this state or of the United States, may not be used in an adjudication hearing."; See also, [Tex. Health & Safety Code § 614.017\(b\)](#) ("Information obtained under this section may not be used as evidence in any juvenile or criminal proceeding, unless obtained and introduced by other lawful means."). Further discussion of this statute appears below, in Section 3: Information Sharing is Mandatory.

⁹⁷ More information about the MAYSI can be found at: NATIONAL YOUTH SCREENING & ASSESSMENT PARTNERS, <http://www.nysap.us/maysi2/index.html> (last visited Sept. 3, 2025).

7.2.1.3 Mandatory Screening of Juveniles for Suicide

All juveniles must be screened for suicide risk within two hours of admission into a facility, and upon any indication they might be at moderate or high risk for suicidal behavior at any point they are in custody. This screening is part of a suicide prevention plan that all facilities, in consultation with a mental health provider, must develop and implement. See [37 Tex. Admin. Code § 343.340](#). The MAYSI-2 can satisfy the suicide screening requirement if it is administered within two hours of the juvenile's admission. [37 Tex. Admin. Code § 343.404\(a\)\(3\)](#).



Mental Health Referral of High-Risk Suicidal Youth

The facility must refer a juvenile classified as high risk for suicidal behavior to a mental health provider or agency within 24 hours after the classification is assigned, and document that the referral was made. [37 Tex. Admin. Code § 343.346](#).

7.2.1.4 Mandatory Health Screening

All juveniles must have a health screening within two hours of their admission to the facility. The health screening must include, but is not limited to: mental health conditions, treatment, and hospitalizations; observation of the juvenile's appearance, behavior, state of consciousness, breathing; current medications; use of alcohol or drugs; special health requirements; and any other health concerns reported by the juvenile. If the juvenile requires follow-up care, the facility must contact a health care professional as soon as possible, but no later than 24 hours after the screening. [37 Tex. Admin. Code § 343.406](#).

7.2.1.5 Mandatory Behavioral Screening

All juveniles must be screened for potential vulnerabilities or aggressive behavior. The behavioral screening must consider the juvenile's age, offense history, physical size, state of mind, sexual orientation, prior victimization or abuse, level of emotional and cognitive development, mental or physical disabilities, intellectual or developmental disabilities, and other pertinent information. [37 Tex. Admin. Code § 343.414](#).

Detention facilities may consider screening vulnerable children and adolescents for additional classifications than the law requires, such as gender identity, to ensure the child's safety.

7.3 Medication

Interruption of a child's medication regimen should be avoided. A child's existing treatment regimen should be extended into the detention setting to prevent deterioration.

7.3.1 Continuity of Care

All secure pre-adjudication detention and post-adjudication correctional facilities are required to have a written health service plan. The plan must include procedures:

- For conducting health screenings and assessments;
- For the referral of juveniles in need of medical attention for medical, mental health, and dental services;
- For emergency health care services;
- To ensure continuity of care in accordance with the instructions of the medical provider including the delivery of treatment, medication, referrals, follow up, and medically-modified diets;

- Relating to informed consent as required by Texas Family Code Chapter 32 for medical, dental, psychological, and surgical treatment; immunizations; and counseling services;
- Relating to procurement, distribution, dispensing, disposal, and accounting of prescription and over-the-counter medication; [37 Tex. Admin. Code § 343.322](#).

7.3.2 Medication Administration

Stimulants, tranquilizers, and psychotropic medications cannot be administered to juveniles in detention without an order from a physician, physician assistant, dentist, or nurse practitioner. The detention facility is required to adopt a policy concerning the administration of medication to juveniles. The policy must include requirements that any medication brought into the facility by the juvenile's parent or guardian must be in the original container, and the parent or guardian submit a written request to the facility to administer the medication; that all medication prescribed to the juvenile during their stay is administered; and that each administration of the medication is documented. [37 Tex. Admin. Code § 343.336](#).

Continuing Medication is Critical to Continuity of Care



Continuing a child's prescription medication is critical to preventing mental health deterioration. Intake officers should consult with the child and their parent or guardian regarding current medications. Family members should bring all current medications to the detention center as soon as possible. Judges should inquire about medications at detention hearings and require a doctor's visit if a child's medication needs are not met.

7.4 Information Sharing

Considerable confusion has surrounded the issue of sharing personal information in proceedings involving juveniles, and particularly in proceedings involving juveniles with or who may have MI or ID. This subsection identifies some of the key state law provisions governing that issue.

7.4.1 Information Regarding Special Needs Offenders

State law requires that agencies share information for purposes of continuity of care and services for "special needs offenders," which includes individuals:

- For whom criminal charges are pending; or
- Who, after conviction or adjudication, are in custody or under any form of criminal justice supervision. [Tex. Health & Safety Code §§ 614.017\(a\), \(c\)\(2\)](#).

7.4.2 What an Agency is Required to Do

Specifically, an agency must:

- Accept information relating to a special needs offender **or a juvenile with a mental impairment** that is sent to the agency **to serve the purposes of continuity of care and services** regardless of whether other state law makes that information confidential; and
- Disclose information relating to a special needs offender **or a juvenile with a mental impairment**, including information about the offender's or juvenile's identity; needs; treatment; social, criminal, and vocational history; supervision status and compliance with conditions of supervision; and medical and mental health history, **if the disclosure serves the purposes of continuity of care and services**. [Tex. Health & Safety Code § 614.017\(a\)](#).



Legislative Change

S.B. 2776 (89th Reg. Sess. (2025)) now allows disclosure of information concerning a person committed to TJJD or similar facilities if they have been released, attained majority status, and given consent.

7.4.3 Agencies Must Safeguard Confidentiality

An agency must manage confidential information accepted or disclosed under this section prudently to maintain, to the extent possible, the confidentiality of that information. A person commits an offense if the person releases or discloses confidential information obtained under section 614.017 for purposes other than continuity of care and services, except as authorized by other law or by the consent of the person to whom the information relates. [Tex. Health & Safety Code §§ 614.017\(d\), \(e\)](#).

7.4.4 Not for Use as Evidence

Information obtained under this section may not be used as evidence in any juvenile or criminal proceeding, unless obtained and introduced by other lawful evidentiary means. [Tex. Health & Safety Code § 614.017\(b\)](#).

7.4.5 Agencies Required to Comply

Health and Safety Code [section 614.017\(c\)\(1\)](#) defines an “agency” as one of the following, a person with an agency relationship with one of the following, and a person who contracts with one or more of the following:

- The Texas Department of Criminal Justice and the Correctional Managed Health Care Committee;
- The Board of Pardons and Paroles;
- The Department of State Health Services;
- The Texas Juvenile Justice Department;
- The Department of Assistive and Rehabilitative Services;
- The Texas Education Agency;
- The Texas Commission on Jail Standards;
- The Department of Aging and Disability Services;
- The Texas School for the Blind and Visually Impaired;
- Community supervision and corrections departments and juvenile probation departments;
- Personal bond pretrial release offices established under article 17.42 of the Texas Code of Criminal Procedure;
- Jails regulated by the Commission on Jail Standards;
- A municipal or county health department;
- A hospital district;
- A judge of this state with jurisdiction over juvenile or criminal cases;
- An attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;
- The Health and Human Services Commission;
- The Department of Information Resources;
- The Bureau of Identification and Records of the Department of Public Safety, for the sole purpose of providing real-time, contemporaneous identification of individuals in the Department of State Health Services client data base; and
- The Department of Family and Protective Services.

7.4.6 Continuity of Care for Juveniles with Mental Impairments

The Texas Juvenile Justice Department, the Department of Public Safety, the Department of State Health Services, the Department of Aging and Disability Services, the Department of Family and Protective Services, the Texas Education Agency, and local juvenile probation departments must adopt a memorandum of understanding that establishes their respective responsibilities to institute a **continuity of care and service program for juveniles with mental impairments in the juvenile justice system**. TCOOMMI shall coordinate and monitor the development and implementation of the MOU.

The MOU must establish methods for:

1. Identifying juveniles with mental impairments in the juvenile justice system and collecting and reporting relevant data to the office;
2. Developing interagency rules, policies, and procedures for the coordination of care and the exchange of information on juveniles with mental impairments who are committed to or treated, served, or supervised by TJJD, DPS, DSHS, DFPS, DADS, TEA, local juvenile probation departments, LMHAs, LIDDAs, and independent school districts; and
3. Identifying the services needed by juveniles with mental impairments in the juvenile justice system. [Tex. Health & Safety Code § 614.018\(b\)](#).

In this section, “continuity of care and service program” includes:

1. Identifying the medical, psychiatric, or psychological care or treatment needs and educational or rehabilitative service needs of a juvenile with mental impairments in the juvenile justice system;
2. Developing a plan for meeting the needs identified under subdivision 1; and
3. Coordinating the provision of continual treatment, care, and services throughout the juvenile justice system to juveniles with mental impairments. [Tex. Health & Safety Code § 614.018\(c\)](#).

Juvenile Records



Certain juvenile justice agencies and juvenile justice service providers are permitted to share certain records regarding a child’s personal health information or history of government services provided, for the purposes of coordination of care, prevention of supplication of services, enhancing rehabilitation, and improving and maintaining community safety. [Tex. Fam. Code § 58.0052](#).

7.4.7 Exempt from the Texas Medical Records Privacy Act (TMRPA)

TMRPA, the state law governing privacy of medical records, expressly excludes an agency described by section 614.017 (set forth above) with respect to the disclosure, receipt, transfer, or exchange of medical and health information and records relating to individuals in the custody of an agency or in community supervision. [Tex. Health & Safety Code § 181.057](#).

7.5 Restraints

Texas Juvenile Justice Department standards govern the use of restraints in juvenile secure detention and post-adjudication facilities. The standards apply to personal restraints, mechanical restraints, chemical restraints, and non-ambulatory restraints. The frequency of seclusion and restraint practices used in an organization is considered one indicator of how well an organization is implementing trauma-informed practices.⁹⁸

7.5.1 Approved Restraint Techniques

Each facility must adopt a personal restraint technique that has been approved by TJJD. Personal restraints are also considered physical restraints.

- “Handle with Care”⁹⁹ and “The Mandt System”¹⁰⁰ are the currently approved restraint techniques. [37 Tex. Admin. Code § 380.9723\(j\)\(1\)\(B\)](#).
- Only juvenile supervision and probation officers may use personal restraints in juvenile facilities. Before participating in a restraint, the officers must be trained in the approved restraint technique and in the facility’s specific verbal de-escalation practices and procedures. [37 Tex. Admin. Code §§ 343.800\(a\), \(c\)](#).
- The officers must be retrained on the restraint technique at least once every 365 days. [37 Tex. Admin. Code § 343.808\(c\)](#).

7.5.2 When Restraints can be Used

- Personal restraints may be used only to prevent imminent or active self-injury, injury to others, serious property damage, or escapes. [37 Tex. Admin. Code § 343.802\(d\)](#).
- Personal restraints may be used **only as a last resort** and only the amount of force and type of restraint necessary to control the situation may be used. [37 Tex. Admin. Code §§ 343.802\(e\), \(f\)](#).
- Personal restraints are required to be implemented in a way to protect the health and safety of the juvenile and to be terminated as soon as the threat has subsided. [37 Tex. Admin. Code §§ 343.802\(g\), \(h\)](#).

7.5.3 Prohibited Uses of Restraints

- Personal restraints may not be used for punishment, discipline, retaliation, harassment, compliance, or intimidation, or as a substitute for appropriate disciplinary seclusion nor may they deprive a juvenile of basic human necessities, including restroom opportunities, food, water, or clothing. [37 Tex. Admin. Code §§ 343.804\(1\), \(2\)](#).
- Personal restraints that pose a risk to a juvenile are prohibited, such as restraints intended to inflict pain; restraints that place a juvenile in a prone or supine position with pressure on the neck or head; restraints that obstruct the airway, including placing anything over the mouth or nose; restraints that interfere with the juvenile’s ability to communicate; restraints that obstruct the view of the juvenile’s face; techniques that do not include monitoring the juvenile’s respiration and for signs of physical distress; and percussive or electrical shocking devices (e.g. tasers). [37 Tex. Admin. Code §§ 343.804\(3-10\)](#).

⁹⁸ Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families, Statewide Collaborative on Trauma-Informed Care, Building a Trauma-Informed Child Welfare System: A Blueprint 38 (2019), <http://texaschildrenscommission.gov/media/84026/building-a-trauma-informed-child-welfare-system-a-blueprint-online.pdf>.

⁹⁹ See HANDLE WITH CARE, <https://handlewithcare.com/> (last visited Sept. 3, 2025)

¹⁰⁰ See THE MANDT SYSTEM, <https://www.mandtsystem.com/> (last visited Sept. 3, 2025)

7.5.4 Mechanical Restraints

- Only approved mechanical restraints may be used. This includes ankle cuffs, handcuffs, plastic cuffs (in an emergency only), restraint beds, restraint chairs, waist belts, and wristlets. [37 Tex. Admin. Code §§ 343.810\(a\)\(1\), \(b\)\(8\)](#).
- Unlike personal restraints, mechanical restraints can be used for juvenile, staff, and public safety purposes even when there is no imminent threat. Such preventive restraints are authorized when moving a juvenile from one point to another within a secure facility, when transporting juvenile in a vehicle, or when a juvenile is required to leave the secure confines of the facility. [37 Tex. Admin. Code §§ 343.818\(1-3\)](#). Under limited circumstances, the documentation of the use of mechanical restraints for routine, preventative use is not required. [37 Tex. Admin. Code § 343.818\(4\)](#).
- There are several requirements to ensure safety while in mechanical restraints, such as a prohibition on restraining the juvenile to a stationary object or to part of a vehicle or another resident in a vehicle; a prohibition on “hogtying” a juvenile by attaching their arms and legs together behind the back; a requirement that the mechanical restraint not be so tight as to impact circulation or so loose as to cause chafing; and a prohibition on keeping the juvenile in a prone position while in mechanical restraints for any period of time beyond the time necessary to apply the restraints. Additionally, juveniles are prohibited from participating in physical activity while in mechanical restraints. [37 Tex. Admin. Code §§ 343.810\(b\)\(3-7\), 343.818\(2\), 380.9723\(k\)\(G\)](#).

7.5.5 Non-Ambulatory Mechanical Restraints

It is sometimes necessary to use a non-ambulatory mechanical restraint for a juvenile. This type of restraint prohibits a juvenile’s ability to stand upright and walk. Examples include a four-point restraint and a restraint chair.

- Non-ambulatory mechanical restraints may be used only in response to a juvenile’s overt self-injurious behavior and only when other less restrictive interventions or other forms of physical restraint have been deemed inappropriate or ineffective. [37 Tex. Admin. Code § 343.812\(a\)](#).
- Permission from the facility administrator or designee is required for each instance of the use of a non-ambulatory mechanical restraint; standing orders for such use are prohibited. [37 Tex. Admin. Code § 343.812\(b\)](#).
- These restraints may be used only in an area or room not visible to other residents but that is readily accessible to health care professionals or specifically trained staff with supervisory responsibilities related to non-ambulatory mechanical restraints. [37 Tex. Admin. Code § 343.812\(c\)](#).
- Constant supervision by a juvenile supervision or probation officer is required, as is an opportunity for expanded physical motion for at least 5 minutes every 30-minutes, an opportunity to drink water and use the restroom every hour, and regularly prescribed medications. A written recommendation from a health care professional or a mental health provider is required for a non-ambulatory mechanical restraint to continue longer than one hour. [37 Tex. Admin. Code §§ 343.812\(f\), \(i\)](#).
- Non-ambulatory mechanical restraints lasting two hours are considered a behavioral health crisis and result in an immediate referral to a mental health provider or a mental health facility for assessment and possible treatment. Such restraints may not last more than three hours in any 24-hour time period. [37 Tex. Admin. Code §§ 343.812\(g\), \(h\)](#).

7.5.6 Chemical Restraints

A chemical restraint is the use of any chemical, including pharmaceuticals, through topical application, oral administration, injection, or other means, for purposes of restraining an individual and which is not a standard treatment for the individual's medical or psychiatric condition. [25 Tex. Admin. Code § 415.253\(3\)](#). Antipsychotic and sedative medications are examples of chemical restraints.

- While chemical restraints are permissible, they may be used only in response to a facility riot and, even then, only when other forms of approved restraints are deemed inappropriate or ineffective. [37 Tex. Admin. Code § 343.816\(1\)](#).
- Chemical restraints require approval from the facility administrator prior to use; standing orders are prohibited. [37 Tex. Admin. Code § 343.816\(2\)](#).
- Chemical restraints may not be used on juveniles who are already in a personal or mechanical restraint or who are otherwise under control. Neutralizers and decontaminants must be readily available for use on juveniles who have been exposed to chemical restraints. [37 Tex. Admin. Code §§ 343.816\(5\), \(7\)](#).



Restraints and Trauma

The Substance Abuse and Mental Health Services Administration (SAMHSA) has found that “the use of seclusion and restraint can result in psychological harm, physical injuries, and death to both the people subjected to and the staff applying these techniques.”¹⁰¹ It is helpful for judges and lawyers to be familiar with the local detention facility's policies and practices for using seclusion and restraints.

When seclusion or restraints are used on a youth, inquiries should be made to confirm that use and duration of the seclusion or restraint was proper. Detention facilities may want to adopt policies that require supervisor or administrative review of all restraints and seclusions.

All participants in the juvenile court system must have an understanding that youth who have experienced severe or complex trauma may exhibit high-risk behaviors, but that seclusion and restraint as a response to those behaviors can cause additional trauma or re-traumatization of the youth.¹⁰²

7.6 Initial Detention Hearing

The initial detention hearing is the first contact the child will have with the court. It may be the first time the child has interacted with a judge or a lawyer, or the first time they have seen a courtroom. The child may have been separated from their parent or guardian for several days and may not know what to expect or how to behave in a courtroom.

During a hearing, the court and counsel can avoid re-traumatizing youth by phrasing questions in a way to elicit information neutrally. For example, instead of asking whether a parent or guardian wants the youth back in the home, consider asking questions to establish whether the home is a safe environment, and whether there is suitable supervision for the youth.

¹⁰¹ Substance Abuse and Mental Health Services Administration, *Promoting Alternatives to the Use of Seclusion and Restraint, Issue Brief #1: A National Strategy to Prevent Seclusion and Restraint in Behavioral Health Services* (2010), https://www.samhsa.gov/sites/default/files/topics/trauma_and_violence/seclusion-restraints-1.pdf.

¹⁰² The Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families, Statewide Collaborative on Trauma-Informed Care, *Building a Trauma-Informed Child Welfare System: A Blueprint* 38 (2019), <http://texaschildrenscommission.gov/media/84026/building-a-trauma-informed-child-welfare-system-a-blueprint-online.pdf>.

- If the child was not released by the probation department a detention hearing shall be held promptly. Promptly means not later than the second working day after the child is taken into custody; or the first working day if the child was taken into custody on a weekend or holiday.
- Detention hearings are non-jury proceedings and can be heard by a judge, referee or master.
- Reasonable written or oral notice of the hearing must be given to the child, and if located, to the child's parent, guardian, or custodian.
 - If the parent, guardian, or custodian cannot be found, the detention hearing can be held, so long as the court appoints counsel or a guardian ad-litem for the child.
- The court must inform the child of the child's right to remain silent.
 - Statements made by the child during a detention hearing are not admissible against the child at any other proceeding.
- The court may consider written reports and the testimony of witnesses in making the detention decision.
- The court shall find whether there is probable cause to believe that a child who was taken into custody without an arrest warrant or a directive to apprehend has engaged in delinquent conduct, CINS, or conduct that violates an order of probation imposed by the juvenile court.
 - The PC finding must be made within 48 hours of the time the child was taken into custody, including weekends and holidays. [Tex. Fam. Code § 54.01](#).



Guardian Ad Litem

The Court's authority under [Tex. Fam. Code § 51.11](#) to appoint a guardian ad litem when the child's parent is unable or unwilling to act in the child's best interests is consistent with the goals of the Juvenile Justice Code under [Tex. Fam. Code § 51.01](#), which includes the best interests of the child and the protection of the community.



Reflection Point

Consider whether all relevant options were adequately explored at prior decision points. Was the possibility of release or referral for mental health evaluation appropriately assessed by preceding systems, such as law enforcement or educational entities? Reflect on whether current case decisions are grounded in objective information or may be influenced by assumptions regarding the family's level of engagement or presence in court. To ensure fair and individualized case management, evaluate whether any external factors are unintentionally impacting judicial decision-making.

7.6.1 Right to Counsel

Before the first detention hearing, the court must notify the child and the child's parent, guardian, or custodian of the child's right to legal counsel. [Tex. Fam. Code §§ 51.10\(a\)\(1\), 54.01\(b\)](#). The court shall appoint an attorney after a finding that the child's family is indigent unless the appointment is not feasible due to exigent circumstances. [Tex. Fam. Code § 54.01\(b-1\)](#). Once an attorney is appointed to represent a child, the attorney must continue representation of the child until the case is terminated, the family retains an attorney, or a new attorney is appointed. [Tex. Fam. Code § 51.10\(a\)](#).

The court shall provide the attorney with all written material to be considered in making the detention decision. [Tex. Fam. Code § 54.01\(c\)](#).



Best Practices for Appointing Counsel

Promptly appoint counsel. If there is a question about the parent's or guardian's ability to retain counsel, an attorney should be appointed first, and an inquiry regarding the financial situation of the family should be explored later. Consider appointing counsel with specialized MI or ID training, when possible.



Legislative Change

H.B. 422 (88th Reg. Sess. (2023)) amended [section 54.012](#) of the Texas Family Code to allow juvenile courts to conduct detention hearings as remote proceedings (such as by teleconference or by videoconference) if the parties have the opportunity to cross-examine witnesses. The juvenile court must also submit a plan for conducting remote detention hearings to the Office of Court Administration.

7.6.2 Presumption of Release

At the conclusion of the hearing, the court shall order the child released from detention unless it finds that:

- The child is likely to abscond or be removed from the jurisdiction of the court;
- Suitable supervision, care, or protection for the child is not being provided by a parent, guardian, custodian, or other person;
- The child has no parent, guardian, custodian, or other person able to return the child to court when required;
- The child may be dangerous to themselves or may threaten the safety of the public if released; or
- The child has previously been found to be a delinquent child or has previously been convicted of a penal offense punishable by a term in jail or prison and is likely to commit an offense if released.

[Tex. Fam. Code § 54.01\(e\)](#).

7.6.3 Setting and Enforcing Conditions of Release

A release may be conditioned on requirements reasonably necessary to insure the child's appearance at later proceedings. [Tex. Fam Code § 54.01\(f\)](#). The conditions of release must be in writing, and a copy must be given to the child. *Id.* Possible conditions include meeting with a probation officer or a counselor, living with a particular relative, following a curfew, attending school, wearing an electronic monitor or avoiding contact with a peer or alleged victim. When a child has previously been found unfit to proceed, judges should consider whether that child has the capacity to understand and abide by conditions of release. If the child violates a condition of release, the order of release may be revoked, and the child can be taken into custody again. [Tex. Fam. Code § 52.01](#).



Considerations for Conditions of Release

Some judges order children, as a condition of release from the detention facility, to participate in psychological evaluations, assessments, counseling sessions, or intake interviews for entry into programs; or to attend medical appointments for medical evaluation or medication management. There are many good reasons for engaging in services at an early stage of a juvenile case, but also some considerations to keep in mind.

It is possible that the child could incriminate themselves during an evaluation or treatment. Defense attorneys may find it necessary to instruct their juvenile clients to avoid discussing the alleged offense during evaluation or services that occur prior to adjudication. Attorneys may consider postponing these activities until they determine how the case will proceed and discuss possible outcomes with the client. Agreements can be made between the parties that anything revealed during such an evaluation will not result in juvenile prosecution. If no agreements are made, the child and their attorney should acknowledge that fact in writing.

Service providers should clearly explain to children whether the assessment or interview is confidential, and to whom the report will be distributed. Service providers can provide the reports directly to defense counsel, to ensure the child's rights were protected and privileges were upheld. The court and all parties should be aware that any documents or reports that the juvenile probation officer receives directly from a service provider could be items that the prosecution must produce for the defense under the Michael Morton Act.¹⁰³ A recent case excluded evidence held by "law enforcement" but not the prosecutor and therefore not turned over to the defense as required by the Michael Morton Act's revisions to Code of Criminal Procedure Art. 39.14. *See State v. Health*, 696 S.W.3d 677, 702-707 (Tex. Crim. App.), *as corrected* (June 14, 2024), *reh'g denied*, 707 S.W.3d 135 (Tex. Crim. App. 2024).

7.6.4 Physical or Mental Examination

The initial detention hearing is usually the first time that the judge and the child's attorney will interact with the child and the child's parent, guardian, or custodian. Although these hearings can be brief and informal, they are an opportunity to gather information about any diagnoses or special needs that the child may have.

At any stage of the proceedings, the juvenile court can, at its own discretion or at the request of the child's parent or guardian, order a physical or mental examination of the child to determine whether the child has a mental illness, has an intellectual disability, or suffers from chemical dependency. [Tex. Fam. Code § 51.20\(a\)](#).

If, after the examination, there is reason to believe the child has MI, ID, or suffers from chemical dependency, the probation department must refer the child to the LMHA, LIDDA, or other provider for evaluation and services, *unless the prosecuting attorney has filed a petition under section 53.04*. [Tex. Fam. Code § 51.20\(b\)](#).

¹⁰³ [Tex. Code of Crim. Proc. art. 39.14](#).



Reflection Point

As a judge, have I considered whether mental health or developmental conditions were previously identified or evaluated at earlier decision points? Have education or court records documented relevant concerns or diagnoses? Have any parties previously sought evaluations for mental illness or intellectual or developmental disabilities (IDD)?

If no evaluations have been pursued, could other contextual factors—such as family circumstances or previous system involvement—have influenced access to services or led to needs being overlooked? Has past trauma affected the family’s ability to engage with systems such as education or juvenile probation?

Am I approaching each case with an awareness of how individual circumstances may affect a youth’s experience and access to support, and have I taken steps to ensure my decision is based on a complete picture of the youth’s needs?

7.6.5 Who May Conduct the § 51.20 Physical or Mental Examination

The examination must be performed by a disinterested expert, including a **physician, psychiatrist, or psychologist**, qualified by education and clinical training in mental health or intellectual disability and experienced in forensic evaluation, to determine whether the child has a mental illness as defined by Section 571.003, Health and Safety Code, is a person with intellectual disability as defined by Section 591.003, Health and Safety Code, or suffers from chemical dependency¹⁰⁴ as defined by Section 464.001, Health and Safety Code. [Tex. Fam. Code § 51.20\(a\)](#).



A Juvenile Can Have MI or ID and be Fit to Proceed Under Chapter 55

It is important to understand that a judge may receive information suggesting a juvenile is fit to proceed under Chapter 55 of the Texas Family Code, but also suggests the juvenile has a MI or ID. Such a condition may not render the juvenile unfit to proceed, but warrant special consideration and management of the juvenile’s case.

¹⁰⁴ “Chemical dependency” means: abuse of alcohol or a controlled substance; psychological or physical dependence on alcohol or a controlled substance; or addiction to a controlled substance. [Tex. Health & Safety Code § 464.001\(1\)](#).

Child with Mental Illness, Disability, or Lack of Capacity and Class C Misdemeanors



Texas Penal Code section 8.08 gives courts that have jurisdiction over Class C misdemeanors and municipal ordinance violations a mechanism for the dismissal of cases involving children with diminished capacity.

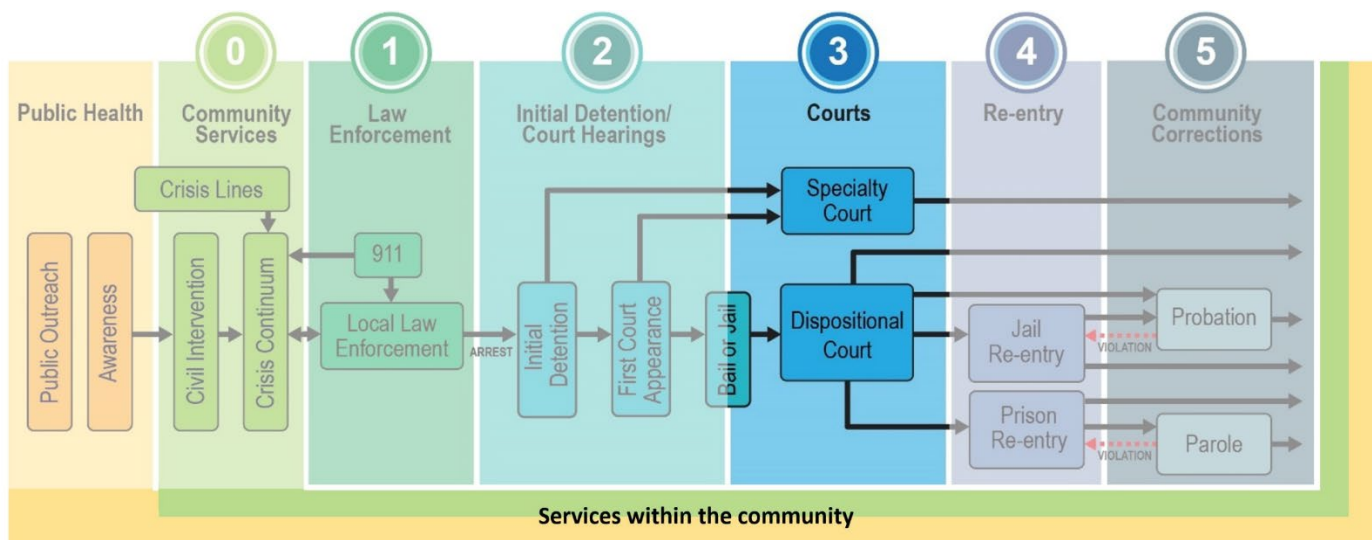
- When a motion is made, the court must determine whether **probable cause** exists to believe that a child, including a child with a mental illness or developmental disability¹⁰⁵:
 1. Lacks the capacity to understand the proceedings in criminal court or to assist in the child's own defense and is unfit to proceed; or
 2. Lacks substantial capacity either to appreciate the wrongfulness of the child's own conduct or to conform the child's conduct to the requirement of the law.
- The state, the defendant, the defendant's parent or guardian, or the court can make the motion.
- If the court determines that probable cause exists that the child is unfit to proceed or lacks substantial capacity, the court can dismiss the case after providing notice to the state.

[Tex. Penal Code § 8.08.](#)

¹⁰⁵ The statute provides that when a child has diminished capacity, the case against the child can be dismissed. The statute specifically mentions children with a mental illness or a developmental disability, but it does not exclude children who have diminished capacity due to other conditions, e.g., traumatic brain injury, autism spectrum disorder, intellectual disability, or severe emotional disturbance.

3

Chapter 8: Intercept 3—Courts



8.1 Courts

Courts are historically where most justice system responses to mental health issues occur. At this intercept, the legal, practical, and health consequences for individuals with MI and ID are detrimental and life changing. As a result, judicial support of community-based mental health responses and court-based interventions such as specialty courts and dockets are critical. A supportive, trauma-informed, and developmentally appropriate judicial response that seeks to engage and encourage youth will result in increased trust, compliance, and better outcomes.

Chapter 55 of the Family Code deals with children with mental illness or an intellectual disability who are also respondents in the juvenile court process. There are three types of proceedings under Chapter 55: one in which the child is believed to have a mental illness and is diverted from juvenile court into court-ordered mental health services; one in which the child is believed to be unfit to proceed in the juvenile system because they lack the ability to understand the proceedings or to assist in their defense due to a mental illness or intellectual disability; and one in which the child should not be held responsible for their conduct because the child could not appreciate its wrongfulness or conform their conduct to the law's requirements at the time the offense was committed due to a mental illness or intellectual disability.¹⁰⁶ Attorneys and probation officers will have more contact with the child than the judge. A checklist to assist in identifying a child's potential mental health or intellectual disability issues is included in the Appendix.

While communications with a child in juvenile court should always be matched to the age and maturity level of the child, when mental health or intellectual disability concerns have been or may be raised, judges should focus extra attention on how they interact with the child. Especially in the case of youth with IDD, it is helpful to use open ended questions so that a child's responses will illustrate the level of understanding. To reduce shame and stigmatization, judges are encouraged to be thoughtful when discussing a child's mental health or intellectual disability diagnosis or symptoms in open court.

¹⁰⁶ ROBERT DAWSON, TEXAS JUVENILE LAW 333 (Nydia Thomas and Kaci Singer, eds., 9th ed. 2018).

Reflection Point



Take your time. Consider scheduling extra time for an adjudication or disposition hearing involving a child with MI or IDD. Allow time for questions, processing, and rephrasing of admonishments and conditions. Be mindful of signs that the child may be overwhelmed and take a break if needed. Review the outcome of the hearing and use open-ended questions to determine the child's level of understanding.

Give information more than once. Be prepared to repeat and rephrase concepts. It may be helpful for attorneys to meet with their child client several times before the court hearing.

Avoid legalese and jargon. Keep language simple and appropriate for the child's developmental level. Explain procedures step by step. Be concrete and avoid abstract concepts.

Meet children where they are. Minimize distractions in the courtroom. Allow the child to bring a sensory or calming object in the courtroom. Talk to the child, not at or around them. Listen actively. Give the child the opportunity to communicate through alternative means. Highlight successes.

Use of Restraints in Juvenile Court



Texas Rule of Judicial Administration 17,¹⁰⁷ effective June 1, 2023, prohibits the use of restraints on children during juvenile court proceedings unless the court determines that the use of restraints is necessary because the child presents a substantial risk of inflicting physical harm on themselves or another person; of flight from the courtroom; or of any other factor relevant to assessing risk in the court proceeding.

A party may request an opportunity to be heard on the necessity of restraints. The court may hold a hearing to determine whether the use of restraints is necessary and must, when reasonable, make this determination before the child enters the courtroom and appears before the court.

If the court determines that the use of restraints is necessary, the court must order the least restrictive type of restraint necessary to prevent physical harm or flight; and make findings of fact in support of the determination on the record or in a written order.

[Tex. Rule of Jud. Admin. 17.](#)

A thoughtful discussion on the use of restraints can be found in a recent Children's Commission report.¹⁰⁸

8.2 Chapter 55: Court-Ordered Mental Health Services

When used in Texas Family Code Chapter 55, "mental illness" means "an illness, disease, or condition, other than epilepsy, senility, alcoholism, or mental deficiency, that: (A) substantially impairs a person's thought, perception of reality, emotional process, or judgment; or (B) grossly impairs behavior as demonstrated by recent disturbed behavior." [Tex. Fam. Code § 55.01](#), [Tex. Health & Safety Code § 571.003\(14\)](#). At any stage of the proceedings, the juvenile court may order a child to be examined for mental illness, an intellectual disability, or chemical dependency. [Tex. Fam. Code § 51.20\(a\)](#).

¹⁰⁷ Texas Rule of Judicial Administration 17 was included in the Supreme Court of Texas's [Miscellaneous Docket 23-9029](#).

¹⁰⁸ SUPREME COURT OF TEXAS PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH AND FAMILIES, RESTRAINTS IN JUVENILE COURT DISCUSSION (2020) <https://texaschildrenscommission.gov/media/1gqkx4wm/restraints-in-juvenile-court-discussion-final-online.pdf> (last visited Sept. 3, 2025).

- If a child is referred to the juvenile department for delinquent conduct or a CINS offense, but the prosecutor does not file a petition alleging the conduct, the juvenile department must refer the case to the LMHA/LBHA or LIDDA for evaluation and services if there is reason to believe the child has mental illness or an intellectual disability. [Tex. Fam. Code § 51.20\(b\)](#).
- If the prosecutor has already filed a petition, the matter is handled under Texas Family Code Chapter 55.



Legislative Change

S.B. 1585 (88th Reg. Sess. (2023)) rewrote and reorganized Chapter 55. The criteria for court-ordered mental health services and court-ordered intellectual disability services are now directly incorporated into Chapter 55, in new sections 55.05 and 55.06.

The minimum qualifications for performing forensic mental examinations were updated and are found in section 55.04, as were the examination and report requirements that are found in section 55.31.

Other revisions were made, including the addition of new Subchapter E, which governs all proceedings concerning court-ordered mental health and residential intellectual disability services. Judges, attorneys, and others who work in juvenile courts are encouraged to thoroughly review the revised Chapter 55 and update forms with the new statutory citations.

When a child has a mental illness, as defined above, but is unfit to proceed or lacking responsibility for their conduct due to mental illness, juvenile court proceedings can be stayed while the child receives court-ordered mental health treatment. The mechanism for this process is Subchapter B of Texas Family Code Chapter 55.

8.2.1 Raising the Issue

- The issue can be raised at any time, by any party, so long as the child is alleged by petition or has been found to have engaged in delinquent conduct or CINS. [Tex. Fam. Code § 55.11\(a\)](#).
- Once the motion is filed, the court must conduct a hearing to determine whether or not **probable cause** exists to believe that the child has a mental illness. In making its determination on the issue of probable cause, the court can consider the motion, supporting documents, professional statements of counsel, witness testimony, and the court's own observation of the child. [Tex. Fam. Code § 55.11\(a\)](#).
- If the court determines that probable cause exists to believe that the child has a mental illness, then all juvenile court proceedings must be temporarily stayed, and the judge must order the child to have a forensic mental evaluation under section 55.04. [Tex. Fam. Code § 55.11\(b\)](#).
 - a. The information obtained from the examination must include: expert opinion¹⁰⁹ as to whether the child has a mental illness; and whether the child meets the criteria for court-ordered mental health services under Section 55.05 for temporary or extended inpatient mental health services or temporary or extended outpatient mental health services, and the specific criteria the child meets. [Tex. Fam. Code § 55.11\(b\)](#).

¹⁰⁹ The expert opinion can be from a psychologist (see [Texas Family Code section 55.04](#)); however, if the child meets the criteria for hospitalization, it will be necessary to have two medical doctors evaluate the child, as two Certificates of Medical Examinations (CMEs) are required for court-ordered mental health services.

- b. It is a best practice to ensure the expert has collected and reviewed the child's school records, hospital records, and service provider records. Juvenile probation departments should provide these records to the expert.
- Once the court receives the report from the examination of the child, and after considering all relevant information, including the report, the court must determine whether or not evidence exists to support a finding that the child has a mental illness and that the child meets the criteria for court-ordered mental health services under Section 55.05. [Tex. Fam. Code § 55.11\(c\)\(1\)](#).
- If the court determines that evidence does not exist to support a finding that the child is a child with mental illness or that the child does not meet the criteria for court-ordered mental health services under Section 55.05, the court must **dissolve the stay** and continue the juvenile court proceedings as if the issue had not been raised. [Tex. Fam. Code § 55.11\(c\)\(2\)](#).

Reflection Point



Judges should be aware that for many children and families, due to significant stigmatization of mental illness and IDD concerns, this may be the first opportunity for the child to have an evaluation and receive treatment. Discretion and dignity, rather than judgment, is recommended. It is possible that child-serving systems, including education, medical, prior involvement with the LMHA or LIDDA, and juvenile justice systems have overlooked the needs of a child in this situation. Judges should also be aware that children could be experiencing two or more conditions concurrently, qualifying them for additional treatment.

Observation of the Child



Because the statute allows for the court to use observations of the child in its probable cause determination, it is important that the court monitor how the child interacts with others and the environment, including parents, guardians, caregivers, lawyers, as well as other court participants. The court can also observe whether the child appears to be attending to internal matters or is overly confident, and the child's physical appearance, including whether the child is appropriately dressed, well-nourished, and practicing proper hygiene.

8.2.2 Initiation of Proceedings for Court-Ordered Mental Health Services

If the court determines that evidence exists to support a finding that the child is a child with mental illness and that the child meets the criteria for court-ordered mental health services, the court shall:

- Initiate proceedings in juvenile court under [Section 55.65](#) to order temporary or extended mental health services, as provided by this chapter and Subchapter C, Chapter 574, Health and Safety Code; or
- Refer the child's case as provided by [Section 55.68](#) to the appropriate probate court to order temporary or extended mental health services for the child under this chapter and Subchapter C, Chapter 574, Health and Safety Code. [Tex. Fam. Code § 55.12](#).

Legislative Change



As part of the reorganization of Chapter 55 due to S.B. 1585 (88th Reg. Sess. (2023)), all proceedings for temporary or extended court-ordered mental health and IDD services were consolidated into new Subchapter E, containing Texas Family Code sections 55.65, 55.66, 55.67, and 55.68.

8.2.3 Referral of Proceedings to Appropriate County or Probate Court

If the case is referred to an appropriate county or probate court, the judge of that court completes the process for court-ordered mental health services. The juvenile court must send all papers, including evaluations, examination reports, court findings, orders, verdicts, judgments, and reports from facilities and alternative settings, relating to the child's mental illness to both the clerk of the court to which the case is referred, and to the office of the appropriate county or district attorney. [Tex. Fam. Code §§ 55.68\(a\)\(1\), \(2\)](#). The papers sent to the clerk of a court constitute an application for mental health services under Section 574.001, Health and Safety Code. [Tex. Fam. Code § 55.68\(b\)](#).

If the child is in detention, the judge has three options:

- Order the child released from detention to the child's home or another appropriate place;
- Order the child detained or placed in an appropriate place other than a juvenile detention facility; or
- Conduct a detention hearing and, if the court makes findings under Section 54.01 to support further detention of the child, order the child to remain in the juvenile detention facility subject to further detention orders of the court.

[Tex. Fam. Code §§ 55.68\(c\), 55.65\(e\), 55.66\(d\), 55.67\(d\)](#).

The juvenile court proceedings are stayed until the proceedings in county or probate court are completed with a finding of no mental illness, or the child is returned from temporary or extended mental health services and the juvenile court does not issue an order for temporary or extended mental health services.

[Tex. Fam. Code §§ 55.16\(b\), 55.17\(b\)](#).

Juvenile Court or Probate Court



The choice of whether to proceed with court-ordered services in juvenile court or to refer the proceedings to a county or probate court rests exclusively with the juvenile court. A juvenile court that hears court-ordered services proceedings infrequently may prefer to have the county or probate court conduct them. The standards for court-ordered services are the same, regardless of which court holds the hearing. County or probate courts may have more frequent interaction with community-based treatment options, private placements, and state facilities. Judges in a community can discuss available resources to determine which approach is advantageous for their constituents. If the juvenile court chooses to refer the case to a county or probate court, it is important to:

- Be aware of the child's right to seal their records and to maintain ongoing communication concerning the child's progress and case status.
- Communicate with the Probate Court to ensure a smooth transition and minimize delays for the youth.

8.2.4 Application for Court-Ordered Mental Health Services

- Either the prosecutor or the child's attorney can file an application for court-ordered mental health services under Section 574.001, Health and Safety Code. [Tex. Fam. Code § 55.65\(a\)](#).
- The application must be filed in the county where the child resides or is found. [Tex. Health & Safety Code § 574.001\(b\)](#).
- If the child is in the custody of the Texas Juvenile Justice Department, the application can be filed in the county in which the child's commitment to TJJD was ordered. [Tex. Health & Safety Code § 574.001\(f\)](#).

An application must:

- Be styled using the child’s initials and not the proposed patient’s full name;
- State whether the application is for temporary or extended services;¹¹⁰
- The child’s name, address, and county of residence in Texas;
- A statement that the child is a person with mental illness and meets the criteria in Chapter 574 for court-ordered mental health services; and
- Whether the child is charged with a criminal offense. [Tex. Health & Safety Code §§ 574.002\(b\), \(c\)](#).

8.2.5 Appointment and Duties of an Attorney

- The judge **must** appoint an attorney for the child within 24 hours after the application is filed unless the child already has an attorney. [Tex. Health & Safety Code § 574.003\(a\)](#).
- Texas codifies the duties that an attorney has toward a client in a court-ordered services proceeding in section 574.004, and the court is required to give a copy of these duties to every court-appointed attorney. [Tex. Health & Safety Code § 574.003\(b\)](#).
 - Included in the list of duties owed by the attorney to the proposed patient is that the attorney must respect the client’s decision to agree or resist the efforts to provide mental health services, even though they may personally disagree with the client’s wishes. Though the attorney may provide counsel, the attorney must abide by the client’s final decision on the matter. [Tex. Health & Safety Code § 574.004\(c\)](#). At times, an attorney’s duties may conflict with their client’s evaluation and treatment.



The Statutory Responsibility of Attorneys in Court-Ordered Services Cases

The requirements set forth in section 574.004 of the Texas Health and Safety Code were the result of publicity surrounding the actions of some court-appointed lawyers who were not communicating with **adult** clients before hearings or were conducting group interviews with multiple adult clients. “The publicity surrounding such inappropriate and inadequate representation caused the Legislature to strengthen the rights of patients.”¹¹¹

Note that the Rules of Professional Conduct governing attorneys comment specifically on the attention and respect that is to be given to every client, regardless of whether the client has a mental illness. Comment 5 to Rule 1.02 of the TDRPC states: “When a lawyer reasonably believes a client suffers a mental disability or is not legally competent, it may not be possible to maintain the usual attorney-client relationship. Nevertheless, the client may have the ability to understand, deliberate upon, and reach conclusions about some matters affecting the client’s own well-being... the fact that a client [has] a disability does not diminish the desirability of treating the client with attention and respect.”

¹¹⁰ Some attorneys file one application for both temporary and extended services, in the alternative and tracking each statute, to allow the court broad discretion.

¹¹¹ Hon. Guy Herman, Mental Health Law 8 (Aug. 2019) (unpublished manuscript) (on file with the Judicial Commission on Mental Health).

8.2.6 Setting the Hearing

- The court must set a hearing within **14 days** of the date the application was filed but may not hold a hearing within the first three days after the application is filed, if the child or their attorney objects. [Tex. Fam. Code § 55.65\(a\)\(1\)](#); [Tex. Health & Safety Code §§ 574.005\(a\), \(b\)](#).
 - There are witnesses who may appear at the hearing to present evidence, who may be unknown to the parties prior to the hearing date. If either party wishes, they may request a continuance based on surprise and the court may continue the hearing date. [Tex. Health & Safety Code § 574.006\(d\)](#).
- While the court may grant continuances of the hearing, the final hearing must be held no later than 30 days from the date the application was filed. The only exception is for extreme weather or disaster, in which case the judge may, by a written order each day, postpone the hearing for 24 hours. [Tex. Health & Safety Code § 574.005\(c\)](#).
- The child and their attorney are entitled to receive a copy of the application and written notice of the court hearing immediately after it is set. Notice must also be delivered in person or via certified mail to the child's:
 - Parent, if a minor; or
 - Appointed guardian, if applicable; or
 - **Each managing and possessory conservator**, if applicable. [Tex. Health & Safety Code § 574.006\(b\)](#). It is important for all parties to know that a child may be in the temporary or permanent conservatorship of the Department of Family and Protective Services.
- If a parent cannot be located, and the child does not have a guardian or conservator, the notice may be given to the proposed patient's next of kin. [Tex. Health & Safety Code § 574.006\(c\)](#).
- The court must direct the local mental health authority to file its recommendation for the child's proposed treatment, as required by Section 574.012, Health and Safety Code, before the hearing date;
- Identify the person responsible for court-ordered **outpatient mental health services** not later than the third day before the date set for a hearing that may result in the court ordering the child to receive court-ordered outpatient mental health services, as required by Section 574.0125, Health and Safety Code. [Tex. Fam. Code §§ 55.65\(a\)\(2\), \(3\)](#).

8.2.7 Medical Examination Requirement

- The judge must appoint the number of physicians necessary (at least two) to examine the child and to complete the certificates of medical examination (CMEs) for mental illness required by Section 574.009, Health and Safety Code. [Tex. Fam. Code § 55.65\(a\)\(4\)](#).
 - The two CMEs must be completed by different physicians, from examinations that occurred within the preceding 30 days, and are required to be on file with the court. At least one of the physicians must be a psychiatrist, if a psychiatrist is available in the county. [Tex. Health & Safety Code § 574.009\(a\)](#).
- The court also has the authority to order an independent evaluation of the child, by a psychiatrist of the child's choosing, if the court feels it will assist the finder of fact. If the child is indigent, the county may reimburse the child's appointed attorney for any expenses incurred in securing the psychiatrist's testimony. [Tex. Health & Safety Code §§ 574.010\(a\), \(b\)](#).



What Should a CME for Mental Illness Include?

1. Name and address of examining physician
2. Name and address of the child examined
3. Date and place of examination
4. Brief diagnosis of the child's physical and mental condition
5. The time period, if any, the child has been under the physician's care
6. A description of the mental health treatment the examining physician has given to the child, if any
7. The examining physician's opinion that:
 - a. The child is a person with mental illness; and
 - b. As a result of that illness the child is likely to cause serious harm to the child or to others or is:
 - i. Suffering severe and abnormal mental, emotional, or physical distress;
 - ii. Experiencing substantial mental or physical deterioration of the child's ability to function independently, exhibited by the inability to provide for basic needs; and
 - iii. Not able to make a rational and informed decision as to whether to submit to treatment.

The examining physician must be as specific and detailed as possible as to which criterion forms the basis of their opinion, and if it is offered in support of an application for extended court-ordered services, must state that the child's condition is likely to continue for more than 90 days. [Tex. Health & Safety Code § 574.011](#). The CMEs must be completed within 30 days of the hearing for court-ordered services. [Tex. Health & Safety Code § 574.009\(a\)](#).

The physician offering such a CME can be a person authorized under a physician-in-training permit at an approved program, and residents who have received advanced training in psychiatry qualify as "psychiatrists" under the statute. *In re A.R.C.*, 685 S.W.3d 80, 85-86 (Tex. 2024).

8.2.8 Proceedings for Court-Ordered Mental Health Services

- The child is entitled to be present at the hearing, but the child or their attorney may waive this right. [Tex. Health & Safety Code § 574.031\(c\)](#).
- The hearing must be open to the public unless the child or their attorney requests that it be closed, and the court finds good cause to do so. [Tex. Health & Safety Code § 574.031\(d\)](#).
 - Generally, juvenile court proceedings are open to the public unless good cause is shown to exclude the public. [Tex. Fam. Code § 54.08\(a\)](#).
 - If a child is under the age of 14 at the time of the hearing, the court **shall close** the hearing to the public, unless the court finds that the interests of the child or the public would be better served by opening the hearing to the public. [Tex. Fam. Code § 54.08\(c\)](#).
- In a hearing for *temporary* inpatient or outpatient mental health services, the child or their attorney may waive the right to cross-examine witnesses by filing a written waiver with the court. If that right is waived, the court may admit the CMEs as evidence, the CMEs will constitute competent medical or psychiatric testimony, and the court can make its findings based solely on the CMEs. [Tex. Health & Safety Code § 574.031\(d-1\)](#).
- In a hearing for *extended* inpatient or outpatient mental health services, the court must hear testimony and cannot make findings solely from the CMEs. [Tex. Health & Safety Code § 574.031\(d-2\)](#).
- Unlike the probable cause hearing, the final hearing is governed by the Texas Rules of Evidence unless otherwise stated in this subtitle. [Tex. Health & Safety Code § 574.031\(e\)](#).

- Each element of the applicable criteria must be proven by **clear and convincing evidence**, and the hearing must be on the record. [Tex. Health & Safety Code § 574.031\(g\)](#).
- The court may consider the testimony of a non-physician mental health professional in addition to medical or psychiatric testimony. [Tex. Health & Safety Code § 574.031\(f\)](#).
- The hearing for *temporary* mental health services must be before the court unless the child or their attorney requests a jury trial. A hearing for *extended* mental health services must be in front of a jury unless waived by the child or their attorney. The waiver must be sworn and signed unless orally made in the court's presence. [Tex. Health & Safety Code §§ 574.032\(a\), \(b\), and \(c\)](#). The court may allow a jury waiver to be withdrawn for good cause shown no later than the eighth day before the hearing. [Tex. Health & Safety Code § 574.032\(d\)](#).
 - If the hearing is before a jury, the jury must determine if the child is a person with mental illness and meets the criteria for court-ordered services; however, the jury cannot make a finding regarding the type of services to be provided. [Tex. Health & Safety Code § 574.032\(f\)](#).
- The party who filed the application has the burden of proof. [Tex. Fam. Code § 55.65\(b\)](#).
- After conducting the hearing, the juvenile court shall:
 - If the criteria under **Section 55.05(a) or (b)** are satisfied, order temporary inpatient or outpatient mental health services for the child under Chapter 574, Health and Safety Code; or
 - If the criteria under **Section 55.05(c) or (d)** are satisfied, order extended inpatient or outpatient mental health services for the child under Chapter 574, Health and Safety Code. [Tex. Fam. Code §§ 55.65\(c\)\(1\), \(2\)](#).

8.2.9 Criteria for Court-Ordered Temporary Inpatient Mental Health Services

- The judge may order a child to receive temporary inpatient mental health services only if the court finds, from **clear and convincing evidence**, that:
 - The child is a child with mental illness; and
 - As a result of that mental illness the child:
 - Is likely to cause serious harm to the child's self;
 - Is likely to cause serious harm to others; or
 - Is:
 - Suffering severe and abnormal mental, emotional, or physical distress;
 - Experiencing substantial mental or physical deterioration of their ability to function independently; and
 - unable to make a rational and informed decision as to whether or not to submit to treatment. [Tex. Fam. Code § 55.05\(a\)](#).
- The judge or jury must specify which criteria form the basis for the decision, should the judge or jury decide the child meets the criteria for court-ordered mental health services. [Tex. Health & Safety Code § 574.034\(c\)](#).



Orders that Clearly Specify Criteria for Court-Ordered Services

The Health and Safety Code requires that orders for temporary or extended inpatient treatment must specify the criteria upon which the judge or jury is basing their decision. There is conflicting case law in this area. Some appellate courts have allowed an order to submit the criteria in the disjunctive (i.e., listing the criteria with OR), while other courts have found that listing the criteria in the conjunctive (with AND) is the only way to ensure that there are specific findings.¹¹² A suggested practice to avoid any confusion is to take the word “or” out of any order for temporary or extended inpatient treatment, thus requiring specific findings on any of the criteria listed.

- For the judge or jury to make a finding on the above requirements by a **clear and convincing evidence** standard, the evidence must include expert testimony and, unless waived, evidence of a recent overt act¹¹³ or a continuing pattern of behavior that tends to confirm:
 - The likelihood of serious harm to the child or others; or
 - The child’s distress and the child’s deterioration of ability to function. [Tex. Health & Safety Code § 574.034\(d\)](#).
- An order for temporary inpatient services must include a treatment period of not more than 45 days, except that the judge may order 90 days if they find the longer period necessary.¹¹⁴ [Tex. Health & Safety Code § 574.034\(g\)](#).
- A judge may not issue an order for temporary inpatient mental health services for a proposed patient who is charged *with a criminal offense* that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.034\(h\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.001\(a\)](#).

8.2.10 Criteria for Court-Ordered Temporary Outpatient Mental Health Services

- The judge may order a child to receive temporary outpatient mental health services only if the court finds:
 - That appropriate mental health services are available to the child; and
 - Clear and convincing evidence that:
 - The child is a child with severe and persistent mental illness;
 - As a result of the mental illness, the child will, if not treated, experience deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community without court-ordered outpatient mental health services;
 - Outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the child or others; and

¹¹² Hon. Guy Herman, Mental Health Law 8 (Aug. 2019) (unpublished manuscript) (on file with the Judicial Commission on Mental Health).

¹¹³ Note that the Texas Supreme Court in *State v. K.E.W.*, clarified the “overt act” requirement. The Court held that the act does not have to be actually harmful or demonstrate that harm to others is imminent. The case also states that speech alone may be considered an overt act. *State v. K.E.W.*, 315 S.W.3d 16, 24 (Tex. 2010).

¹¹⁴ A facility must still release a person if they no longer meet the criteria for court-ordered mental health services, even if the court-mandated time period has not elapsed. *O’Connor v. Donaldson*, 422 U.S. 563, 574-75 (1975) (“even if his involuntary confinement was initially permissible, it could not constitutionally continue after that basis no longer existed.”)

- The child has an inability to participate in outpatient treatment services effectively and voluntarily, demonstrated by:
 - Any of the child's actions occurring within the two-year period preceding the date of the hearing; or
 - Specific characteristics of the child's clinical condition that significantly impair the child's ability to make a rational and informed decision as to whether to submit to voluntary outpatient treatment. [Tex. Fam. Code § 55.05\(b\)](#).
- For the judge or jury to make a finding on the above requirements by a **clear and convincing** evidence standard, the evidence must include expert testimony and evidence of a recent overt act or a continuing pattern of behavior that tends to confirm:
 - The deterioration of ability to function independently to the extent that the child will be unable to live safely in the community;
 - The need for outpatient mental health services to prevent a relapse that would likely result in serious harm to the child or others; and
 - The child's inability to participate in outpatient treatment services effectively and voluntarily. [Tex. Health & Safety Code § 574.0345\(b\)](#).
- An order for temporary outpatient mental health services must state that treatment is authorized for not longer than 45 days, but the judge may specify a period up to 90 days if they find it necessary. [Tex. Health & Safety Code § 574.0345\(c\)](#).
- A judge may not issue an order for temporary outpatient mental health services for a proposed patient who is charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.0345](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.01\(a\)](#).

Application Requirements for Extended v. Temporary Court-Ordered Services



Applications for **extended** court-ordered services have several statutory requirements that applications for **temporary** court-ordered services do not require.

- An application for **extended inpatient** mental health services must state that the child has received:
 - *Court-ordered inpatient mental health services* under either **this subtitle** or under Chapter 46B, Subchapter D of the Texas Code of Criminal Procedure (Procedures after Determination of Incompetency) or Subchapter E (Civil Commitment: Charges Pending) for *at least 60 consecutive days during the prior 12 months*.
- An application for **extended outpatient** mental health services must state that the child has received:
 - *Court-ordered inpatient mental health services* under either **this subtitle** or under Chapter 46B, Subchapter D or E of the Texas Code of Criminal Procedure for *a total of at least 60 days during the prior 12 months*; OR
 - *Court-ordered outpatient mental health services* **under this subtitle** or Chapter 46B, Subchapters D or E during the preceding 60 days.

[Tex. Health & Safety Code § 574.002\(b\)](#).

8.2.11 Criteria for Court-Ordered Extended Inpatient Mental Health Services

- The judge may order a child to receive extended inpatient mental health services only if the court finds, from **clear and convincing evidence**, that:
 - The child is a child with mental illness;
 - As a result of that mental illness the child:
 - Is likely to cause serious harm to the child's self;
 - Is likely to cause serious harm to others; or
 - Is:
 - Suffering severe and abnormal mental, emotional, or physical distress;
 - Experiencing substantial mental or physical deterioration of the child's ability to function independently; and
 - Unable to make a rational and informed decision as to whether or not to submit to treatment;
 - The child's condition is expected to continue for more than 90 days; and
 - The child has received court-ordered inpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, for at least 60 consecutive days during the preceding 12 months. [Tex. Fam. Code § 55.05\(c\)](#).
- If the court finds that the child meets the criteria listed above, the court must specify which criterion forms the basis for the decision. [Tex. Health & Safety Code § 574.035\(c\)](#).
- The court is not required to find a specific criterion if the child has already been subject to an order for extended mental health services. [Tex. Health & Safety Code § 574.035\(d\)](#).
- To be **clear and convincing**, the evidence must include expert testimony and evidence of a recent overt act or a continuing pattern of behavior that tends to confirm:
 - The likelihood of serious harm to the child or others; or
 - The child's distress and the deterioration of the child's ability to function. [Tex. Health & Safety Code § 574.035\(e\)](#).
- An order for extended inpatient mental health services must provide for a period of treatment not to exceed 12 months. [Tex. Health & Safety Code § 574.035\(h\)](#).
- A judge may not issue an order for extended inpatient mental health services for a proposed patient who is charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.035\(i\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.011\(a\)](#).

8.2.12 Criteria for Court-Ordered Extended Outpatient Mental Health Services

- The judge may order a child to receive extended outpatient mental health services only if:
 - The judge finds that appropriate mental health services are available to the child; and
 - The judge or jury finds, from **clear and convincing evidence**, that:
- The child is a child with severe and persistent mental illness;
- As a result of the mental illness, the child will, if not treated, experience deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community without court-ordered outpatient mental health services;
- Outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the child or others;
- The child has an inability to effectively and voluntarily participate in outpatient treatment services, demonstrated by:

- Any of the child’s actions occurring within the two-year period preceding the date of the hearing; or
- Specific characteristics of the child’s clinical condition that significantly impair the child’s ability to make a rational and informed decision whether to submit to voluntary outpatient treatment;
- The child’s condition is expected to continue for more than 90 days; and
- The child has received:
 - Court-ordered inpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, for at least 60 consecutive days during the preceding 12 months; or
 - Court-ordered outpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, during the preceding 60 days. [Tex. Fam. Code § 55.05\(d\)](#).
- If the child has already been subject to an order for extended mental health services, the court does not need to make that finding again. [Tex. Health & Safety Code § 574.0355\(b\)](#).
- To be **clear and convincing**, the evidence must include expert testimony and evidence of a recent over act or a continuing pattern of behavior that tends to confirm:
 - The deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community;
 - The need for outpatient mental health services to prevent a relapse that would likely result in serious harm to the child or others; and
 - The child’s inability to participate in outpatient treatment services effectively and voluntarily. [Tex. Health & Safety Code § 574.0355\(c\)](#).
- An order for extended outpatient mental health services must provide for a period of treatment not to exceed 12 months. [Tex. Health & Safety Code § 574.0355\(d\)](#).
- A judge may not issue an order for extended outpatient mental health services for a child who is charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.0355\(e\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.011\(a\)](#).

Open and Frequent Communication Between Courts and LMHAs/LBHAs



To maintain the most up-to-date information about the availability of outpatient mental health treatment services, courts should ensure that they are familiar with their LMHA/LBHA and have a contact person who can provide them with available resources.



Legislative Change

S.B. 728 (88th Reg. Sess. (2023)) added clarification to the federal firearms reporting requirements found in [Sections 411.052 and 411.0521](#) of the Texas Government Code and amended [Section 58.007\(a\)](#) of the Texas Family Code.

These statutes now clearly require that children who are at least 16 years of age and who have been found unfit to proceed, found not responsible for their conduct, ordered to receive inpatient mental health services, or are ordered to receive intellectual disability services in a residential care facility are to be reported to the FBI National Instant Criminal Background Check System (NICS) and to the Texas Department of Public Safety.

8.2.13 Mental Health Services Not Ordered

- If the juvenile court, or the county or probate court to which the child's case was referred does not order temporary or extended mental health services for the child, the court must dissolve the stay and continue the juvenile court proceedings. [Tex. Fam. Code § 55.17](#).
- The § 51.20 report or § 55.04 forensic mental evaluation should be helpful to the parties in determining how to proceed with the case, and in considering what disposition or treatment options would be beneficial for the child.
 - Options include evaluation for inclusion in a specialty court, diversion program, Deferred Prosecution Program, or deferral of the finding of True / Not True while the child receives treatment or referrals to the CRCG, LMHA, or LIDDA.

8.2.14 Discharge from Court-Ordered Inpatient or Outpatient Mental Health Services Before Reaching 18 Years of Age

- If the child is discharged from the mental health facility or from outpatient treatment services before reaching 18 years of age, the juvenile court **may dismiss** the juvenile court proceedings with prejudice; or dissolve the stay and continue with proceedings as though no order of mental health services had been made. [Tex. Fam. Code § 55.18](#).

8.2.15 Discretionary Transfer to Criminal Court on 18th Birthday

- If the child is not discharged or furloughed from the inpatient mental health facility before reaching 18 years of age; and is alleged to have engaged in delinquent conduct that included a violation of a penal law listed in [Section 53.045](#) of the Texas Family Code (Offenses Eligible for Determinate Sentence) and no adjudication concerning the alleged conduct has been made, the juvenile court **may waive its exclusive original jurisdiction** and transfer all pending proceedings from the juvenile court to a criminal court on or after the child's 18th birthday. [Tex. Fam. Code § 55.19\(a\)](#).
- A court conducting a waiver of jurisdiction and discretionary transfer hearing under this section shall conduct the hearing according to Sections 54.02(j), (k), and (l). [Tex. Fam. Code § 55.19\(b\)](#).
- The juvenile court must notify the mental health facility of the transfer. [Tex. Fam. Code § 55.19\(c\)](#).
- Within 90 days of the transfer, the criminal court must initiate competency proceedings under Chapter 46B, Code of Criminal Procedure, or the case is dismissed. If the person is competent to stand trial, they cannot receive a punishment that results in confinement for a period longer than what they could have received, had they been adjudicated in juvenile court. [Tex. Fam. Code § 55.19\(c\)](#).

Discretionary Transfer Hearing



The juvenile court may waive its exclusive original jurisdiction and transfer a person to the appropriate district court or criminal district court for criminal proceedings if:

1. The person is 18 years of age or older;
2. The person was:
 - A. 10 years of age or older and under 17 years of age at the time the person is alleged to have committed a capital felony or an offense under [Section 19.02](#), Penal Code;
 - B. 14 years of age or older and under 17 years of age at the time the person is alleged to have committed an aggravated controlled substance felony or a felony of the first degree other than an offense under [Section 19.02](#), Penal Code; or
 - C. 15 years of age or older and under 17 years of age at the time the person is alleged to have committed a felony of the second or third degree or a state jail felony;
3. No adjudication concerning the alleged offense has been made or no adjudication hearing concerning the offense has been conducted;
4. The juvenile court finds from a **preponderance of the evidence** that:
 - A. for a reason beyond the control of the state it was not practicable to proceed in juvenile court before the 18th birthday of the person; or
 - B. after due diligence of the state it was not practicable to proceed in juvenile court before the 18th birthday of the person because:
 - i. the state did not have probable cause to proceed in juvenile court before the 18th birthday of the person;
 - ii. the person could not be found; or
 - iii. a previous transfer order was reversed by an appellate court or set aside by a district court; and
5. The juvenile court determines that there is probable cause to believe that the child before the court committed the offense alleged.

The petition and notice requirements of Sections [53.04](#), [53.05](#), [53.06](#), and [53.07](#) of this code must be satisfied, and the summons must state that the hearing is for the purpose of considering waiver under Subsection (j). The person's parent, custodian, guardian, or guardian ad litem is not considered a party to a proceeding under Subsection (j) and it is not necessary to provide the parent, custodian, guardian, or guardian ad litem with notice.

The juvenile court shall conduct a hearing without a jury to consider waiver of jurisdiction under Subsection (j). Except as otherwise provided by this subsection, a waiver of jurisdiction under Subsection (j) may be made without the necessity of conducting a diagnostic study or complying with the requirements of discretionary transfer proceedings under Subsection (d). If requested by the attorney for the person at least 10 days before the transfer hearing, the court shall order that the person be examined pursuant to [Section 51.20\(a\)](#) and that the results of the examination be provided to the attorney for the person and the attorney for the state at least five days before the transfer hearing. [Tex. Fam. Code §§ 54.02\(j\), \(k\), and \(l\)](#).

8.3 Chapter 55: Fitness to Proceed

All states have a statutory standard for determining whether a person is incompetent to stand trial. This standard comes from *Dusky v. U.S.*, a 1960 United States Supreme Court case, which held that the test of a defendant's competency to stand trial is whether the person has "sufficient present ability to consult with [their] lawyer with a reasonable degree of rational understanding – and whether [they have] a rational as well as factual understanding of the proceedings against [them]."¹¹⁵ Fitness to proceed is the juvenile court equivalent to competency to stand trial.

A juvenile respondent who, as a result of mental illness or an intellectual disability, lacks capacity to appreciate the proceedings in juvenile court or assist in their own defense is unfit to proceed and cannot be subjected to discretionary transfer to criminal court, adjudication, disposition, or modification of disposition, as long as the incapacity lasts. [Tex. Fam. Code § 55.31\(a\)](#). It should also be noted that the fitness to proceed and restoration process may not cover all possible causes of a child's incapacity, such as a developmental disability or a lack of chronological maturity. A checklist to assist in identifying possible MI or ID can be found in the Appendix.

Fitness proceedings can be costly and can lengthen a juvenile respondent's involvement in the juvenile justice system. The goal of the fitness restoration process is different from the goals of treatment and services. Fitness is not the ideal pathway into behavioral health treatment, although it is one. Judges and all parties should consider whether fitness is the real issue, and the effect that the fitness restoration process could have on the child. Instead of fitness restoration within the juvenile justice system, diversion of the child with a dismissal or a referral to community-based services may be more appropriate.

Recall that when used in Texas Family Code Chapter 55, "mental illness" means "an illness, disease, or condition, other than epilepsy, senility, alcoholism, or mental deficiency, that: (A) substantially impairs a person's thought, perception of reality, emotional process, or judgment; or (B) grossly impairs behavior as demonstrated by recent disturbed behavior." [Tex. Fam. Code § 55.01\(6\)](#), [Tex. Health & Safety Code § 571.003\(14\)](#). Intellectual disability means significantly subaverage general intellectual functioning that is concurrent with deficits in adaptive behavior and originates during the developmental period. [Tex. Code Crim. Proc. art. 46B.001\(8\)](#); [Tex. Health & Safety Code § 591.003](#).

¹¹⁵ *Dusky v. U.S.*, 362 U.S. 402 (1960).



Developmental Period

Children referred to the juvenile court are, by definition, “in their developmental period” (under age 18); therefore, a child who has a diagnosis of having a pervasive developmental disorder in a psychological or psychiatric report probably qualifies as having an intellectual disability.¹¹⁶

Obtaining a determination of intellectual disability from the LIDDA can facilitate a child’s lifetime access to state-funded services. Do not hesitate to refer a child to the LIDDA for evaluation and determination of eligibility for services if there is any reason to believe the child could have an intellectual or developmental disability.

Getting a DID from the LIDDA as soon as ID is suspected also helps if a child is found unfit or lacking responsibility due to ID. When a DID is submitted to HHSC along with the court orders for placement for restoration/treatment/services, it assists HHSC in identifying the appropriate state facility for the child and getting that child placed as quickly as possible.

8.3.1 Raising the Issue

- Unless a child has previously been found to be unfit to proceed, the child is presumed to be fit to proceed.
- When a child is alleged by petition or found to have engaged in delinquent conduct or CINS, **the court or any party** can raise the issue of unfitness as a result of mental illness (MI) or intellectual disability (ID). [Tex. Fam. Code § 55.31\(b\)](#). *It is never too late to raise the issue.*
- The issue of unfitness can be raised prior to an adjudication hearing, a disposition hearing, a motion to modify hearing, or a discretionary transfer hearing. [Tex. Fam. Code § 55.31\(a\)](#).
- Once the motion is filed, the court must determine whether or not **probable cause** exists to believe that the child is unfit to proceed. In making its determination on the issue of probable cause, the court can consider the motion, supporting documents, **professional statements of counsel**,¹¹⁷ witness testimony, and the court’s own observation of the child. [Tex. Fam. Code § 55.31\(b\)](#).



Observation of the Child

Since the statute allows for the court to use observations of the child for its probable cause determination, it is important that the court monitor how the child interacts with others, including parents, guardians, caregivers, lawyers, the court, as well as other court participants. The court can also observe the child’s physical appearance, including whether the child is appropriately dressed, well-nourished, and practicing proper

hygiene.

8.3.2 Examination

If the court determines that probable cause exists to believe that the child is unfit to proceed, then all juvenile court proceedings must be stayed, and the judge must order the child to be examined under Texas Family Code § 55.04. [Tex. Fam. Code § 55.31\(c\)](#).

¹¹⁶ William R. “Bill” Cox, Texas Family Code Chapter 55: Mental Health Proceedings, 26th Annual Robert O. Dawson Juvenile Law Institute (2013), https://juvenilelaw.org/wp-content/uploads/2017/06/07_Cox.pdf.

¹¹⁷ For assistance, a Chapter 55 Issues Checklist is provided in the Appendix of this Bench Book.

- In the examination and report, the expert must consider:
 - Whether the child, as supported by current indications and the child's personal history:
 1. Is a child with mental illness; or
 2. Is a child with an intellectual disability;
 - The child's capacity to:
 1. appreciate the allegations against the child;
 2. appreciate the range and nature of allowable dispositions that may be imposed in the proceedings against the child;
 3. understand the roles of the participants and the adversarial nature of the legal process;
 4. display appropriate courtroom behavior; and
 5. testify relevantly; and
 - The degree of impairment resulting from the child's mental illness or intellectual disability and the specific impact on the child's capacity to engage with counsel in a reasonable and rational matter. [Tex. Fam. Code § 55.31\(d\)](#).
- The expert's report must also state an opinion on the child's fitness to proceed or explain why the expert is unable to state that opinion and include:
 - The child's history and current status regarding any possible mental illness or intellectual disability;
 - The child's developmental history as it relates to any possible mental illness or intellectual disability;
 - The child's functional abilities related to fitness to stand trial;
 - The relationship between deficits in the child's functional abilities related to fitness to proceed and any mental illness or intellectual disability; and
 - If the expert believes the child is in need of remediation or restoration services, a discussion of:
 1. Whether the child's abilities are likely to be remediated or restored within the period described by Section [55.33\(a\)\(1\), \(2\), or \(3\)](#);
 2. Whether the child may be adequately treated in an alternative setting;
 3. Any recommended interventions to aid in the remediation or restoration of the child's fitness;
 4. Whether the child meets criteria for court-ordered treatment or services under [Section 55.05](#) or [55.06](#); and
 5. If applicable, the specific criteria the child meets under Paragraph (D). [Tex. Fam. Code § 55.31\(e\)](#).
- Once the court receives the report from the examination of the child, and after considering all relevant information, including the report, the court must determine whether or not evidence exists to support a finding that the child is unfit to proceed. [Tex. Fam. Code § 55.31\(f\)\(1\)](#).
- If the court determines that evidence does not exist to support a finding that the child is unfit to proceed, the judge must **dissolve the stay** and continue the juvenile court proceedings as if the issue had not been raised. [Tex. Fam. Code § 55.31\(f\)\(2\)](#).

8.3.3 Qualification of Experts

Judges should critically vet the experts they appoint. This minimally entails verifying that an expert meets the statutory qualifications prior to appointment. Judges should also communicate expectations that the expert collect all school disciplinary records; 504 plans, Individualized Education Program (IEP) records, Behavior Intervention Plan (BIP) records; Admission, Review, and Dismissal (ARD) records; records from DAEP and JJAEP; hospital records; service provider records; and records of involvement with the child welfare system. A psychiatrist or psychologist appointed to examine a person and/or testify regarding fitness to proceed must generally:

- Be a psychiatrist who is a physician licensed in Texas or a psychologist licensed in Texas who has a doctoral degree in psychology;
- Have the following certification or training:
 - If a psychiatrist, certification by the American Board of Psychiatry and Neurology with added or special qualifications in forensic psychiatry; or
 - If a psychologist, certification by the American Board of Professional Psychology in forensic psychology; or
 - At least 24 hours of specialized forensic training relating to incompetency, fitness to proceed, lack of responsibility for conduct, or insanity evaluations; and
 - At least eight hours of continuing education relating to forensic evaluations, completed in the 12 months preceding the appointment; and
- Have completed six hours of required continuing education in courses in forensic psychiatry or psychology, respectively, in the 24 months preceding the appointment. [Tex. Fam. Code §§ 55.04\(c\), \(d\)](#).



Exigent Circumstances

Appointment of an expert psychiatrist or psychologist who does not meet the above requirements may only occur if exigent circumstances require the court to base the appointment on professional training or experience of the expert that directly provides the expert with a specialized expertise that would not ordinarily be possessed by a psychiatrist or psychologist who meets the above requirements. [Tex. Fam. Code § 55.04\(e\)](#), [Tex. Code Crim. Proc. art. 46B.022\(c\)](#).

This is a narrow exception. One example is a case in which the adult defendant not only appeared to lack competency because of either MI or ID, but was also deaf.¹¹⁸ Therefore, the court needed an expert who was knowledgeable about the defendant's hearing disability, but that expert might not have met the statutory requirements for an expert.¹¹⁹

8.3.4 Expert's Report

The court shall direct an expert to provide the expert's report to the court and the appropriate parties. TCOOMMI approved a standard report form under [section 614.0032\(b\)](#) of the Health and Safety Code that is available for use. Note: this form is geared toward adult competency. (Form included in the Appendix).¹²⁰

¹¹⁸ BRIAN D. SHANNON & DANIEL H. BENSON, TEXAS CRIMINAL PROCEDURE AND THE OFFENDER WITH MENTAL ILLNESS 65 (6th ed. 2019), <https://texasicmh.gov/media/dxwjetn2/shannon-6th-edition-oct-2019-for-nami-texas-website-1.pdf>

¹¹⁹ *Id.*

¹²⁰ *Collection of Information Form for Mental Illness and Intellectual Disability*, TEXASICMH.GOV, <https://texasicmh.gov/media/u44cfigl/3-tcoommi-form.pdf> (last visited Sept. 3, 2025).



Reflection Point

Judges should know what to look for in an expert's report. The court should scrutinize reports to biases and editorial comments. The court does not have to accept a report that is incomplete or of poor quality and can ensure the statutory requirements are met by ordering amendment of the report.

Judges and attorneys should receive training on the statutory requirements under Chapter 55. Judicial officers should be familiar with the structure and content of expert reports, and carefully assess whether the report meets statutory criteria, avoids editorialization, and presents a clear and supported opinion.

Judges need to ensure the expert's report clearly states the opinion of whether the juvenile is unfit to proceed due to MI, ID or both. It is also important to note that although the expert is required to state their opinion, the determination of fitness or unfitness is the role of the fact finder (usually the judge). This role should not be abdicated to the expert.¹²¹



Beyond Statutory Requirements: Marks of a Quality Expert's Report¹²²

- Conveys all relevant information concisely, unambiguously, and clearly, including the facts and reasoning the expert used in formulating the opinion.
- Goes beyond describing signs and symptoms of mental illness and discusses how those signs and symptoms affect functional abilities relevant to the legal construct of fitness.
- Describes the juvenile respondent's abilities and deficits concerning the tasks that they must perform during a juvenile defense.
- Is a stand-alone document in that it provides or reproduces the data needed to support the opinions the expert expresses.
- States clearly any limitations or qualifications of which the expert is aware.
- Contains clinical data regarding the nature of the juvenile respondent's mental and emotional condition that are specifically relevant to the fitness analysis.
- Comments on any contradictions or inconsistencies.
- Provides specific examples that illustrate the juvenile respondent's strengths or weaknesses with respect to reasoning and understanding, based on a competence-assessment instrument as well as other types of data.
- Opines concerning restorability and the appropriate setting for restoration.
- Is free of gratuitous comments about the juvenile respondent's behavior, need for [removal from society], dangerousness, lack of remorse, or other legal matters.

8.3.5 Hearing on Issue of Fitness to Proceed

If the court determines that evidence exists to support a finding that the child is unfit to proceed as a result of MI or ID, the court shall set the case for a hearing on the issue. [Tex. Fam. Code § 55.32\(a\)](#).

- The issue of whether the child is unfit to proceed must be determined at a hearing separate from any other hearing. [Tex. Fam. Code § 55.32\(b\)](#).
- The court determines the issue of whether the child is unfit to proceed unless the child or their attorney demands a jury 10 days before the hearing. [Tex. Fam. Code § 55.32\(c\)](#).
- Unfitness to proceed must be proven by a **preponderance of the evidence**. [Tex. Fam. Code § 55.32\(d\)](#).

¹²¹ For an example of a poor examination and report, see *Turner v. State*, 422 S.W.3d 676 (Tex. Crim. App. 2013).

¹²² Adaptation of: Douglas Mossman, M.D., et al., *AAPL Practice Guideline for the Forensic Psychiatric Evaluation of Competence to Stand Trial*, 35 J. OF THE AM. ACAD. OF PSYCHIATRY & THE L. ONLINE, no. 4, (SUPP.) (2007), http://jaapl.org/content/jaapl/35/Supplement_4/S3.full.pdf.

- If the child is found fit to proceed, the court must dissolve the stay and continue with juvenile proceedings. [Tex. Fam. Code § 55.32\(e\)](#).
- If the child is found unfit to proceed, the juvenile proceedings continue to be stayed for as long as the incapacity lasts; and proceed under § 55.33. [Tex. Fam. Code § 55.32\(f\)](#).

A Juvenile May Be a Child with MI or ID and also be Fit to Proceed Under Chapter 55



It is important to recognize that a court may be presented with information indicating that a juvenile is affected by a mental illness or intellectual disability, even though the juvenile may not satisfy the statutory criteria for unfitness to proceed under Chapter 55 of the Texas Family Code. While such a condition may not support a finding of unfitness, it may nonetheless warrant tailored case management and judicial oversight.

8.3.6 Proceedings Following Finding of Unfitness to Proceed

If the child is found unfit to proceed as a result of a mental illness or an intellectual disability, the court shall:

1. Provided that the child meets the inpatient mental health services or residential intellectual disability services criteria under [Section 55.05](#) or [55.06](#), order the **child placed with the Health and Human Services Commission** (State Hospital or State Supported Living Center) for a period of not more than 90 days, which order may not specify a shorter period, for placement in a facility designated by the commission;
2. On application by the child's parent, guardian, or guardian ad litem, order the child **placed in a private psychiatric inpatient facility or residential care facility** for a period of not more than 90 days, which order may not specify a shorter period, but only if:
 - A. The unfitness to proceed is the result of mental illness or an intellectual disability; and
 - B. The placement is agreed to in writing by the administrator of the facility; or
3. Subject to subsection (d), if the court determines that the child may be adequately treated or served in an alternative setting and finds that the child **does not meet criteria** for court-ordered inpatient mental health services or residential intellectual disability services under Section 55.05 or 55.06, order the child to receive treatment for mental illness or services for the child's intellectual disability, as appropriate, on an outpatient basis for a period of 90 days, with the possibility of extension as ordered by the court. [Tex. Fam. Code § 55.33\(a\)](#).

Unfit to Proceed and Does Not Meet Criteria



Before S.B. 1585 (88th Reg. Sess. (2023)) updated Chapter 55, it was possible that a child could be found unfit to proceed and to not meet criteria for court-ordered services. No services could be ordered, the stay could not be lifted, and the juvenile case would pend indefinitely.

S.B. 1585 gives judges the option to consult with the LMHA, LIDDA, local service providers and juvenile probation department to identify and order appropriate services for youth who fall into these circumstances.

If a child receives treatment for mental illness or services for the child's intellectual disability on an outpatient basis in an alternative setting under Subsection (a)(3), juvenile probation departments may provide restoration classes in collaboration with the outpatient alternative setting. [Tex. Fam. Code § 55.33\(b\)](#).

- If the court orders a child placed in a private psychiatric inpatient facility or residential care facility under Subsection (a)(2) or in an alternative setting under Subsection (a)(3), the state or a political subdivision of the state may be ordered to pay any costs associated with the ordered services, subject to an express appropriation of funds for the purpose. [Tex. Fam. Code § 55.33\(c\)](#).
- Before issuing an order described by Subsection (a)(3), the court shall consult with the local juvenile probation department, with local treatment or service providers, with the local mental health authority, and with the local intellectual and developmental disability authority to determine the appropriate treatment or services and restoration classes for the child. [Tex. Fam. Code § 55.33\(d\)](#).



Legal Education Attainment Program (LEAP)

The Legal Education Attainment Program (LEAP) is an outpatient fitness attainment (competency restoration) program designed for youth who have been found not fit to proceed in juvenile court and are not appropriate candidates for inpatient hospitalization.

Developed by the Harris County Juvenile Probation Department in collaboration with the Utah Department of Health and Human Services, LEAP offers a community-based alternative to inpatient restoration.

Services are delivered in person, virtually, or through a hybrid format to increase accessibility and reduce the burden on families. The program consists of ten structured modules that build youths' factual and rational understanding of the legal system. Progress is tracked through pre- and post-assessments in each module, with a formal re-evaluation near the end of the program to determine whether the youth has attained fitness to proceed. Courts receive regular updates on each participant's progress.

LEAP promotes timely access to due process, helps reduce reliance on inpatient beds, and offers courts a practical, cost-effective option for restoring fitness in the least restrictive setting. The program has achieved a 67% restoration rate, which is comparable to outcomes seen in state hospital-based programs.

Additionally, the Harris County Juvenile Probation LEAP project has served as a model for statewide improvement, having trained nine other jurisdictions in Texas that have since adapted and implemented their own versions of LEAP.

LEAP continues to expand access to effective restoration services for youth across Texas, supporting improved legal outcomes and reducing systemic burdens on both the juvenile justice and mental health systems.

8.3.7 Transportation

- If the court issues an order for inpatient services, the court must order the probation department or the sheriff's department to transport the child to and from the designated facility. [Tex. Fam. Code §§ 55.34\(a\), \(b\)](#).
 - Upon receipt of a report from a facility, the child shall be returned to juvenile court. If the child is not transported back to juvenile court by the 11th day after the date of the court's order, then the facility is required to transport the child to the court, at the county's expense. [Tex. Fam. Code §§ 55.34\(b\), \(c\)](#).

8.3.8 Information Required to be Sent to the Facility of Alternative Setting

- The court must order the probation department to send copies of any information in their possession that is relevant to the issue of the child's MI or ID to the treatment provider. [Tex. Fam. Code § 55.35\(a\)](#). This may include information in the court's file, the probation department's file, the detention facility file, and/or medical or mental health files maintained by the probation department and/or its medical or mental health providers.

8.3.9 Report Due to the Court

- Before the 75th day after the order, the treatment provider must submit its report to the court. The report must describe the treatment or services provided to the child and state the opinion of the director of the facility or alternative setting as to whether the child is fit or unfit to proceed. [Tex. Fam. Code § 55.35\(b\)](#).
 - If the report states that the child is unfit to proceed, the report must also include an opinion and the reasons for that opinion as to whether the child meets the criteria for court-ordered mental health services or court-ordered intellectual disability services under [Section 55.05](#) or [55.06](#). [Tex. Fam. Code § 55.35\(c\)](#).
 - The report of an outpatient alternative setting collaborating with a juvenile probation department to provide restoration classes must include any information provided by the juvenile probation department regarding the child's assessment at the conclusion of the restoration classes. [Tex. Fam. Code § 55.35\(d\)](#).
 - The court must provide a copy of the facility's report to the prosecutor and to the child's attorney. [Tex. Fam. Code § 55.35\(e\)](#).

8.3.10 Report that Child is Fit to Proceed

- If the facility report states the child is fit to proceed, the court must find that the child is fit to proceed, unless the child's attorney objects in writing or in open court not later than two days after the attorney receives the report. [Tex. Fam. Code § 55.36\(a\)](#).
 - If a timely objection is made, the court must promptly hold a fitness hearing. [Tex. Fam. Code § 55.36\(b\)](#).
 - The fitness hearing is before the court unless the child or their attorney demands a jury 10 days before the hearing. [Tex. Fam. Code § 55.36\(b\)](#).
 - If the child is found fit to proceed, the court must **dissolve the stay** and continue with juvenile proceedings. [Tex. Fam. Code § 55.36\(c\)](#).
 - If the child is found unfit to proceed, the court must proceed to a hearing for court-ordered services. [Tex. Fam. Code § 55.36\(d\)](#).



Best Practices for Reviewing Fitness Reports¹²³

It is important that the attorneys who receive the child's fitness report understand it and determine whether it is an accurate portrayal of the child. It may help to 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, and object to the fitness determination if necessary. Lawyers should talk to the child at least by phone prior to determining if they need to object to the report. It may be necessary to object to the report and request additional time to consult with the child, to preserve the two-day deadline for objections. Fitness to proceed is not a sliding scale. A child is either fit or is not fit. The following are examples of statements which may indicate, contrary to the report's conclusion, that the child is not currently fit to proceed:

- "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."

8.3.11 Report that Child is Unfit

At this point the procedures for court-ordered services due to MI and ID become separate: §§ 55.37 through 55.39 govern mental illness while §§ 55.40 through 55.42 govern intellectual disability.¹²⁴

8.3.12 Proceedings for Court-Ordered Mental Health Services in Juvenile Court

The juvenile court has the option of hearing the proceeding for court-ordered services or referring it to an appropriate county or probate court. [Tex. Fam. Code § 55.37](#).



Juvenile Court or Probate Court

The choice of whether to proceed with court-ordered services in juvenile court or to refer the proceedings to a county or probate court rests exclusively with the juvenile court. A juvenile court that hears court-ordered services proceedings infrequently may prefer to have the county or probate court conduct them. The standards for court-ordered services are the same, regardless of which court holds the hearing. County or probate courts may have more frequent interaction with community-based treatment options, private placements, and state facilities. Judges in a community can discuss available resources to determine which approach is advantageous for their constituents. If the juvenile court chooses to refer the case to a county or probate court, it is important to:

- Be aware of the child's right to seal their records and to maintain ongoing communication concerning the child's progress and case status.
- Communicate with the Probate Court to ensure a smooth transition and minimize delays for the youth.

¹²³ William R. "Bill" Cox, Deputy Public Defender, El Paso County Public Defender's Office, Presentation on Fitness to Proceed and Lack of Responsibility in the Juvenile Justice System at The 32nd Annual Robert O. Dawson Juvenile Law Institute (2019), <https://juvenilelaw.org/wp-content/uploads/2019/02/Chapter-55.pdf>

¹²⁴ William R. "Bill" Cox, Texas Family Code Chapter 55: Mental Health Proceedings, 26th Annual Robert O. Dawson Juvenile Law Institute (2013), https://juvenilelaw.org/wp-content/uploads/2017/06/07_Cox.pdf.

8.3.13 Application for Court Ordered-Mental Health Proceedings

For proceedings in juvenile court, the prosecutor may file an application for court-ordered mental health services under Sections 574.001 and 574.002, Health and Safety Code. [Tex. Fam. Code § 55.66\(a\)](#).

An application must:

- Be styled using the child's initials and not the proposed patient's full name;
- State whether the application is for temporary or extended services;
- Contain the child's name, address, and county of residence in Texas;
- Include a statement that the child is a person with mental illness and meets the criteria in Chapter 574 for court-ordered mental health services; and
- State whether the child is charged with a criminal offense. [Tex. Health & Safety Code §§ 574.002](#).

Application Requirements for Extended Court-Ordered Services



Applications for **extended** court-ordered services have several statutory requirements that applications for **temporary** court-ordered services do not require.

- An application for **extended inpatient** mental health services must state that the child has received:
 - *Court-ordered inpatient mental health services* under either this subtitle or under Chapter 46B, Subchapter D of the Texas Code of Criminal Procedure (Procedures after Determination of Incompetency) or Subchapter E (Civil Commitment: Charges Pending) for *at least 60 consecutive days during the prior 12 months*.
- An application for **extended outpatient** mental health services must state that the child has received:
 - *Court-ordered inpatient mental health services* under either this subtitle or under Chapter 46B, Subchapter D or E of the Texas Code of Criminal Procedure for *a total of at least 60 days during the prior 12 months*; OR
 - *Court-ordered outpatient mental health services* under this subtitle or Chapter 46B, Subchapters D or E during the preceding 60 days. [Tex. Health & Safety Code § 574.002\(b\)](#).

8.3.14 Appointment and Duties of an Attorney

- The judge must appoint an attorney for the child within 24 hours after the application is filed unless the child already has an attorney. [Tex. Health & Safety Code § 574.003\(a\)](#).
- Texas codifies the duties that an attorney has toward a client in a court-ordered services proceeding in section 574.004, and the court is required to give a copy of these duties to every court-appointed attorney. [Tex. Health & Safety Code § 574.003\(b\)](#).
- Included in the list of duties owed by the attorney to the proposed patient is that the attorney must respect the client's decision to agree or resist the efforts to provide mental health services, even though they may personally disagree with the client's wishes. Though the attorney may provide counsel, the attorney must abide by the client's final decision on the matter. [Tex. Health & Safety Code § 574.004\(c\)](#).



The Statutory Responsibility of Attorneys in Court-Ordered Services Cases

The requirements set forth in section 574.004 of the Texas Health and Safety Code were the result of publicity surrounding the actions of some court-appointed lawyers who were not communicating with adult clients before hearings or were conducting group interviews with multiple **adult** clients. “The publicity surrounding such inappropriate and inadequate representation caused the Legislature to strengthen the rights of patients.”¹²⁵

The Rules of Professional Conduct governing attorneys comment specifically on the attention and respect that is to be given to every client, regardless of whether the client has a mental illness. Comment 5 to Rule 1.02 of the TDRPC states: “When a lawyer reasonably believes a client suffers a mental disability or is not legally competent, it may not be possible to maintain the usual attorney-client relationship. Nevertheless, the client may have the ability to understand, deliberate upon, and reach conclusions about some matters affecting the client’s own well-being... the fact that a client [has] a disability does not diminish the desirability of treating the client with attention and respect.”



Child Statements

Because Chapter 55 of the Family Code is silent on use of a child's statements during a fitness to proceed examination or evidence obtained as a result of those statements may be used for other purposes, Article 46B of the Code of Criminal Procedure controls. Art. 46B.007 only permits the use of the statements or evidence:

- In a trial on incompetency; or
- In any proceeding where the defendant first introduces statement of evidence

8.3.15 Setting the Hearing in Juvenile Court

The juvenile court must set a date for the hearing and provide notice as required under Sections 574.005 and 574.006, Health and Safety Code. [Tex. Fam. Code § 55.66\(a\)\(1\)](#).

- The court must set a hearing within 14 days of the date the application was filed but may not hold a hearing within the first three days after the application is filed, if the child or their attorney objects. [Tex. Health & Safety Code §§ 574.005\(a\), \(b\)](#).
 - There are witnesses who may appear at the hearing to present evidence, who may be unknown to the parties prior to the hearing date. If either party wishes, they may request a continuance based on surprise and the court may continue the hearing date. [Tex. Health & Safety Code § 574.006\(d\)](#).
- While the court may grant continuances of the hearing, the final hearing must be held no later than 30 days from the date the application was filed. The only exception is for extreme weather or disaster, in which case the judge may, by a written order each day, postpone the hearing for 24 hours. [Tex. Health & Safety Code § 574.005\(c\)](#).
 - The child and their attorney are entitled to receive a copy of the application and written notice of the court hearing immediately after it is set. Notice must also be delivered in person or via certified mail to the child’s:
 - Parent, if a minor; or
 - Appointed guardian, if applicable; or
 - Each managing and possessory conservator, if applicable. [Tex. Health & Safety Code §§ 574.006\(a\), \(b\)](#).

¹²⁵ Hon. Guy Herman, Mental Health Law 8 (Aug. 2019) (unpublished manuscript) (on file with the Judicial Commission on Mental Health).

- If a parent cannot be located, and the child does not have a guardian or conservator, the notice may be given to the proposed patient's next of kin. [Tex. Health & Safety Code § 574.006\(c\)](#).

The court has additional tasks to complete before holding the hearing:

- The court must direct the local mental health authority to file its recommendation for the child's proposed treatment, as required by [Section 574.012](#), Health and Safety Code, before the hearing date;
- Identify the person responsible for court-ordered **outpatient mental health services** not later than the third day before the date set for a hearing that may result in the court ordering the child to receive court-ordered outpatient mental health services, as required by [Section 574.0125](#), Health and Safety Code. [Tex. Fam. Code §§ 55.66\(a\)\(2\), \(3\)](#).

8.3.16 Medical Examination Requirement

- The director of the public or private facility or outpatient alternative setting shall submit to the court two certificates of medical examination for mental illness, as described by Subchapter A, Chapter 574, Health and Safety Code. [Tex. Fam. Code § 55.37](#). If the certificates are not filed with the application, the judge may appoint the necessary physicians to examine the child and file the certificates. [Tex. Health & Safety Code § 574.009\(b\)](#).
 - The two CMEs must be completed by the appointed physicians, **within the preceding 30 days**, and are required to be on file with the court. At least one of the physicians must be a psychiatrist if a psychiatrist is available in the county. [Tex. Health & Safety Code § 574.009\(a\)](#).
- The court also has the authority to order an independent evaluation of the child, by a psychiatrist of the child's choosing, if the court feels it will assist the finder of fact. If the child is indigent, the county may reimburse the child's appointed attorney for any expenses incurred in securing the psychiatrist's testimony. [Tex. Health & Safety Code §§ 574.010\(a\), \(b\)](#).

What Should a CME for Mental Illness Include?



1. Name and address of examining physician
2. Name and address of the child examined
3. Date and place of examination
4. Brief diagnosis of the child's physical and mental condition
5. The time period, if any, the child has been under the physician's care
6. A description of the mental health treatment the examining physician has given to the child, if any
7. The examining physician's opinion that:
 - a. The child is a person with mental illness; and
 - b. As a result of that illness the child is likely to cause serious harm to the child or to others or is:
 - i. Suffering severe and abnormal mental, emotional, or physical distress;
 - ii. Experiencing substantial mental or physical deterioration of the child's ability to function independently, exhibited by the inability to provide for basic needs; and
 - iii. Not able to make a rational and informed decision as to whether to submit to treatment.

The examining physician must be as specific and detailed as possible as to which criterion forms the basis of their opinion, and, if it is offered in support of an application for extended court-ordered services, must state that the child's condition is likely to continue for more than 90 days. [Tex. Health & Safety Code § 574.011](#). **The CMEs must be completed within 30 days of the hearing for court-ordered services. [Tex. Health & Safety Code § 574.009\(a\)](#).**

8.3.17 Hearing for Court- Ordered Mental Health Services

The court must conduct the hearing in accordance with Subchapter C, Chapter 574, Health and Safety Code. [Tex. Fam. Code § 55.66\(a\)\(1\)](#).

- The child is entitled to be present at the hearing, but the child or their attorney may waive this right. [Tex. Health & Safety Code § 574.031\(c\)](#).
- The hearing must be open to the public unless the child or their attorney requests that it be closed, and the court finds good cause to do so. [Tex. Health & Safety Code § 574.031\(d\)](#).
 - Generally, juvenile court proceedings are open to the public unless good cause is shown to exclude the public. [Tex. Fam. Code § 54.08\(a\)](#).
 - If a child is under the age of 14 at the time of the hearing, the court **shall close** the hearing to the public, unless the court finds that the interests of the child or the public would be better served by opening the hearing to the public. [Tex. Fam. Code § 54.08\(c\)](#).
- In a hearing for *temporary* inpatient or outpatient mental health services, the child or their attorney may waive the right to cross-examine witnesses by filing a written waiver with the court. If that right is waived, the court may admit the CMEs as evidence, the CMEs will constitute competent medical or psychiatric testimony, and the court can make its findings based solely on the CMEs. [Tex. Health & Safety Code § 574.031\(d-1\)](#).
- In a hearing for *extended* inpatient or outpatient mental health services, the court must hear testimony and cannot make findings solely from the CMEs. [Tex. Health & Safety Code § 574.031\(d-2\)](#).
- Unlike the probable cause hearing, the final hearing is governed by the Texas Rules of Evidence unless otherwise stated in this subtitle. [Tex. Health & Safety Code § 574.031\(e\)](#).

- Each element of the applicable criteria must be proven by **clear and convincing evidence**, and the hearing must be on the record. [Tex. Health & Safety Code § 574.031\(g\)](#).
- The court may consider the testimony of a non-physician mental health professional in addition to medical or psychiatric testimony. [Tex. Health & Safety Code § 574.031\(f\)](#).
- The hearing for *temporary* mental health services must be before the court unless the child or their attorney requests a jury trial. A hearing for *extended* mental health services must be in front of a jury unless waived by the child or their attorney. The waiver must be sworn and signed unless made orally in the court's presence. [Tex. Health & Safety Code §§ 574.032\(a\), \(b\), and \(c\)](#). The court may allow a jury waiver to be withdrawn for good cause shown no later than the eighth day before the hearing. [Tex. Health & Safety Code § 574.032\(d\)](#).
 - If the hearing is before a jury, the jury must determine if the child is a person with mental illness and meets the criteria for court-ordered services; however, the jury cannot make a finding regarding the type of services to be provided. [Tex. Health & Safety Code § 574.032\(f\)](#).
- After conducting the hearing, the juvenile court shall:
 - If the criteria under **Section 55.05(a) or (b)** are satisfied, order temporary inpatient or outpatient mental health services for the child; or
 - If the criteria under **Section 55.05 (c) or (d)** are satisfied, order extended inpatient or outpatient mental health services for the child. [Tex. Fam. Code § 55.66\(b\)](#).
 - A party to a proceeding for court-ordered services can appeal the judgment to the appropriate court of appeals. Notice of appeal must be filed no later than 10 days after the date the order is signed. [Tex. Health & Safety Code §§ 574.070\(a\), \(b\)](#).

Release of Child



If the judge or the jury fails to find that the child is a child with mental illness and meets the applicable criteria for court-ordered services from clear and convincing evidence, the court shall enter an order denying the application for court-ordered temporary or extended mental health services and order the immediate release of the child. Tex.

Health & Safety Code § 574.033.

8.3.18 Criteria for Court-Ordered Mental Health Services

- The judge may order a child to receive temporary inpatient mental health services only if the court finds, from **clear and convincing evidence**, that:
 - The child is a child with mental illness; and
 - As a result of that mental illness the child:
 - Is likely to cause serious harm to the child's self;
 - Is likely to cause serious harm to others; or
 - Is:
 - Suffering severe and abnormal mental, emotional, or physical distress;
 - Experiencing substantial mental or physical deterioration of their ability to function independently; and
 - Unable to make a rational and informed decision as to whether or not to submit to treatment. [Tex. Fam. Code § 55.05\(a\)](#).
- If the judge or jury finds that the child meets the criteria for court-ordered services, the judge or jury must specify which criterion listed in Subsection (a)(2) forms the basis for the decision. [Tex. Health & Safety Code § 574.034\(c\)](#).



Orders Must Clearly Specify Criteria for Court-Ordered Services

The Code requires that orders for temporary or extended inpatient treatment must specify the criteria upon which the judge or jury is basing their decision. There has been conflicting case law in this area. Some appellate courts have allowed an order to submit the criteria in the disjunctive (i.e., listing the criteria with OR), while other courts have found that listing the criteria in the conjunctive (with AND) is the only way to ensure that there are specific findings.¹²⁶

A suggested practice to avoid any confusion is to take the word “or” out of any order for temporary or extended inpatient treatment, thus requiring specific finding on any of the criteria listed.

- To be **clear and convincing**, the evidence must include expert testimony and, unless waived, evidence of a recent overt act¹²⁷ or a continuing pattern of behavior that tends to confirm:
 1. The likelihood of serious harm to the child or others; or
 2. The child’s distress and the deterioration of the child’s ability to function. [Tex. Health & Safety Code § 574.034\(d\)](#).
- An order for temporary inpatient services must include a treatment period of not more than 45 days, except that the judge may order 90 days if they find the longer period necessary. [Tex. Health & Safety Code § 574.034\(g\)](#).
- A judge may not issue an order for temporary inpatient mental health services for a proposed patient who is charged *with a criminal offense* that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.034\(h\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.011\(a\)](#).

Note: The “majority of [appellate courts] find that the requirement of ‘overt acts or patterns of behavior’ may not be fulfilled merely by citing a patient’s refusal of treatment.”¹²⁸

8.3.19 Criteria for Court-Ordered Temporary Outpatient Mental Health Services

- The judge may order a child to receive court-ordered temporary outpatient mental health services only if:
 - The judge finds that appropriate mental health services are available to the child; and
 - Clear and convincing evidence that:
 - The child is a child with severe and persistent mental illness;
 - As a result of the mental illness, the child will, if not treated, experience deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community without court-ordered outpatient mental health services;
 - Outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the child or others; and
 - The child has an inability to participate in outpatient treatment services effectively and voluntarily, demonstrated by:
- Any of the child’s actions occurring within the two-year period that immediately precedes the hearing; or

¹²⁶ Hon. Guy Herman, Mental Health Law 8 (Aug. 2019) (unpublished manuscript) (on file with the Judicial Commission on Mental Health).

¹²⁷ Note that the Texas Supreme Court, in *State v. K.E.W.*, clarified the “overt act” requirement. The Court held that the act does not have to be actually harmful or demonstrate that harm to others is imminent. The case also states that speech alone may be considered an overt act. See [State v. K.E.W.](#), 315 S.W. 3d 16, 24 (Tex. 2010).

¹²⁸ Hon. Guy Herman, Mental Health Law 13 (Aug. 2019) (unpublished manuscript) (on file with the Judicial Commission on Mental Health).

- Specific characteristics of the child’s clinical condition that significantly impair the child’s ability to make a rational and informed decision whether to submit to voluntary outpatient treatment. [Tex. Fam. Code § 55.05 \(b\)](#).
- To be **clear and convincing**, the evidence must include expert testimony and evidence of a recent overt act or a continuing pattern of behavior that tends to confirm:
 - The deterioration of ability to function independently to the extent that the child will be unable to live safely in the community;
 - The need for outpatient mental health services to prevent a relapse that would likely result in serious harm to the child or others; and
 - The child’s inability to participate in outpatient treatment services effectively and voluntarily. [Tex. Health & Safety Code § 574.0345\(b\)](#).
- An order for temporary outpatient mental health services must state that treatment is authorized for not longer than 45 days, but the judge may specify a period up to 90 days if the judge finds that the longer period is necessary. [Tex. Health & Safety Code § 574.0345\(c\)](#).
- A judge may not issue an order for temporary outpatient mental health services for a proposed patient who is charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.034\(h\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.011\(a\)](#).



Open and Frequent Communication Between Courts and LMHAs

To maintain the most up-to-date information about the availability of outpatient mental health services, courts should ensure that they are familiar with their LMHA and have a contact person who can provide the court with information on available resources.

8.3.20 Criteria for Court-Ordered Extended Inpatient Mental Health Services

- The judge may order a child to receive extended inpatient mental health services only if the judge or the jury finds, from **clear and convincing evidence**, that:
 - The child is a child with mental illness;
 - As a result of that mental illness the child:
 - Is likely to cause serious harm to the child’s self;
 - Is likely to cause serious harm to others; or
 - Is:
 1. Suffering severe and abnormal mental, emotional, or physical distress;
 2. Experiencing substantial mental or physical deterioration of the child’s ability to function independently; and
 3. Unable to make a rational and informed decision as to whether or not to submit to treatment;
 - The child’s condition is expected to continue for more than 90 days; and
 - The child has received court-ordered inpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, for at least 60 consecutive days during the preceding 12 months. [Tex. Fam. Code § 55.05\(c\)](#).
- If the court finds that the child meets the criteria listed above, the court must specify which criterion forms the basis for the decision. [Tex. Health & Safety Code § 574.035\(c\)](#).

- The court is not required to find a specific criterion if the child has already been subject to an order for extended mental health services. [Tex. Health & Safety Code § 574.035\(d\)](#).
- To be **clear and convincing**, the evidence must include expert testimony and evidence of a recent overt act or a continuing pattern of behavior that tends to confirm:
 - The likelihood of serious harm to the child or others; or
 - The child's distress and the deterioration of the child's ability to function. [Tex. Health & Safety Code § 574.035\(e\)](#).
- An order for extended inpatient mental health services must provide for a period of treatment not to exceed 12 months. [Tex. Health & Safety Code § 574.035\(h\)](#).
- A judge may not issue an order for extended inpatient mental health services for a proposed patient who is charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.035\(i\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.011\(a\)](#).

8.3.21 Criteria for Court-Ordered Extended Outpatient Mental Health Services

- The judge may order a child to receive extended outpatient mental health services only if:
 - The judge finds that appropriate mental health services are available to the child; and
 - The judge or jury finds, from **clear and convincing evidence**, that:
 - The child is a child with severe and persistent mental illness;
 - As a result of the mental illness, the child will, if not treated, experience deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community without court-ordered outpatient mental health services;
 - Outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the child or others;
 - The child has an inability to effectively and voluntarily participate in outpatient treatment services, demonstrated by:
 - Any of the child's actions occurring within the two-year period preceding the hearing; or
 - Specific characteristics of the child's clinical condition that significantly impair the child's ability to make a rational and informed decision whether to submit to voluntary outpatient treatment;
 - The child's condition is expected to continue for more than 90 days; and
 - The child has received:
 - Court-ordered inpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, for at least 60 consecutive days during the preceding 12 months; or
 - Court-ordered outpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, during the preceding 60 days. [Tex. Fam. Code § 55.05\(d\)](#).
- If the child has already been subject to an order for extended mental health services, the court does not need to make that finding again. [Tex. Health & Safety Code § 574.0355\(b\)](#).
- To be **clear and convincing**, the evidence must include expert testimony and evidence of a recent overt act or a continuing pattern of behavior that tends to confirm:
 - The deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community;
 - The need for outpatient mental health services to prevent a relapse that would likely result in serious harm to the child or others; and

- The child's inability to participate in outpatient treatment services effectively and voluntarily. [Tex. Health & Safety Code § 574.0355\(c\)](#).
- An order for extended outpatient mental health services must provide for a period of treatment not to exceed 12 months. [Tex. Health & Safety Code § 574.0355\(d\)](#).
- A judge may not issue an order for extended outpatient mental health services for a child who is charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.0355\(e\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.011\(a\)](#).



Legislative Change

S.B. 728 (88th Reg. Sess. (2023)) added clarification to the federal firearms reporting requirements found in [Sections 411.052](#) and [411.0521](#) of the Texas Government Code and amended [Section 58.007\(a\)](#) of the Texas Family Code.

These statutes now clearly require that children who are at least 16 years of age, and who have been found unfit to proceed, found not responsible for their conduct, ordered to receive inpatient mental health services, or are ordered to receive intellectual disability services in a residential care facility, are to be reported to the FBI National Instant Criminal Background Check System (NICS) and to the Texas Department of Public Safety.

8.3.22 Referral of Proceedings to Appropriate County or Probate Court

If the case is referred to an appropriate county or probate court, the judge of that court completes the process for court-ordered mental health services. The juvenile court must send all papers, including evaluations, examination reports, court findings, orders, verdicts, judgments, and reports from facilities and alternative settings, relating to the child's mental illness or intellectual disability and the child's unfitness to proceed, to both the clerk of the court to which the case is referred, and to the office of the appropriate county or district attorney. [Tex. Fam. Code §§ 55.68\(a\)\(1\), \(2\)](#). The papers sent to the clerk of a court constitute an application for mental health services under [Section 574.001](#), Health and Safety Code, or an application for placement in a residential care facility under [Section 593.041](#), Health and Safety Code. [Tex. Fam. Code § 55.68\(b\)](#).

If the child is in detention, the judge has three options:

- Order the child released from detention to the child's home or another appropriate place;
- Order the child detained or placed in an appropriate place other than a juvenile detention facility; or
- Conduct a detention hearing and, if the court makes findings under Section 54.01 to support further detention of the child, order the child to remain in the juvenile detention facility subject to further detention orders of the court. [Tex. Fam. Code § 55.68\(c\)](#).

8.3.23 Standards of Care

The standard of care and treatment is defined by Subtitle C, Title 7 of the Health and Safety Code, with the exception of requiring notice by certified mail from the facility administrator to the committing court 10 days before the child is released. [Tex. Fam. Code § 55.45\(a\)](#).

8.3.24 Intellectual Disability Proceedings in Juvenile Court for Court-Ordered Residential Services

If the court determines that evidence exists to support a finding that the child is a child with intellectual disability and that the child meets the criteria for court-ordered residential intellectual disability services under [Section 55.06](#), the court shall:

- Initiate proceedings in juvenile court under [Section 55.67](#) to order residential intellectual disability services for the child under Subtitle D, Title 7, Health and Safety Code; or
- Refer the child's case as provided by [Section 55.68](#) to the appropriate court to order residential intellectual disability services for the child under Subtitle D, Title 7, Health and Safety Code. [Tex. Fam. Code § 55.40](#).

8.3.25 Application for Court-Ordered Residential Intellectual Disability Proceedings

For proceedings in juvenile court, the prosecutor must file an application for placement under Section 593.041, Health and Safety Code. [Tex. Fam. Code § 55.67\(a\)](#).

- The application must be filed in the county where the child resides. [Tex. Health & Safety Code § 593.041\(b\)](#).

An application must include:

- The name, birth date, sex, and address of the proposed resident;
- The name and address of the proposed resident's parent or guardian, if applicable;
- A short, plain statement of the facts demonstrating that [placement in] a facility is necessary and appropriate; and
- A short, plain statement explaining the inappropriateness of admission to less restrictive services.
- A copy of the interdisciplinary report if it is completed. [Tex. Health & Safety Code §§ 593.042\(a\), \(b\)](#).

8.3.26 Interdisciplinary Team Report

Except as provided by [Section 593.051](#) (which pertains to a parent's or guardian's petition for voluntary admission of a person to an SSLC), a person may not be [ordered to placement] in a residential care facility unless a report by an interdisciplinary team recommending the placement has been completed during the six months prior to the date of the hearing on the application. If the report and recommendations have not been completed or revised during that period, the court must order the report and recommendations on receiving the application. [Tex. Health & Safety Code § 593.041\(d\)](#).

An interdisciplinary team shall:

1. Interview the person with an intellectual disability, the person's parent **if the person is a minor**, and the person's guardian;
 2. Review the person's:
 - A. Social and medical history;
 - B. Medical assessment, which shall include an audiological, neurological, and vision screening;
 - C. Psychological and social assessment; and
 - D. Determination of adaptive behavior level;
 3. Determine the person's need for additional assessments, including educational and vocational assessments;
 4. Obtain any additional assessment necessary to plan services;
 5. Identify the person's habilitation and service preferences and needs;
 6. Recommend services to address the person's needs that consider the person's preferences.
- [Tex. Health & Safety Code § 593.013\(b\)](#).

- The interdisciplinary team shall give the person, the person's parent **if the person is a minor**, and the person's guardian an opportunity to participate in team meetings. [Tex. Health & Safety Code § 593.013\(c\)](#).
- The interdisciplinary team may use a previous assessment, social history, or other relevant record from a school district, public or private agency, or appropriate professional if the interdisciplinary team determines that the assessment, social history, or record is valid. [Tex. Health & Safety Code § 593.013\(d\)](#).
- The interdisciplinary team shall prepare a written report of its findings and recommendations that is signed by each team member and shall promptly send a copy of the report and recommendations to the person, the person's parent **if the person is a minor**, and the person's guardian. [Tex. Health & Safety Code § 593.013\(e\)](#).
- If the court has ordered the interdisciplinary team report and recommendations under Section 593.041, the team shall promptly send a copy of the report and recommendations to the court, the person with an intellectual disability or the person's legal representative, the person's parent **if the person is a minor**, and the person's guardian. [Tex. Health & Safety Code § 593.013\(f\)](#).

8.3.27 Appointment of an Attorney

- The child must be represented by an attorney who will represent the rights and legal interests of the child without regard to who has retained the attorney. [Tex. Health & Safety Code § 593.043\(a\)](#).
- If the child is indigent, the judge must appoint an attorney by the 11th day before the hearing. [Tex. Health & Safety Code § 593.043\(b\)](#).
- The parent, **if the proposed resident is a minor**, or the guardian of the person may be represented by legal counsel during the proceedings. [Tex. Health & Safety Code § 593.043\(d\)](#).

8.3.28 Setting the Hearing for Residential Intellectual Disability Services in Juvenile Court

The juvenile court must set a date for the hearing and provide notice as required under Sections 593.047 and 593.048, Health and Safety Code. [Tex. Fam. Code § 55.67\(a\)\(1\)](#).

- The court must immediately set the hearing at the earliest practicable date to determine the appropriateness of the residential intellectual disability services. [Tex. Health & Safety Code § 593.047](#).
- At least 11 days before the hearing, a copy of the application, notice of the time and place of the hearing, and, if appropriate, the order for the determination of an intellectual disability and interdisciplinary team report and recommendations must be served on:
 - The proposed resident or the proposed resident's representative;
 - The parent if the proposed resident is a minor;
 - The guardian of the person; and
 - The department.¹²⁹ [Tex. Health & Safety Code § 593.048\(a\)](#).
- The notice must specify in plain and simple language:
 - The right to an independent determination of an intellectual disability under Section 593.007; and
 - The provisions of Sections 593.043, 593.047, 593.049, 593.050, and 593.053. [Tex. Health & Safety Code § 593.048\(b\)](#).

¹²⁹ Here, "the department" refers to the Department of Aging and Disability Services. [Tex. Health & Safety Code § 591.003\(7\)](#). As all DADS functions were transferred to HHSC on September 1, 2017, it may be advantageous to serve HHSC to satisfy the notice requirement.

8.3.29 Hearing for Residential Intellectual Disability Services

The court must conduct the hearing in accordance with Sections 593.049 – 593.056, Health and Safety Code. [Tex. Fam. Code § 55.67\(a\)\(2\)](#).

- The hearing is before the court but shall be before a jury if any party or the court request a jury trial. The Texas Rules of Civil Procedure apply to all aspects of the proceedings and trial unless the rules are inconsistent with this subchapter. [Tex. Health & Safety Code §§ 593.049\(a\), \(b\)](#).
- The hearing must be open to the public unless the child or their representative request that it be closed, and the court finds good cause to do so. [Tex. Health & Safety Code § 593.050\(a\)](#).
 - Generally, juvenile court proceedings are open to the public unless good cause is shown to exclude the public. [Tex. Fam. Code § 54.08\(a\)](#).
 - If a child is under the age of 14 at the time of the hearing, the court **shall close** the hearing to the public, unless the court finds that the interests of the child or the public would be better served by opening the hearing to the public. [Tex. Fam. Code § 54.08\(c\)](#).
- The child is entitled to be present throughout the hearing. If the court determines that the presence of the child would result in harm to the child, the court can waive the requirement in writing clearly stating the reason for the decision. [Tex. Health & Safety Code § 593.050\(b\)](#).
- The child is entitled to and must be provided the opportunity to confront and cross-examine each witness. [Tex. Health & Safety Code § 593.050\(c\)](#).
- The Texas Rules of Evidence apply. The results of the determination of an intellectual disability and the current interdisciplinary team report and recommendations *shall* be presented in evidence. [Tex. Health & Safety Code § 593.050\(d\)](#).
- The party who filed the application has the burden to prove **beyond a reasonable doubt** that long-term placement of the child in a residential care facility is appropriate. [Tex. Health & Safety Code § 593.050\(e\)](#).
- If long-term placement in a residential care facility is not found to be appropriate, the court shall enter a finding to that effect, **dismiss** the application, and if appropriate, recommend application for admission to voluntary services under Subchapter B. [Tex. Health & Safety Code § 593.051](#).
- In each case, the court shall promptly report in writing the decision and findings of fact. [Tex. Health & Safety Code § 593.053](#).

8.3.30 Criteria for Residential Intellectual Disability Services

A child may not be court-ordered to receive services at a residential care facility unless each of the following elements has been proved **beyond a reasonable doubt**:¹³⁰

- The child is a child with an intellectual disability;
- Evidence is presented showing that because of the child's intellectual disability, the child:
 - Represents a substantial risk of physical impairment or injury to the child or others; or
 - Is unable to provide for and is not providing for the child's most basic personal physical needs;
- The child cannot be adequately and appropriately habilitated in an available, less restrictive setting; and
- The residential care facility provides habilitative services, care, training, and treatment appropriate to the child's needs.
- An interdisciplinary team recommends placement in the residential care facility. [Tex. Fam. Code § 55.06](#).

¹³⁰ See [Pratt v. State](#), 907 S.W. 2d 38, 44 (Tex. App.—Dallas 1995, writ denied).

- On receipt of the court order for residential services, the Health and Human Services Commission shall identify a residential care facility and admit the child to the identified facility. [Tex. Fam. Code § 55.67\(c\)](#).
- If the child is currently detained in a juvenile detention facility, the juvenile court shall:
 - Order the child released from detention to the child's home or another appropriate place;
 - Order the child detained or placed in an appropriate facility other than a juvenile detention facility; or
 - Conduct a detention hearing and, if the court makes findings under Section 54.01 to support further detention of the child, order the child to remain in the juvenile detention facility subject to further detention orders of the court. [Tex. Fam. Code § 55.67\(d\)](#).
- The court shall immediately send a copy of the order for residential services to the department or community center. [Tex. Health & Safety Code § 593.052\(c\)](#).
- If placement in a residential facility is necessary, preference shall be given to the facility nearest to the residence of the child unless:
 1. Space in the facility is unavailable;
 2. The child, parent if the resident is a minor, or guardian of the child requests otherwise; or
 3. There are other compelling reasons. [Tex. Health & Safety Code § 593.055](#).
- A party to a [court-ordered residential intellectual disability services] proceeding has the right to appeal the judgment to the appropriate court of appeals. An appeal under this section shall be given a preference setting, and the county court may grant a [stay] pending appeal. [Tex. Health & Safety Code §§ 593.056\(a\), \(c\) and \(d\)](#).

8.3.31 Referral of Proceedings to Appropriate County or Probate Court

If the case is referred to an appropriate county or probate court, the judge of that court completes the process for court-ordered residential intellectual disability services. The juvenile court must send all papers, including evaluations, examination reports, court findings, orders, verdicts, judgments, and reports from facilities and alternative settings, relating to the child's intellectual disability and unfitness to proceed to both the clerk of the court to which the case is referred, and to the office of the appropriate county or district attorney. [Tex. Fam. Code §§ 55.68\(a\)\(1\), \(2\)](#). The papers sent to the clerk of a court constitute an application for placement under [Section 593.041](#), Health and Safety Code. [Tex. Fam. Code § 55.68\(b\)](#).

8.3.32 Standards of Care

The standard of care and treatment is defined by Subtitle D, Title 7 of the Health and Safety Code, with the exception of requiring notice by certified mail from the facility administrator to the ordering court 20 days before the child is released. [Tex. Fam. Code § 55.45\(b\)](#).

- If the child is alleged to have committed an offense listed in [Article 42A.054, Code of Criminal Procedure](#), the facility administrator must apply in writing, to the ordering court, for authorization to release or furlough the child for a period of 48 hours or longer, and show good cause. Notice of the request must be provided to the prosecutor. The prosecutor, the child, or the administrator can apply for a hearing on the request. The rules of evidence do not apply to the hearing, and no appeal can be taken. If there is no request for a hearing, the court makes the decision based on the application for authorization. [Tex. Fam. Code § 55.45\(c\)](#).

8.3.33 Restoration Hearing

The prosecutor can move for a restoration hearing if:

1. The child is found unfit to proceed as a result of mental illness or intellectual disability; and
 2. The child:
 - A. Is **not**:
 - i. Ordered by a court to receive inpatient mental health or intellectual disability services;
 - ii. Ordered by a court to receive services at a residential care facility; or
 - iii. Ordered by a court to receive treatment or services on an outpatient basis; or
 - B. Is discharged or currently on furlough from a mental health facility or discharged from an alternative setting before the child reaches 18 years of age. [Tex. Fam. Code § 55.43\(a\)](#).
- At the restoration hearing, the court shall determine the issue of whether the child is fit to proceed. The hearing is before the court, and the issue of fitness must be proved by a **preponderance of the evidence**. [Tex. Fam. Code §§ 55.43\(b-d\)](#).
 - If the court finds that the child is fit to proceed, the court shall **continue** the juvenile court proceedings. If the court finds that the child is not fit to proceed, the court shall **dismiss** the motion for restoration. [Tex. Fam. Code §§ 55.43\(e\), \(f\)](#).

8.3.34 Discretionary Transfer to Criminal Court on 18th Birthday of Child

The juvenile court has the option to transfer all pending proceedings from the juvenile court to a criminal court on or after the 18th birthday of a child for whom a court has ordered inpatient mental health services or residential intellectual disability care if:

- The child has not been discharged or furloughed from the facility before reaching 18 years of age; and
- The child is alleged to have engaged in delinquent conduct that included a violation of a penal law listed in [Section 53.045](#) (Offenses Eligible for Determinate Sentence) and no adjudication has occurred. [Tex. Fam. Code § 55.44\(a\)](#).
- The juvenile court must send notification of a transfer to the facility. The criminal court must, within 90 days of the transfer, institute proceedings under Chapter 46B, Code of Criminal Procedure. If those or any subsequent proceedings result in a determination that the defendant is **competent to stand trial**, the defendant may not receive a punishment for the conduct that results in confinement for a period longer than the maximum period of confinement they could have received if the defendant had been adjudicated for the delinquent conduct while still a child and within the jurisdiction of the juvenile court.¹³¹ [Tex. Fam. Code § 55.44\(c\)](#).
- Practically, if a child turns 18 while committed to a facility, the child will be transferred to the adult unit of the facility. As the child is now an adult, the child should not be returned to the juvenile detention facility to wait for a bed at the adult unit of the facility. This should be handled by the facility as a direct transfer.

¹³¹ See Ex Parte S.L.B., 591 S.W.3d 705 (Tex. App.—Fort Worth 2019) (discussing the maximum period of confinement).

Practical Ideas for Counties to Streamline Fitness Restoration and Save Money¹³²



1. **Assign one point of contact between your county and the Health and Human Services Commission Forensic Admission Office.** Send an email annually to the Forensic Admission Office (forensicadmissions@hhs.texas.gov) notifying them that your point-of-contact should receive all communication (name, email address and phone number).
2. **Communicate with the Forensic Admission Office, State Hospital, or State Supported Living Center (SSLC) via email.** Use email to save wait time when the state hospital or SSLC notifies the county that the juvenile is ready to be transported to or from the facility.
3. **Urge the state and defense to continue working on the case while waiting for the juvenile to return.** Attorneys should continue working on fitness cases to address discovery issues, plea offers, and other tasks during the inpatient stay to allow for speedy resolution once returned.
4. **Coordinate transportation.** Once the contact person has received notice that a juvenile has been restored, prepare any paperwork that is needed to schedule transportation within three days to cut time in getting the juvenile back to your county.
5. **Develop a policy of quick court settings upon return from the facility.** Have the county point-of-contact communicate with the court to set the juvenile's case on a docket within three days.
6. **Develop a policy of no free passes.** To prevent the juvenile from decompensating, make a judicial policy that an attorney may not pass on a setting for a client who has returned from the state hospital unless the attorney appears before the court.
7. **Set weekly medical meetings to review specific cases.** Use [Tex. Health and Safety Code § 614.017](#) to exchange information with the LMHA(s), LIDDA(s), detention center staff, the prosecuting attorney, and the defense attorney. Use these meetings to review the status of cases with fitness issues. Keep a running list of the following:
 - Who needs to be on the fitness radar?
 - Who has improved?
 - Is outpatient competency restoration an option?
 - Who needs transportation to or from the facility?
 - Is it time for the prosecutor to consider dismissing the case?
 - Does the court need to be aware of any juveniles who are decompensating or at risk of decompensating?
- Reconsider juveniles for outpatient restoration services if they have been stabilized in detention. This can shorten your detention center's waitlist for facility placement.
- After medical meetings, email the court any updates or reminders that action may need to be taken soon. For example, a juvenile who is deteriorating in detention may require frequent monitoring.

¹³² Adapted from Alyse Ferguson, Improving Competency Restoration Processes, Texas Judicial Commission on Mental Health Collaborative Council Meeting (2020).

8.4 Chapter 55: Lack of Responsibility

Lack of responsibility is akin to insanity in the adult criminal court. While there are some similarities, courts and practitioners must also be aware of the differences. In both contexts, it is a defense which must be proved by a preponderance of the evidence. [Tex. Fam. Code § 55.51\(d\)](#), [Tex. Code Crim. Proc. art. 46C.153\(a\)\(2\)](#). However, adult criminal court has a narrower test focused on whether the defendant knew at the time of the offense, due to mental illness or intellectual disability, that what they were doing was wrong. [Tex. Penal Code § 8.01\(a\)](#).

In contrast, the Family Code has a broader test that asks whether the juvenile respondent, at the time of the conduct, as a result of mental illness or an intellectual disability, lacked the substantial capacity either to appreciate the wrongfulness of their conduct or to conform their conduct to the requirements of the law. [Tex. Fam. Code § 55.51\(a\)](#).

Unlike fitness to proceed, lack of responsibility is a defensive issue presented to the judge or jury during the adjudication hearing. [Tex. Fam. Code § 55.51\(c\)](#). A finding of lack of responsibility means that juvenile court proceedings regarding the specific conduct are over. However, proceedings will continue. [Tex. Fam. Code § 55.51\(g\)](#).

Making the Distinction: Fitness, Lack of Responsibility, Mental Illness, and Intellectual Disability



Fitness: relates to a juvenile's mental state and present capacity to stand trial; fitness is not a defense to the charged conduct.

Lack of Responsibility: relates to the juvenile's mental state at the time of the conduct and is an affirmative defense to prosecution.

Mental Illness: an illness, disease, or condition, other than epilepsy, senility, alcoholism, or mental deficiency, that: (A) substantially impairs a person's thought, perception of reality, emotional process, or judgment; or (B) grossly impairs behavior as demonstrated by recent disturbed behavior. [Tex. Fam. Code § 55.01\(6\)](#), [Tex. Health & Safety Code § 571.003\(14\)](#). *Note that a child can have MI and be fit to proceed; similarly, a child may have MI but not meet the legal standard for lack of responsibility.*

Intellectual Disability: significantly subaverage general intellectual functioning that is concurrent with deficits in adaptive behavior and originates during the developmental period. [Tex. Code Crim. Proc. art. 46B.001\(8\)](#); [Tex. Health & Safety Code § 591.003](#). *As with MI, a child can have ID and be fit to proceed; similarly, a child may have ID but not meet the legal standard for lack of responsibility.*

When a fitness evaluation occurs close in time to the date of the delinquent conduct, it may be advantageous to have the examiner also offer an opinion as to whether the child lacked responsibility at the time of the conduct, so that vital insight into the child's mental condition at the time is documented for future use. It is also important that the expert receives the law enforcement reports so they can effectively assess the child's perceptions and actions in the context of the investigation. Practitioners must carefully review the reports to ensure that there is no mention of the child's risk factors.

A checklist to assist in identifying possible MI or ID can be found in the Appendix.



Developmental Period

Children who are referred to the juvenile court are, by definition, “in their developmental period” (under age 18); therefore, a child who has a diagnosis of having a pervasive developmental disorder in a psychological or psychiatric report probably qualifies as having an intellectual disability.¹³³

Obtaining a diagnosis of intellectual disability from the LIDDA can facilitate a child’s lifetime access to state-funded disability services. Do not hesitate to refer a child to the LIDDA for evaluation and determination of eligibility for services if there is any reason to believe the child could have an intellectual or developmental disability.

8.4.1 Raising the Issue

- **Any party** can raise the issue of lack of responsibility as a result of mental illness (MI) or intellectual disability (ID). [Tex. Fam. Code § 55.51\(b\)](#).
- Once the motion is filed, the court must order the child to be examined under Texas Family Code § 55.04. [Tex. Fam. Code § 55.51\(b\)](#).
 - The information obtained from the examination must include expert opinion as to: whether the child is a child with mental illness or an intellectual disability; whether the child is not responsible for their conduct as a result of MI or ID; whether the child meets criteria for court-ordered mental health or intellectual disability services under [Section 55.05](#) or [55.06](#); and the specific criteria the child meets. [Tex. Fam. Code § 55.51\(b\)](#).



Statements by Youth

While the Family Code permits any party to raise lack of responsibility, a decision by the State to raise the issue may be problematic considering the child’s 5th Amendment right against compelled self-incrimination and potential disclosures of the child’s defensive theories during an examination.

Because Chapter 55 of the Family Code is silent on use of a child’s statements during a fitness to proceed examination or evidence obtained as a result of those statements may be used for other purposes, Article 46B of the Code of Criminal Procedure controls. Art. 46B.007 only permits the use of the statements or evidence:

- In a trial on incompetency; or
- in any proceeding where the defendant first introduces the statement or evidence.

8.4.2 Qualifications of Experts

Judges should critically vet the experts they appoint. This minimally entails verifying that an expert meets the statutory qualifications prior to appointment. The section on Fitness to Proceed contains information about expert qualifications to perform forensic mental examinations, which include examinations for mental illness, fitness to proceed, and lack of responsibility.

¹³³ William R. “Bill” Cox, Texas Family Code Chapter 55: Mental Health Proceedings, 26th Annual Robert O. Dawson Juvenile Law Institute (2013), https://juvenilelaw.org/wp-content/uploads/2017/06/07_Cox.pdf.



Disinterested Experts and Evaluations

Texas Family Code section 55.04 authorizes the appointment of a “disinterested physician or psychologist...” [Tex. Fam. Code § 55.04\(a\)](#). It can be difficult to determine what type of assessment is needed when trying to help a child. This is in part due to shared skills that exist across various professions. Below are the general responsibilities of specialized practitioners. Forensic experience and specialized training are factors to consider when deciding on an evaluator, as well as availability.

Psychiatrist: Medical doctor that focuses on disorders of mood or thinking including depression, anxiety, ADHD, and psychosis. Utilizes clinical interview, self-report measures and review of collateral information as part of assessment. Treatment modalities include medication and referral to psychotherapy. Some psychiatrists also provide therapy themselves.

Psychologist: Doctorate-level clinician that focuses on disorders of mood or thinking including depression, anxiety, ADHD, and psychosis. Utilizes psychological testing, self-report measures, clinical interview and review of collateral information as part of assessment. Treatment modalities include individual, family, and group therapy along with skills training.

Neuropsychologist: Psychologist specializing in disorders of thinking including dementia; developmental, learning or attention disabilities; and traumatic brain injury. Utilizes clinical interview, self-report measures, review of collateral information, and specialized psychological testing including measures of executive, visuospatial, and memory functioning as part of assessment. Treatment modalities include skills training to address neuropsychological challenges and referral to ancillary therapies.

Neurologist: Medical doctor that focuses on disorders of the brain and nervous system including Parkinson’s, multiple sclerosis, stroke, muscle weakness, and ADHD. Utilizes physical exam, electroencephalogram (EEG), electromyography (EMG), or imaging as part of assessment. Treatment modalities include medication and referral to ancillary therapies such as physical or occupational therapy.

Finally, it is important that the expert use measures and processes with the youth that are developmentally, academically, culturally, and linguistically appropriate for the child.

8.4.3 Hearing on Issue of Lack of Responsibility

- The issue of whether the child is not responsible for their conduct as a result of MI or ID shall be tried to the judge or the jury as part of the adjudication hearing. [Tex. Fam. Code § 55.51\(c\)](#).
- Lack of responsibility must be proven by a **preponderance of the evidence**. [Tex. Fam. Code § 55.51\(d\)](#).
- The judge or jury must make a specific finding in its verdict whether the child is not responsible for their conduct due to MI or ID. [Tex. Fam. Code § 55.51\(e\)](#).
 - If the case is tried to a jury, the verdict forms must contain a special issue for the jury to indicate whether the child lacked responsibility or did not lack responsibility.
 - **Note:** Because there is no statutory notice requirement for lack of responsibility, it can be raised by either party at any point during the adjudication phase.

8.4.4 Proceedings Following a Find of Lack of Responsibility

Once the child has been found to lack responsibility, temporary court-ordered services of up to 90 days are required, provided that the child meets the criteria under [Section 55.05](#) or [55.06](#). [Tex. Fam. Code § 55.52\(a\)](#).

- Whether the lack of responsibility is due to MI or ID, there are two placement options:
 - Placement with the Texas Health and Human Services Commission (state hospital or state supported living center);
 - Placement in a private psychiatric inpatient facility¹³⁴ or residential care facility, on application by the child's parent, guardian, or guardian ad litem, so long as the facility administrator agrees in writing. [Tex. Fam. Code §§ 55.52\(a\)\(1\), \(2\)](#).

If the child is found to lack responsibility but **does not meet the criteria** for court-ordered services under [Section 55.05](#) or [55.06](#), and if the court determines that the child may be adequately treated or served in an alternative setting, the court can order the child to receive treatment for mental illness or services for the child's intellectual disability, as appropriate, on an outpatient basis for up to 90 days, with the possibility of extension as ordered by the court. [Tex. Fam. Code § 55.52\(a\)\(3\)](#).

Before the court can issue this order, it must consult with the local juvenile probation department, with local treatment or service providers, with the LMHA, and with the LIDDA to determine the appropriate treatment or services for the child. [Tex. Fam. Code § 55.52\(c\)](#).

Best Practices after Finding Lack of Responsibility



It is recommended for the probation officer to contact the HHSC Forensic Admissions Office (forensicadmissions@hhsc.state.tx.us) or the Continuity of Services Manager as soon as possible after a child is ordered to receive services at a State Hospital or State Supported Living Center to advise them of the potential admission. The State Hospital or State Supported Living Center point of contact may then provide guidance to the probation officer regarding preparation of documentation.

The State Hospital Continuity of Services Coordinator is Matthew Moravec Gallagher, who can be reached at (forensicadmissions@hhsc.state.tx.us) or (430) 244-9933.

Probation officers, service providers in the juvenile justice system, prosecutors, and other stakeholders should relay the circumstances of the offense(s) and details of any safety concerns about the child and their family to the placement after a finding of lack of responsibility.

As soon as an expert opinion concludes that a child presents with an intellectual or developmental disability, the probation officer should request a Determination of Intellectual or Developmental Disability evaluation (DID) through the LIDDA. Proactively submitting a referral can help the child and family receive support sooner regardless of whether the child is deemed responsible.

8.4.5 Transportation

- If the court issues a placement order, the court must order the probation department or the sheriff's department to transport the child to and from the designated facility. [Tex. Fam. Code § 55.53\(a\)](#).
 - Upon receipt of a report from a facility, the child shall be returned to juvenile court by the 11th day after the date of the court's order, then the facility is required to transport the child to the court, at the county's expense. [Tex. Fam. Code § 55.53\(b\), \(c\)](#).

¹³⁴ If the court orders a child placed in a private psychiatric inpatient facility, residential care facility, or alternative setting under Subsection (a)(3), and if funding is specifically budgeted for it, the court can order the state to pay the costs of the court-ordered services. [Tex. Fam. Code § 55.52\(b\)](#).

8.4.6 Information Required to be Sent to the Facility

- The court must order the probation department to send copies of any information in their possession that is relevant to the issue of the child's MI or ID to the treatment provider. [Tex. Fam. Code § 55.53\(a\)](#). This may include information in the court's file, the probation department's file, the detention facility file, and/or medical or mental health files maintained by the probation department and/or its medical or mental health providers.

A checklist for locating potential materials in the Juvenile Probation Department's possession can be found in the Appendix.

8.4.7 Report due to the Court

- Before the 75th day after the order, the treatment provider must submit a report to the court. The report must describe the treatment or services provided to the child and state the facility director's opinion as to whether the child is a child with mental illness or an intellectual disability. [Tex. Fam. Code § 55.54\(b\)](#).
 - If the report states that the child is a child with mental illness or an intellectual disability, the report must also include an opinion as to whether the child meets criteria for court-ordered mental health services or court-ordered intellectual disability services under [Section 55.05](#) or [55.06](#). [Tex. Fam. Code § 55.54\(c\)](#).
 - The court must provide a copy of the facility's report to the prosecutor and to the child's attorney. [Tex. Fam. Code § 55.54\(d\)](#).



75th Day

The best practice is for the Court to set a status hearing for the 75th day to be sure the report is received and distributed to all parties.

8.4.8 Report that Child Does Not Have Mental Illness or Intellectual Disability

- If the facility report states the child does not have a mental illness or an intellectual disability, the juvenile court shall *discharge the child* unless **the prosecutor objects in writing** not later than two days after the attorney receives the report, or a **determinate sentence** adjudication hearing was conducted. [Tex. Fam. Code § 55.55\(a\)](#).
- If a timely objection is made, the court must hold a hearing to determine whether the child is a child with mental illness or an intellectual disability and meets the criteria for court-ordered services under [Section 55.05](#) or [55.06](#). [Tex. Fam. Code § 55.55\(b\)](#).
- This hearing is before the court, without a jury. [Tex. Fam. Code § 55.55\(b\)](#).
- The burden of proof is on the state to prove **by clear and convincing evidence** that the child is a child with mental illness or an intellectual disability meets the criteria for court-ordered treatment services. [Tex. Fam. Code § 55.55\(c\)](#).
- If the court finds that the child does not have a mental illness or an intellectual disability and that the child does not meet the criteria for court-ordered treatment services, *the court shall discharge the child*. [Tex. Fam. Code § 55.55\(d\)](#).
- If the court finds that the child has a mental illness or an intellectual disability and the child meets the criteria for court-ordered treatment services, the court shall issue an appropriate order for mental health services or intellectual disability services. [Tex. Fam. Code § 55.55\(e\)](#).

8.4.9 Report that Child has Mental Illness

At this point the procedures for court-ordered services due to mental illness and intellectual disability become separate.¹³⁵ The director of the facility that supplied the report must submit two certificates of medical examination (CMEs) for mental illness to the court. [Tex. Fam. Code § 55.56](#). Once the court receives the CMEs, it can initiate proceedings for court-ordered services.

A sample CME form can be found in the Appendix.

8.4.10 Proceedings in Juvenile Court for Mental Illness

The juvenile court has the option of hearing the proceeding for court-ordered services or referring it to an appropriate county or probate court. [Tex. Fam. Code § 55.56](#).

Juvenile Court or Probate Court



The choice of whether to proceed with court-ordered services in juvenile court or to refer the proceedings to a county or probate court rests exclusively with the juvenile court. A juvenile court that hears court-ordered services proceedings infrequently may prefer to have the county or probate court conduct them. The standards for court-ordered services are the same, regardless of which court holds the hearing. County or probate courts may have more frequent interaction with community-based treatment options, private placements, and state facilities. Judges in a community can discuss available resources to determine which approach is advantageous for their constituents. If the juvenile court chooses to refer the case to a county or probate court, it is important to:

- Be aware of the child's right to seal their records and to maintain ongoing communication concerning the child's progress and case status.
- Communicate with the Probate Court to ensure a smooth transition & minimize delays for the youth.

8.4.11 Application for Court-Ordered Mental Health Proceedings

For proceedings in juvenile court, the prosecutor may file an application for court-ordered mental health services under Sections 574.001 and 574.002, Health and Safety Code. [Tex. Fam. Code § 55.66\(a\)](#).

What Should be Included in the Application

An application must:

- Be styled using the child's initials and not the proposed patient's full name;
- State whether the application is for temporary or extended services;
- Contain the child's name, address, and county of residence in Texas;
- Include a statement that the child is a person with mental illness and meets the criteria in Chapter 574 for court-ordered mental health services; and
- State whether the child is charged with a criminal offense. [Tex. Health & Safety Code § 574.002](#).

¹³⁵ William R. "Bill" Cox, Texas Family Code Chapter 55: Mental Health Proceedings, 26th Annual Robert O. Dawson Juvenile Law Institute (2013), https://juvenilelaw.org/wp-content/uploads/2017/06/07_Cox.pdf



Application Requirements for Extended Court-Ordered Services

Applications for **extended** court-ordered services have several statutory requirements that applications for **temporary** court-ordered services do not require.

- An application for **extended inpatient** mental health services must state that the child has received:
 - *Court-ordered inpatient mental health services* under either this subtitle or under Chapter 46B, Subchapter D of the Texas Code of Criminal Procedure (Procedures after Determination of Incompetency) or Subchapter E (Civil Commitment: Charges Pending) for *at least 60 consecutive days during the prior 12 months*.
- An application for **extended outpatient** mental health services must state that the child has received:
 - *Court-ordered inpatient mental health services* under either this subtitle or under Chapter 46B, Subchapter D or E of the Texas Code of Criminal Procedure for *a total of at least 60 days during the prior 12 months*; OR
 - *Court-ordered outpatient mental health services* under this subtitle or Chapter 46B, Subchapters D or E during the preceding 60 days. [Tex. Health & Safety Code § 574.002\(b\)](#).

8.4.12 Appointment and Duties of an Attorney

- The judge must appoint an attorney for the child within 24 hours after the application is filed unless the child already has an attorney. [Tex. Health & Safety Code § 574.003\(a\)](#).
- Texas codifies the duties that an attorney has toward a client in a court-ordered services proceeding in section 574.004, and the court is required to give a copy of these duties to every court-appointed attorney. [Tex. Health & Safety Code § 574.003\(b\)](#).

Included in the list of duties owed by the attorney to the proposed patient, is that the attorney must respect the client's decision to agree or resist the efforts to provide mental health services, even though they may personally disagree with the client's wishes. Though the attorney may provide counsel, the attorney must abide by the client's final decision on the matter. [Tex. Health & Safety Code § 574.004\(c\)](#).



Attorney-Client Relationship

An attorney's rapport with the child they represent is critical and can be life altering. Especially for children who have more significant issues, it is important to recognize that attorneys will need to make multiple visits with the child, which may include meeting with them immediately before the evaluation appointments with the purpose of reinforcing the significance of the evaluation and how it will impact the child's case.

8.4.13 Setting the Hearing for Court Order Services in Juvenile Court

The juvenile court must set a date for the hearing and provide notice as required under Sections 574.005 and 574.006, Health and Safety Code. [Tex. Fam. Code § 55.66\(a\)\(1\)](#).

- The court must set a hearing within 14 days of the date the application was filed but may not hold a hearing within the first three days after the application is filed if the child or their attorney objects. [Tex. Health & Safety Code §§ 574.005\(a\), \(b\)](#).
 - There are witnesses who may appear at the hearing to present evidence, who may be unknown to the parties prior to the hearing date. If either party wishes, they may request a continuance based on surprise and the court may continue the hearing date. [Tex. Health & Safety Code § 574.006\(d\)](#).

- While the court may grant continuances of the hearing, the final hearing must be held no later than 30 days from the date the application was filed. The only exception is for extreme weather or disaster, in which case the judge may, by a written order each day, postpone the hearing for 24 hours. [Tex. Health & Safety Code § 574.005\(c\)](#).

Note: While the hearing must commence within 30 days, the Court retains its plenary authority to continue the hearing as necessary should issues arise.

- The child and their attorney are entitled to receive a copy of the application and written notice of the court hearing immediately after it is set. Notice must also be delivered in person or via certified mail to the child's:
 - Parent, if a minor; or
 - Appointed guardian, if applicable; or
 - Each managing and possessory conservator, if applicable. [Tex. Health & Safety Code §§ 574.006\(a\), \(b\)](#).
- If a parent cannot be located, and the child does not have a guardian or conservator, the notice may be given to the proposed patient's next of kin. [Tex. Health & Safety Code § 574.006\(c\)](#).

The court has additional tasks to complete before holding the hearing:

- The court must direct the local mental health authority to file its recommendation for the child's proposed treatment, as required by Section 574.012, Health and Safety Code, before the hearing date;
- Identify the person responsible for court-ordered **outpatient mental health services** not later than the third day before the date set for a hearing that may result in the court ordering the child to receive court-ordered outpatient mental health services, as required by Section 574.0125, Health and Safety Code. [Tex. Fam. Code §§ 55.66\(a\)\(2\), \(3\)](#).

8.4.14 Medical Examination Requirement

- The director of the facility that supplied the report must submit two certificates of medical examination (CMEs) to the court. [Tex. Fam. Code § 55.56](#). If the certificates are not filed with the application, the judge may appoint the necessary physicians to examine the child and file the certificates. [Tex. Health & Safety Code § 574.009\(b\)](#).
 - The two CMEs must be completed **within 30 days** of the hearing and are required to be on file with the court. At least one of the physicians must be a psychiatrist if a psychiatrist is available in the county. [Tex. Health & Safety Code § 574.009\(a\)](#).
- The court also has the authority to order an independent evaluation of the child, by a psychiatrist of the child's choosing, if the court feels it will assist the finder of fact. If the child is indigent, the county may reimburse the child's appointed attorney for any expenses incurred in securing the psychiatrist's testimony. [Tex. Health & Safety Code §§ 574.010\(a\), \(b\)](#).

Note: [Texas Health & Safety Code § 574.009\(a\)](#) requires that at least one of the physicians completing the CMEs must be a psychiatrist if a psychiatrist is available in the county. If the Court determines that a psychiatrist is not available in the county, the Court should enter an order finding that a psychiatrist was not available in the County to provide a CME and making specific finds detailing the factual basis supporting that finding.

8.4.15 Hearing for Court- Ordered Mental Health Services

The court must conduct the hearing in accordance with Subchapter C, Chapter 574, Health and Safety Code. [Tex. Fam. Code § 55.66\(a\)\(1\)](#). The hearing is heard by the court, without a jury. [Tex. Fam. Code § 55.55\(b\)](#).

- The child is entitled to be present at the hearing, but the child or their attorney may waive this right. [Tex. Health & Safety Code § 574.031\(c\)](#).
- The hearing must be open to the public unless the child or their attorney requests that it be closed, and the court finds good cause to do so. [Tex. Health & Safety Code § 574.031\(d\)](#).
 - Generally, juvenile court proceedings are open to the public unless good cause is shown to exclude the public. [Tex. Fam. Code § 54.08\(a\)](#).
 - If a child is under the age of 14 at the time of the hearing, the court **shall close** the hearing to the public, unless the court finds that the interests of the child or the public would be better served by opening the hearing to the public. [Tex. Fam. Code § 54.08\(c\)](#).
 - In a hearing for *temporary* inpatient or outpatient mental health services, the child or their attorney may waive the right to cross-examine witnesses by filing a written waiver with the court. If that right is waived, the court may admit the CMEs as evidence, the CMEs will constitute competent medical or psychiatric testimony, and the court can make its findings based solely on the CMEs. [Tex. Health & Safety Code § 574.031\(d-1\)](#).
 - In a hearing for *extended* inpatient or outpatient mental health services, the court must hear testimony and cannot make findings solely from the CMEs. [Tex. Health & Safety Code § 574.031\(d-2\)](#).
- The hearing is governed by the Texas Rules of Evidence unless stated otherwise in this subtitle. [Tex. Health & Safety Code § 574.031\(e\)](#).

Court-Ordered Services Hearing Considerations



Given the sensitive nature of juvenile proceedings and of mental health and intellectual disability issues, the Court should carefully consider whether it is appropriate for the hearing to be open to the public.

Consideration should also be given as to whether it is appropriate for the child to attend the hearing. It is possible that attending the hearing and listening to testimony could negatively impact the child and the child's mental state, especially if the child is currently in detention.

If using certain terminology will upset the child or hinder the child's ability to participate in the hearing, acronyms can be used.

Regardless of whether the child attends the hearing, the child's attorney should ensure the child understands the nature of the hearing, the anticipated testimony, and the significance of the testimony to the child's future.

- Each element of the applicable criteria must be proven by **clear and convincing evidence**, and the hearing must be on the record. [Tex. Health & Safety Code § 574.031\(g\)](#).
- The court may consider the testimony of a non-physician mental health professional in addition to medical or psychiatric testimony. [Tex. Health & Safety Code § 574.031\(f\)](#).
- The hearing for *temporary* mental health services must be before the court unless the child or their attorney requests a jury trial. A hearing for *extended* mental health services must be in front of a jury unless waived by the child or their attorney. The waiver must be sworn and signed unless made orally in the court's presence. [Tex. Health & Safety Code §§ 574.032\(a\), \(b\), and \(c\)](#). The court may allow a jury waiver to be withdrawn for good cause shown no later than the eighth day before the hearing. [Tex. Health & Safety Code § 574.032\(d\)](#).

- If the hearing is before a jury, the jury must determine if the child is a person with mental illness and meets the criteria for court-ordered services; however, the jury cannot make a finding regarding the type of services to be provided. [Tex. Health & Safety Code § 574.032\(f\)](#).
- After conducting the hearing, the juvenile court shall:
 - If the criteria under **Section 55.05(a) or 55.05(b)** are satisfied, order temporary inpatient or outpatient mental health services for the child; or
 - If the criteria under **Section 55.05(c) or 55.05(d)** are satisfied, order extended inpatient or outpatient mental health services for the child. [Tex. Fam. Code § 55.66\(b\)](#).
 - A party to a proceeding for court-ordered mental health services can appeal the judgment to the appropriate court of appeals. Notice of appeal must be filed no later than 10 days after the date the order is signed. [Tex. Health & Safety Code §§ 574.070\(a\), \(b\)](#).

Note: If the judge fails to find, from **clear and convincing evidence**, that the child is a person with mental illness and meets the applicable criteria for court-ordered services, the court shall enter an order **denying the application for court-ordered temporary or extended mental health services and order the immediate release of the child.** [Tex. Health & Safety Code § 574.033](#).

8.4.16 Orders for Court-Ordered Services



Orders Must Clearly Specify Criteria

The Code requires that orders for temporary or extended inpatient treatment must specify which criteria the judge or jury is basing their decision upon. There has been conflicting case law in this area. Some appellate courts have allowed an order to submit the criteria in the disjunctive (i.e., listing the criteria with OR), while other courts have found that listing the criteria in the conjunctive (with AND) is the only way to ensure that there are specific findings.¹³⁶

A suggested practice to avoid any confusion is to take the word “or” out of any order for temporary or extended inpatient treatment, thus requiring specific finding on any of the criteria listed.

8.4.17 Criteria for Court-Ordered Temporary Inpatient Mental Health Services

- The judge may order a child to receive court-ordered temporary inpatient mental health services only if the judge or jury finds, from **clear and convincing evidence**, that:
 - The child is a child with mental illness; and
 - As a result of that mental illness the child:
 - Is likely to cause serious harm to the child’s self;
 - Is likely to cause serious harm to others; or
 - Is:
 - Suffering severe and abnormal mental, emotional, or physical distress;
 - Experiencing substantial mental or physical deterioration of their ability to function independently; and
 - Unable to make a rational and informed decision as to whether or not to submit to treatment. [Tex. Fam. Code § 55.05\(a\)](#).
- If the judge finds that the child meets the criteria for court-ordered services, the judge must specify which criterion listed in Subsection (a)(2) forms the basis for the decision. [Tex. Health & Safety Code § 574.034\(c\)](#).

¹³⁶ Hon. Guy Herman, Mental Health Law 8 (Aug. 2019) (unpublished manuscript)(on file with the Judicial Commission on Mental Health).

- To be **clear and convincing**, the evidence must include expert testimony and, unless waived, evidence of a recent overt act¹³⁷ or a continuing pattern of behavior that tends to confirm:
 - The likelihood of serious harm to the child or others; or
 - The child's distress and the deterioration of the child's ability to function. [Tex. Health & Safety Code § 574.034\(d\)](#).
- An order for temporary inpatient services must include a treatment period of not more than 45 days, *except that the judge may order 90 days if they find the longer period necessary*. [Tex. Health & Safety Code § 574.034\(g\)](#).
- A judge may not issue an order for temporary inpatient mental health services for a proposed patient who is charged *with a criminal offense* that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.034\(h\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Texas Health & Safety Code § 571.011\(a\)](#).

Note: The “majority of [appellate courts] find that the requirement of ‘overt acts or patterns of behavior’ may not be fulfilled merely by citing a patient’s refusal of treatment.”¹³⁸

8.4.18 Criteria for Court-Ordered Temporary Outpatient Mental Health Services

- The judge may order a child to receive court-ordered temporary outpatient mental health services only if:
 - The judge finds that appropriate mental health services are available to the child; and
 - Clear and convincing evidence that:
 - The child is a child with severe and persistent mental illness;
 - As a result of the mental illness, the child will, if not treated, experience deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community without court-ordered outpatient mental health services;
 - Outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the child or others; and
 - The child has an inability to participate in outpatient treatment services effectively and voluntarily, demonstrated by:
- Any of the child's actions occurring within the two-year period that immediately precedes the hearing; or
- Specific characteristics of the child's clinical condition that significantly impair the child's ability to make a rational and informed decision whether to submit to voluntary outpatient treatment. [Tex. Fam. Code § 55.05\(b\)](#).
- To be **clear and convincing**, the evidence must include expert testimony and evidence of a recent overt act or a continuing pattern of behavior that tends to confirm:
 - The deterioration of ability to function independently to the extent that the child will be unable to live safely in the community;
 - The need for outpatient mental health services to prevent a relapse that would likely result in serious harm to the child or others; and

¹³⁷ Note that the Texas Supreme Court, in *State v. K.E.W.*, clarified the “overt act” requirement. The Court held that the act does not have to be actually harmful or demonstrate that harm to others is imminent. The case also states that speech alone may be considered an overt act. See *State v. K.E.W.*, 315 S.W.3d 16, 24. (Tex. 2010).

¹³⁸ Hon. Guy Herman, Mental Health Law 13 (Aug. 2019)(unpublished manuscript)(on file with the Judicial Commission on Mental Health).

- The child's inability to participate in outpatient treatment services effectively and voluntarily. [Tex. Health & Safety Code § 574.0345\(b\)](#).
- An order for temporary outpatient mental health services must state that treatment is authorized for not longer than 45 days, *but the judge may specify a period up to 90 days if the judge finds that the longer period is necessary*. [Tex. Health & Safety Code § 574.0345\(c\)](#).
- A judge may not issue an order for temporary outpatient mental health services for a proposed patient who is charged *with a criminal offense* that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.0345\(d\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.011\(a\)](#).

Open and Frequent Communication Between Courts and LMHAs



To maintain the most up-to-date information about the availability of outpatient mental health services, courts should ensure that they are familiar with their LMHA and have a contact person who can provide the court with information on available services. Strong and consistent communication between the detention center, LMHA, and state facilities can smoothen a child's transition from community to inpatient facility and ensure continuity of care.

8.4.19 Criteria for Court-Ordered Extended Inpatient Mental Health Services

- The judge may order a child to receive court-ordered extended inpatient mental health services only if the judge finds, from **clear and convincing evidence**, that:
 - The child is a child with mental illness;
 - As a result of that mental illness the child:
 - Is likely to cause serious harm to the child's self;
 - Is likely to cause serious harm to others; or
 - Is:
 - Suffering severe and abnormal mental, emotional, or physical distress;
 - Experiencing substantial mental or physical deterioration of the child's ability to function independently; and
 - Unable to make a rational and informed decision as to whether or not to submit to treatment;
 - The child's condition is expected to continue for more than 90 days; and
 - The child has received court-ordered inpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, for at least 60 consecutive days during the preceding 12 months. [Tex. Fam. Code § 55.05\(c\)](#).
- If the court finds that the child meets the criteria listed above, the judge must specify which criterion listed in subsection (a)(2) forms the basis for the decision. [Tex. Health & Safety Code § 574.035\(c\)](#).
- The court is not required to find a specific criterion if the child has already been subject to an order for extended mental health services. [Tex. Health & Safety Code § 574.035\(d\)](#).
- To be **clear and convincing**, the evidence must include expert testimony and evidence of a recent overt act or a continuing pattern of behavior that tends to confirm:
 - The likelihood of serious harm to the child or others; or
 - The child's distress and the deterioration of the child's ability to function. [Tex. Health & Safety § 574.035\(e\)](#).

- An order for extended inpatient mental health services must provide for a period of treatment not to exceed 12 months. [Tex. Health & Safety Code § 574.035\(h\)](#).
- A judge may not issue an order for extended inpatient mental health services for a proposed patient who is charged with a *criminal offense* that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.035\(i\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.011\(a\)](#).

8.4.20 Criteria for Court-Ordered Extended Outpatient Mental Health Services

- The judge may order a child to receive court-ordered extended outpatient mental health services only if:
 - The judge finds that appropriate mental health services are available to the child; and
 - The judge or jury finds, from **clear and convincing evidence**, that:
 - The child is a child with severe and persistent mental illness;
 - As a result of the mental illness, the child will, if not treated, experience deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community without court-ordered outpatient mental health services;
 - Outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the child or others;
 - The child has an inability to effectively and voluntarily participate in outpatient treatment services, demonstrated by:
 - Any of the child's actions occurring within the two-year period preceding the hearing; or
 - Specific characteristics of the child's clinical condition that significantly impair the child's ability to make a rational and informed decision whether to submit to voluntary outpatient treatment;
 - The child's condition is expected to continue for more than 90 days; and
 - The child has received:
 - Court-ordered inpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, for at least 60 consecutive days during the preceding 12 months; or
 - Court-ordered outpatient mental health services under this chapter or under Chapter 574, Health and Safety Code, during the preceding 60 days. [Tex. Fam. Code § 55.05\(d\)](#).
- If the child has already been subject to an order for extended mental health services, the court does not need to make that finding again. [Tex. Health & Safety Code § 574.0355\(b\)](#).
- To be **clear and convincing** the evidence must include expert testimony and evidence of a recent overt act or a continuing pattern of behavior that tends to confirm:
 - The deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community;
 - The need for outpatient mental health services to prevent a relapse that would likely result in serious harm to the child or others; and
 - The child's inability to participate in outpatient treatment services effectively and voluntarily. [Tex. Health & Safety Code § 574.0355\(c\)](#).

- An order for extended outpatient mental health services must provide for a period of treatment not to exceed 12 months. [Tex. Health & Safety Code § 574.0355\(d\)](#).
- A judge may not issue an order for extended outpatient mental health services for a child who is *charged with a criminal offense* that involves an act, attempt, or threat of serious bodily injury to another person. [Tex. Health & Safety Code § 574.0355\(e\)](#).
 - A child alleged to have engaged in delinquent conduct or CINS is **not** considered to be a person charged with a criminal offense. [Tex. Health & Safety Code § 571.01\(a\)](#).



Legislative Change

S.B. 728 (88th Reg. Sess. (2023)) added clarification to the federal firearms reporting requirements found in [Sections 411.052](#) and [411.0521](#) of the Texas Government Code and amended [Section 58.007\(a\)](#) of the Texas Family Code.

These statutes now clearly require that children who are at least 16 years of age, and who have been found unfit to proceed, found not responsible for their conduct, ordered to receive inpatient mental health services, or are ordered to receive intellectual disability services in a residential care facility, are to be reported to the FBI National Instant Criminal Background Check System (NICS) and to the Texas Department of Public Safety.

8.4.21 Referral of Proceedings to Appropriate County or Probate Court

If the case is referred to an appropriate county or probate court, the judge of that court completes the process for court-ordered mental health services. The juvenile court must send all papers, including evaluations, examination reports, court findings, orders, verdicts, judgments, and reports from facilities and alternative settings, relating to the child's mental illness or intellectual disability and the child's unfitness to proceed, to both the clerk of the court to which the case is referred, and to the office of the appropriate county or district attorney. [Tex. Fam. Code §§ 55.68\(a\)\(1\), \(2\)](#). The papers sent to the clerk of a court constitute an application for mental health services under Section 574.001, Health and Safety Code. [Tex. Fam. Code § 55.68\(b\)](#).

If the child is in detention, the judge has three options:

- Order the child released from detention to the child's home or another appropriate place;
- Order the child detained or placed in an appropriate place other than a juvenile detention facility;
- or
- Conduct a detention hearing and, if the court makes findings under [Section 54.01](#) to support further detention of the child, order the child to remain in the juvenile detention facility subject to further detention orders of the court. [Tex. Fam. Code § 55.68\(c\)](#).

8.4.22 Proceedings in Juvenile Court for Court-Ordered Residential Intellectual Disability Services

If the court determines that evidence exists to support a finding that the child is a child with intellectual disability and that the child meets the criteria for court-ordered residential intellectual disability services under [Section 55.06](#), the court shall:

- Initiate proceedings in juvenile court under [Section 55.67](#) to order residential intellectual disability services for the child under Subtitle D, Title 7, Health and Safety Code; or
- Refer the child's case as provided by [Section 55.68](#) to the appropriate court to order residential intellectual disability services for the child under Subtitle D, Title 7, Health and Safety Code. [Tex. Fam. Code § 55.59](#).

8.4.23 Application for Court-Ordered Intellectual Disability Proceedings

For proceedings in juvenile court, the prosecutor may file an application for placement under section 593.041, Health and Safety Code. [Tex. Fam. Code § 55.67\(a\)](#).

- The application must be filed in the county where the child resides. [Tex. Health & Safety Code § 593.041\(b\)](#).

An application must include:

- The name, birth date, sex, and address of the proposed resident;
- The name and address of the proposed resident's parent or guardian, if applicable;
- A short, plain statement of the facts demonstrating that [placement in] a facility is necessary and appropriate; and
- A short, plain statement explaining the inappropriateness of admission to less restrictive services.
- A copy of the interdisciplinary report if it is completed. [Tex. Health & Safety Code §§ 593.042\(a\), \(b\)](#).

An Application for Court-Ordered Intellectual Disability Proceedings can be found in the Appendix.

8.4.24 Interdisciplinary Team Report

Except as provided by [Section 593.051](#) (which pertains to a parent's or guardian's petition for voluntary admission of a person to an SSLC), a person may not be [ordered to] placement in a residential care facility unless a report by an interdisciplinary team recommending the placement has been completed during the six months prior to the date of the hearing on the application. If the report and recommendations have not been completed or revised during that period, the court must order the report and recommendations on receiving the application. [Tex. Health & Safety Code § 593.041\(d\)](#).

An interdisciplinary team shall:

1. Interview the person with an intellectual disability, the person's parent **if the person is a minor**, and/or the person's guardian;
 2. Review the person's:
 - A. Social and medical history;
 - B. Medical assessment, which shall include an audiological, neurological, and vision screening;
 - C. Psychological and social assessment; and
 - D. Determination of adaptive behavior level;
 3. Determine the person's need for additional assessments, including educational and vocational assessments;
 4. Obtain any additional assessment necessary to plan services;
 5. Identify the person's habilitation and service preferences and needs;
 6. Recommend services to address the person's needs that consider the person's preferences. [Tex. Health & Safety Code § 593.013\(b\)](#).
- The interdisciplinary team shall give the person, the person's parent **if the person is a minor**, or the person's guardian an opportunity to participate in team meetings. [Tex. Health & Safety Code § 593.013\(c\)](#).
 - The interdisciplinary team may use a previous assessment, social history, or other relevant record from a school district, public or private agency, or appropriate professional if the interdisciplinary team determines that the assessment, social history, or record is valid. [Tex. Health & Safety Code § 593.013\(d\)](#).
 - The interdisciplinary team shall prepare a written report of its findings and recommendations that is signed by each team member and shall promptly send a copy of the report and

recommendations to the person, the person's parent **if the person is a minor**, and the person's guardian. [Tex. Health & Safety Code § 593.013\(e\)](#).

- If the court has ordered the interdisciplinary team report and recommendations under Section 593.041, the team shall promptly send a copy of the report and recommendations to the court, the person with an intellectual disability or the person's legal representative, the person's parent **if the person is a minor**, and the person's guardian. [Tex. Health & Safety Code § 593.013\(f\)](#).

8.4.25 Appointment of an Attorney

- The child must be represented by an attorney who will represent the rights and legal interests of the child without regard to who has retained the attorney. [Tex. Health & Safety Code § 593.043\(a\)](#).
- If the child is indigent, the judge must appoint an attorney by the 11th day before the hearing. [Tex. Health & Safety Code § 593.043\(b\)](#).
- The parent, **if the proposed resident is a minor**, or the guardian of the person may be represented by legal counsel during the proceedings. [Tex. Health & Safety Code § 593.043\(d\)](#).

8.4.26 Setting the Hearing for Residential Intellectual Disability Services in Juvenile Court

The juvenile court must set a date for the hearing and provide notice as required under Sections 593.047 and 593.048, Health and Safety Code. [Tex. Fam. Code § 55.67\(a\)\(1\)](#).

- The court must immediately set the hearing at the earliest practicable date to determine the appropriateness of the [residential intellectual disability services]. [Tex. Health & Safety Code § 593.047](#).
- At least 11 days before the hearing, a copy of the application, notice of the time and place of the hearing, and, if appropriate, the order for the determination of an intellectual disability and interdisciplinary team report and recommendations must be served on:
 - The proposed resident or the proposed resident's representative;
 - The parent if the proposed resident is a minor;
 - The guardian of the person; and
 - The department.¹³⁹ [Tex. Health & Safety Code § 593.048\(a\)](#).
- The notice must specify in plain and simple language:
 - The right to an independent determination of an intellectual disability under Section 593.007; and
 - The provisions of Sections 593.043,¹⁴⁰ 593.047,¹⁴¹ 593.049,¹⁴² 593.050,¹⁴³ and 593.053.¹⁴⁴ [Tex. Health & Safety Code § 593.048\(b\)](#).

¹³⁹ Here, "the department" refers to the Department of Aging and Disability Services. [Tex. Health & Safety Code § 591.003\(7\)](#). As all DADS functions were transferred to HHSC on September 1, 2017, it may be advantageous to serve HHSC to satisfy the notice requirement.

¹⁴⁰ Representation by Counsel; Appointment of Attorney.

¹⁴¹ Setting on Application.

¹⁴² Hearing Before Jury; Procedure.

¹⁴³ Conduct of Hearing.

¹⁴⁴ Decision.

8.4.27 Hearing for Residential Intellectual Disabilities Services

The court must conduct the hearing in accordance with Sections 593.049 – 593.056, Health and Safety Code. [Tex. Fam. Code § 55.67\(a\)\(2\)](#).

- The hearing is before the court but shall be before a jury if any party of the court request a jury trial. The Texas Rules of Civil Procedure apply to all aspects of the proceedings and trial unless the rules are inconsistent with this subchapter. [Tex. Health & Safety Code §§ 593.049 \(a\), \(b\)](#).
- The hearing must be open to the public unless the child or their representative request that it be closed, and the court finds good cause to do so. [Tex. Health & Safety Code § 593.050\(a\)](#).
 - Generally, juvenile court proceedings are open to the public unless good cause is shown to exclude the public. [Tex. Fam. Code § 54.08\(a\)](#).
 - If a child is under the age of 14 at the time of the hearing, the court **shall close** the hearing to the public, unless the court finds that the interests of the child or the public would be better served by opening the hearing to the public. [Tex. Fam. Code § 54.08\(c\)](#).
- The child is entitled to be present throughout the hearing. If the court determines that the presence of the child would result in harm to the child, the court can waive the requirement in writing clearly stating the reason for the decision. [Tex. Health & Safety Code § 593.050\(b\)](#).
- The child is entitled to and must be provided with the opportunity to confront and cross-examine each witness. [Tex. Health & Safety Code § 593.050\(c\)](#).
- The Texas Rules of Evidence apply. The results of the determination of an intellectual disability and the current interdisciplinary team report and recommendations *shall* be presented in evidence. [Tex. Health & Safety Code § 593.050\(d\)](#).
- The party who filed the application has the burden to prove **beyond a reasonable doubt** that long-term placement of the child in a residential care facility is appropriate. [Tex. Health & Safety Code § 593.050\(e\)](#).
- If long-term placement in a residential care facility is not found to be appropriate, the court shall enter a finding to that effect, **dismiss** the application, and if appropriate, recommend application for admission to voluntary services under Subchapter B. [Tex. Health & Safety Code § 593.051](#).
- In each case, the court shall promptly report in writing the decision and findings of fact. [Tex. Health & Safety Code § 593.053](#).

Note: While the hearing must be commenced within 30 days, the Court retains its plenary authority to continue the hearing as necessary should issues arise.

8.4.28 Criteria for Residential Intellectual Disability Services

S.B. 1585 (88th Reg. Sess. (2023)) incorporated the criteria for court-ordered residential intellectual disability services that are found in the Texas Health and Safety Code directly into Chapter 55 by creating new section [55.06](#).

After conducting a hearing under this section *and with consideration given to the least restrictive appropriate setting* for services for the child and to the parent's, managing conservator's, or guardian's availability and willingness to participate in the services for the child, the juvenile court may order residential intellectual disability services for the child if the criteria under [Section 55.06](#) are satisfied. [Tex. Fam. Code § 55.67\(b\)](#).

A child may not be ordered to a residential care facility unless each of the following elements has been proven **beyond a reasonable doubt**:¹⁴⁵

- The child is a child with an intellectual disability;
- Evidence is presented showing that because of the child’s intellectual disability, the child:
 - A. Represents a substantial risk of physical impairment or injury to the child or others; or
 - B. Is unable to provide for and is not providing for the child’s most basic personal physical needs;
- The child cannot be adequately and appropriately habilitated in an available, less restrictive setting; and
- The residential care facility provides habilitative services, care, training, and treatment appropriate to the child’s needs. [Tex. Fam. Code § 55.06](#).
- On receipt of the court order for residential services, the Health and Human Services Commission shall identify a residential care facility and admit the child to the identified facility. [Tex. Fam. Code § 55.67\(c\)](#).
- If the child is currently detained in a juvenile detention facility, the juvenile court shall:
 - Order the child released from detention to the child’s home or another appropriate place;
 - Order the child detained or placed in an appropriate facility other than a juvenile detention facility; or
 - Conduct a detention hearing and, if the court makes findings under Section 54.01 to support further detention of the child, order the child to remain in the juvenile detention facility subject to further detention orders of the court. [Tex. Fam. Code § 55.67\(d\)](#).
- The court shall immediately send a copy of the order for residential services to the department or community center. [Tex. Health & Safety Code § 593.052\(c\)](#).
- If placement in a residential facility is necessary, preference shall be given to the facility nearest to the residence of the child unless:
 - 1. Space in the facility is unavailable;
 - 2. The child, parent if the resident is a minor, or guardian of the child requests otherwise; or
 - 3. There are other compelling reasons. [Tex. Health & Safety Code § 593.055](#).
- A party to a proceeding for residential services has the right to appeal the judgment to the appropriate court of appeals. An appeal under this section shall be given a preference setting, and the county court may grant a [stay] pending appeal. [Tex. Health & Safety Code §§ 593.056\(a\), \(c\), and \(d\)](#).



Least Restrictive Environment

It is vital for attorneys, the judiciary, and probation officials to focus on the least restrictive environment in which a youth’s needs can be met, and on the importance of youth entering an appropriate treatment setting outside of detention as quickly as possible.

8.4.29 Referral of Proceedings to Appropriate County or Probate Court

If the case is referred to an appropriate county or probate court, the judge of that court completes the process for court-ordered residential intellectual disability services. The juvenile court must send all papers, including evaluations, examination reports, court findings, orders, verdicts, judgments, and reports from facilities and alternative settings, relating to the child’s intellectual disability and lack of

¹⁴⁵ See *Pratt v. State*, 907 S.W. 2d 38, 44 (Tex. App.—Dallas 1995, writ denied).

responsibility, to both the clerk of the court to which the case is referred, and to the office of the appropriate county or district attorney. [Tex. Fam. Code §§ 55.68\(a\)\(1\), \(2\)](#). The papers sent to the clerk of a court constitute an application for placement under Section 593.04, Health and Safety Code. [Tex. Fam. Code § 55.68\(b\)](#).

If the child is in detention, the juvenile court judge has three options:

- Order the child released from detention to the child's home or another appropriate place;
- Order the child detained or placed in an appropriate place other than a juvenile detention facility;
- or
- Conduct a detention hearing and, if the court makes findings under [Section 54.01](#) to support further detention of the child, order the child to remain in the juvenile detention facility subject to further detention orders of the court. [Tex. Fam. Code § 55.68\(c\)](#).

8.5 Specialty Courts

Specialty courts focus on treating the underlying issues that may be causing delinquent behavior. Mental health courts are a type of specialty court. Both pre-adjudication and post-adjudication mental health courts are in practice in Texas. They combine accountability through judicial supervision with treatment and other support services to prevent recidivism and improve the lives of their participants. Although counties with a population of more than 200,000 are required to establish a mental health court under [section 125.005](#) of the Texas Government Code, the requirement does not appear to apply to juvenile courts.

The benefits of a juvenile mental health court are many: such a program will keep children close to home and family, provide services in the community, connect families to resources that they can use after the program concludes, and reduce recidivism by treating the cause of the behavior instead of the symptoms. Finally, an effective juvenile mental health court can save a jurisdiction the high costs associated with placing a child in a Residential Treatment Center or committing a child to TJJD.



Reflection Point

Consider whether family resources impact which youth are provided with opportunities to participate in programs or services.

8.5.1 Statutory Requirements

A “mental health court program” has the following essential characteristics:

- Integrates and provides access to MI and ID treatment services in processing cases in the court system;
- Uses a non-adversarial approach involving prosecutors and defense attorneys to both promote public safety and to protect the due process rights of program participants;
- Promotes early identification and prompt placement of eligible participants in the program;
- Requires ongoing judicial interaction with program participants;
- Diverts people with MI or ID to needed services in lieu of prosecution;
- Monitors and evaluates program goals and effectiveness;
- Facilitates continuing interdisciplinary education on effective program planning, implementation, and operations; and
- Develops partnerships with public agencies and community organizations, including LMHAs/LBHAs. [Tex. Gov't. Code § 125.001\(a\)](#).



Regional Mental Health Courts

Note that the commissioners courts of two or more counties may elect to establish a regional mental health court program for the participating counties. [Tex. Gov't. Code § 125.0025](#). Smaller jurisdictions may find it advantageous to collaborate on the creation of a mental health court to share costs and resources.

In addition to the statutory requirements, an effective juvenile mental health court will feature developmentally appropriate and trauma-informed procedures and services.

8.5.2 Seven Common Characteristics of Juvenile Mental Health Courts¹⁴⁶

Following a national study funded by the National Institute of Justice, seven common characteristics of a juvenile mental health court were identified:

1. Regularly-scheduled special docket;
2. Less formal style of interaction among court official and participants;
3. Age-appropriate screening and assessment for trauma, substance use, and mental disorder;
4. Team management of participant's treatment and supervision;
5. System-wide accountability enforced by the juvenile court;
6. Use of graduated incentives and sanctions; and
7. Defined criteria for program success.

¹⁴⁶ Lisa Callahan & Lindsay Gerus, Juvenile Mental Health Courts, National Association of Drug Court Professionals Annual Conference (2013), https://www.prainc.com/wp-content/uploads/2018/06/JMHC_NADCP_7-15-13.pdf.



Creating a Juvenile Mental Health Court

Money, time, and community support: establishing a specialty court brings many challenges, but none that are insurmountable. These resources provide guidance on creating a mental health court in your jurisdiction:

- Developing a Mental Health Court: <https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/>
- List of Specialty Courts in Texas: <https://gov.texas.gov/uploads/files/organization/criminal-justice/Specialty-Courts-By-County.pdf>
- Specialty Court Program Registration: <https://www.txcourts.gov/about-texas-courts/specialty-courts/>
- Texas Association of Specialty Courts: <http://www.tasctx.org/>
- Funding Opportunities: <https://egrants.gov.texas.gov/Default.aspx>
- Creating a Texas Mental Health Court Program: The 10 Step Guide: <https://texasjcmh.gov/media/czaoppye/mhc-the-10-step-guide.pdf>

If starting a mental health court isn't yet possible, try creating a comprehensive trauma-informed courtroom.¹⁴⁷ Court staff, attorneys, and probation officers can engage in training and read literature that focus on trauma-informed care, risk and protective factors in children, and the importance of a child's ACEs score. Good places to start are: The Karyn Purvis Institute of Child Development's program: Trust-Based Relational Intervention¹⁴⁸ training, The Meadows Mental Health Institute's "Trauma-Informed Care Final Report,"¹⁴⁹ the Committee for Public Counsel Services' "Trauma Fact Sheet for Working with Court-Involved Youth,"¹⁵⁰ and SAMHSA's "Essential Components of Trauma-Informed Judicial Practice."¹⁵¹

8.6 Pretrial Intervention Programs

Many of the same mental health interventions that are available to children on juvenile probation are available to children who participate in deferred prosecution or other diversion programs. If a child has yet to receive any kind of intervention, it is usually in the child's best interest to address their needs through the least restrictive means available.

Most of the juvenile probation departments in Texas act as the "Intake" office, under a local agreement with the prosecutor's office and approval by the juvenile board. These agreements allow juvenile probation officers to screen and divert certain non-serious cases out of the juvenile court system. The intake officer is required to determine whether the person referred to juvenile court is a child; and whether there is probable cause to believe that the person engaged in delinquent conduct or CINS. [Tex. Fam. Code § 53.01\(a\)](#). After those determinations are made, the intake officer can take several actions to close or divert a child's case.

¹⁴⁷ Hon. Peggy Hora, *The Trauma-Informed Courtroom*, JUSTICE SPEAKERS INSTITUTE (July 31, 2018), <http://justicespeakersinstitute.com/the-trauma-informed-courtroom/>.

¹⁴⁸ *Trust-Based Relational Intervention*, KAREN PURVIS INSTITUTE OF CHILD DEVELOPMENT, <https://child.tcu.edu/about-us/tbri/#sthash.NjiDaSuw.dpbs> (last visited Sept. 3, 2025).

¹⁴⁹ THE MEADOWS MENTAL HEALTH POLICY INST. FOR TEX., TRAUMA-INFORMED CARE FINAL REPORT (2017), <https://www.texasstateofmind.org/wp-content/uploads/2018/07/Trauma-Informed-Care-Final-Report.pdf>.

¹⁵⁰ Comm. for Pub. Counsel Serv., Children and Family Law Div. & Youth Advocacy Div., *Trauma Fact Sheet for Working with Court-Involved Youth* (June 2016) <https://www.publiccounsel.net/wp-content/uploads/2015/02/Trauma-Fact-Sheet-June-2016.pdf>.

¹⁵¹ SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, ESSENTIAL COMPONENTS OF TRAUMA-INFORMED JUDICIAL PRACTICE (2013), https://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf.

8.6.1 Supervisory Caution

Supervisory Caution, sometimes known as “counsel and release,” is a non-legal term for a variety of informal, non-judicial dispositions that can occur in a juvenile case. Supervisory caution can involve referring the child to a social services agency, contacting parents to inform them of the child’s activities, or simply warning the child about their behavior.¹⁵²

8.6.2 Deferred Prosecution Programs

Deferred prosecution programs (DPPs) are an alternative to formal adjudication of delinquent conduct or CINS and involve a six-month supervision period. A child can receive up to two 6-month terms of DPP, not to exceed a total of 12 months.

- DPP must be in the best interest of the public and the child;
- The child and their parent, guardian, or custodian must consent to DPP, with knowledge that consent is voluntary;
- The child and their parent, guardian, or custodian must be informed that they can terminate DPP at any time and ask the court for a court hearing in the case. [Tex. Fam. Code § 53.03\(a\)](#).

8.6.2.1 Probation Officer

A **probation officer** can offer DPP for any offense that is not disqualified by these requirements:

- any offense that is required to be forwarded to the prosecutor: felonies, misdemeanors involving violence to a person, and misdemeanors involving the use or possession of a firearm, location-restricted knife, club, or prohibited weapon;
- a child who has been previously adjudicated of a felony, unless the prosecutor gives written approval. [Tex. Fam. Code § 53.03\(e\)](#).

8.6.2.2 Prosecutor

A **prosecutor** can offer DPP to any child, unless the child is alleged to have engaged in conduct that constitutes the following intoxication-related offenses:

- DWI, Flying While Intoxicated, Boating While Intoxicated, Intoxication Assault, Intoxication Manslaughter, Consumption of Alcohol by a Minor 3rd, or Driving or Operating Watercraft under the Influence of Alcohol by a Minor 3rd. [Tex. Fam. Code § 53.03\(g\)](#).

8.6.2.3 Judge

A **judge** can offer DPP at any time that is:

- Before the jury is sworn, for an adjudication to be decided by jury trial;
- Before the first witness is called, for an adjudication to be decided by the court;
- Before the child pleads to the petition or before the stipulation of evidence, for an uncontested adjudication. [Tex. Fam. Code § 53.03\(i\)](#).

Determining Whether to Grant DPP



In determining whether to grant DPP, the court can consider professional representations by the parties concerning the nature and background of the case. These representations are not admissible against the child at trial, should the court reject the request for DPP. [Tex. Fam. Code § 53.03\(k\)](#). The court can add a period of time to a previous order of DPP, but the total combined length of DPP cannot exceed one year.

¹⁵² ROBERT DAWSON, TEXAS JUVENILE LAW 90 (Nydia Thomas and Kaci Singer, eds., 9th ed. 2018).

8.6.3 Referral to a Community Resource Coordination Group (CRCG)

The community referral and service plan is one method for diverting the youngest children out of the juvenile court system.

- The intake officer must refer the child's case to a CRCG if it is determined that:
 - The child is younger than 12 years of age;
 - There is probable cause to believe the child engaged in delinquent conduct or CINS;
 - The child's case does not require referral to the prosecutor under an alternate referral plan;
 - The child is eligible for DPP under Section 53.03; and
 - The child and their family are not currently receiving services from a CRCG and would benefit from receiving the services. [Tex. Fam. Code § 53.01\(b-1\)](#).
- The CRCG must evaluate the child's case and make recommendations to the juvenile probation department for appropriate services for the child and their family. [Tex. Fam. Code § 53.01\(b\)](#).
- The probation officer must create a service plan or system of care for the child or their family that incorporates the CRCG's recommendations. The child and their parent, guardian, or custodian must consent to the services with knowledge that consent is voluntary. [Tex. Fam. Code § 53.01\(c\)](#).
- The probation officer can hold the child's case open for up to three months to monitor compliance with the service plan and can adjust the plan as needed. If the child fails to successfully participate in the services, the probation officer can refer the child to the prosecutor. [Tex. Fam. Code § 53.01\(d\)](#).

8.6.4 Teen Dating Violence Program

A Teen Dating Violence Program must be approved by the juvenile court and the commissioners court, and must include:

- A 12-week program designed to educate children who engage in dating violence and encourage them to refrain from engaging in that conduct;
- A dedicated teen victim advocate who assists teen victims by offering referrals to additional services, providing counseling and safety planning, and explaining the juvenile justice system;
- A court-employed resource coordinator to monitor children's compliance with the 12-week program;
- One judge who presides over all of the cases in the jurisdiction that qualify for the program; and
- A prosecuting attorney who is assigned to the program. [Tex. Fam Code § 54.0325\(a\)](#).

On the prosecutor's recommendation, the court can defer adjudication proceedings for not more than 180 days if the child is a first offender who is alleged to have engaged in conduct that is a misdemeanor and involves dating violence. [Tex. Fam. Code § 54.0325\(b\)](#). A child is a "first offender" if they have not been previously referred to juvenile court for allegedly engaging in conduct constituting dating violence, family violence, or an assault. [Tex. Fam. Code § 54.0325\(c\)](#).

- The child must complete the program before the end of the deferral period and appear in court for monthly monitoring. [Tex. Fam. Code § 54.0325\(e\)](#).
- Upon evidence of successful completion of the program, the case is dismissed with prejudice. [Tex. Fam. Code § 54.0325\(f\)](#).

8.6.5 Trafficked Persons Program

A juvenile court can defer adjudication proceedings *until the child's 18th birthday*, and require a child to participate in a program established under [Section 152.0017](#), Human Resources Code, if the child is alleged to have engaged in delinquent conduct or conduct indicating a need for supervision, and may be a victim of Human Trafficking under [Section 20A.02](#), Penal Code; and makes an oral or written request to the court to participate in the program. Once the court receives evidence of successful completion of the program, the court shall dismiss the case with prejudice. [Tex. Fam. Code § 54.0326](#)



Commercial Sexual Exploitation – Identification Tool

75% of trafficked youth are exploited for two or more years before their abuse is recognized.¹⁵³ Most trafficked youth are under the age of 14 when first exploited, unaware of the dangerousness of their situation, and unaware of the exploitative nature of their relationship with their pimp or exploiter.¹⁵⁴ When youth do not recognize that they are being abused, they cannot disclose the abuse to a trusted adult. Intake interviews conducted by juvenile probation departments and juvenile detention centers provide an opportunity for youth to be screened for trafficking.

WestCoast Children's Clinic¹⁵⁵ developed the Commercial Sexual Exploitation – Identification Tool (CSE-IT – pronounced “see it”), a screening tool that aids in detection of risk of sexual exploitation.¹⁵⁶ Already in use by 35 child welfare agencies and 29 juvenile probation departments across the country, the CSE-IT is validated¹⁵⁷ and it works.¹⁵⁸ Over 88,400 youth have been screened for signs of sex trafficking, and 8200 youth have been identified with clear indicators of trafficking.¹⁵⁹

WestCoast provides *free* training and technical support to organizations seeking to implement the CSE-IT. DFPS personnel in Bexar, Dallas, Harris, Tarrant, and Travis counties already use the CSE-IT as part of their Human Trafficking Response Protocol.¹⁶⁰ More information on the CSE-IT can be found at: <https://www.westcoastcc.org/cse-it/>

The Texas Human Trafficking Resource Center¹⁶¹ and the HHSC “Provider Guidebook: Services for Victims of Human Trafficking in Texas”¹⁶² offer additional guidance and resources for those who work with youth at risk of human trafficking.

¹⁵³ WESTCOAST CHILD. CLINIC, RESEARCH TO ACTION: SEXUALLY EXPLOITED MINORS (SEM) NEEDS AND STRENGTHS (2012), https://www.westcoastcc.org/wp-content/uploads/2012/05/WCC_SEM_Needs-and-Strengths_FINAL.pdf.

¹⁵⁴ *Id.*

¹⁵⁵ WESTCOAST CHILD. CLINIC, <https://www.westcoastcc.org/> (last visited Sept. 3, 2025).

¹⁵⁶ CSE-IT, WESTCOAST CHILD. CLINIC, <https://www.westcoastcc.org/cse-it/> (last visited Sept. 3, 2025).

¹⁵⁷ DANNA BASSON, VALIDATION OF THE COMMERCIAL SEXUAL EXPLOITATION-IDENTIFICATION TOOL (CSE-IT) TECHNICAL REPORT (2017), <https://www.westcoastcc.org/wp-content/uploads/2015/04/WCC-CSE-IT-PilotReport-FINAL.pdf>.

¹⁵⁸ CSE-IT, WESTCOAST CHILD. CLINIC, <https://www.westcoastcc.org/cse-it/> (last visited Sept. 3, 2025).

¹⁵⁹ *Id.*

¹⁶⁰ TEX. DEP'T OF FAM. & PROTECTIVE SERV., HUMAN TRAFFICKING RESPONSE PROTOCOL (2019), https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Human_Trafficking_Response_Protocol.pdf.

¹⁶¹ Texas Human Trafficking Resource Center, TEX. HEALTH & HUM. SERV. COMM'N, <https://hhs.texas.gov/services/safety/texas-human-trafficking-resource-center> (last visited Sept. 3, 2025).

¹⁶² Tex. Health & Hum. Serv. Comm'n, Tex. Hum. Trafficking Res. Ctr, Provider Guidebook: Services for Victims of Human Trafficking in Texas (2020) <https://hhs.texas.gov/sites/default/files/documents/services/safety/human-trafficking/provider-guidebook-services-victims-human-trafficking-texas.pdf>.

8.7 Justice and Municipal Courts

Justice and municipal courts have jurisdiction over fine-only misdemeanors that are not punishable by confinement in jail or imprisonment. [Tex. Code Crim. Proc. arts. 4.11, 4.14](#). These cases consist of traffic offenses, fine-only misdemeanors more commonly known as “Class C Misdemeanors,” alcohol and tobacco violations, and truancy cases. In Texas, most cases alleging law violations by children are filed in justice or municipal courts.¹⁶³ Generally, these cases can be efficiently handled by justice and municipal courts and are not serious enough to involve the juvenile court.¹⁶⁴

Detailed information on justice and municipal court procedures can be found in the Texas Municipal Courts Education Center’s 2024 *Bench Book*,¹⁶⁵ and in the Texas Justice Court Training Center’s *Criminal Procedure*, 4th Edition.¹⁶⁶ Justice and municipal court procedures specifically relating to juveniles are covered in *Texas Juvenile Law*, 9th Edition.¹⁶⁷

This bench book focuses on diversions, supports, and services for justice system-involved youth with MI or ID. Justice and municipal courts face the challenge of a disproportionately large caseload and a small pool of diversions, supports, and resources with which to work. Compounding the challenge, most children who appear in justice and municipal courts are not represented by counsel and are accompanied only by their parent or guardian.

It is imperative that the court ask whether the child intends to hire an attorney, and, if the answer is no, explain the child’s rights, the charge, the plea options, and the possible dispositions. The court can remind the parent or guardian that the case can be reset to a later date to allow time to retain counsel. In addition to making sure that child understands the consequences of each plea, the court must explain the expunction process to the parent and child and provide a copy of the expunction statute. Once the judge is satisfied that the process has been carefully and thoroughly explained, the court should request the juvenile to enter a plea of either not guilty, no contest, or guilty.

In some instances, it may be apparent either from case facts or interaction with the child that there is a MI or IDD issue at play.



Reflection Point

In circumstances where MI or IDD may be present, consider asking questions that could bring MI or IDD issues to the surface for consideration in setting rehabilitative sanctions. These questions may include:

- Do you receive any services at school?
- Do you have an IEP or a BIP?
- Do you receive any support at your school that I should know about?
- Does the support you receive affect your education?
- Do you go to an ARD committee?

¹⁶³ ROBERT DAWSON, TEXAS JUVENILE LAW 633 (Nydia Thomas and Kaci Singer, eds., 9th ed. 2018).

¹⁶⁴ *Id.*

¹⁶⁵ TEX. MUN. COURTS TRAINING CENT., 2024 BENCH BOOK (15th ed. 2023), <https://www.tmcec.com/wp-content/uploads/2024/02/2024-Bench-Book-edition-15.2.pdf>.

¹⁶⁶ TEX. JUSTICE COURT TRAINING CENT., CRIMINAL PROCEDURE (4th ed. 2023) <file:///C:/Users/modavis/Downloads/Criminal%20Deskbook%20Fourth%20Edition.pdf>.

¹⁶⁷ ROBERT DAWSON, TEXAS JUVENILE LAW (Nydia Thomas and Kaci Singer, eds., 9th ed. 2018) <https://www2.tjtd.texas.gov/publications/legal/texas-juvenile-law-9.pdf>.

If the judge feels the issue requires more attention, the court can order school records and an evaluation. An evaluation may already exist where the child is receiving services. In some cases, it may be apparent the child is affected by MI or IDD, but that their issues are going unaddressed, and the judge should ask why the child is not receiving services. If the judge feels that there is a legitimate concern for the child's welfare, the judge has a duty to make a report to DFPS.

8.7.1 Age Affecting Criminal Responsibility

Texas Penal Code [section 8.07](#) gives children between the ages of 10 and 14 the presumption of being incapable of committing fine-only misdemeanors, other than traffic offenses.

This presumption can be refuted if the prosecution proves by a **preponderance of the evidence** that the child had sufficient capacity to understand that the conduct engaged in was wrong at the time the conduct was engaged in. [Tex. Penal Code § 8.07\(e\)](#).



Meeting the Burden

The prosecutor can meet their burden by holding a brief hearing at the bench, before the child enters a plea. This hearing is not about the facts of the case, so the prosecutor should not be permitted to ask questions about the facts of the case.

The prosecutor can ask questions of the child, about their understanding of right and wrong; and of the parent or guardian as well.

Questions about the child's mental or emotional health, diagnoses, and school accommodations or plans may also assist the court in determining whether the burden has been met to proceed.

8.7.2 Child with Mental Illness, Disability, or Lack of Capacity and Class C Misdemeanors

Texas Penal Code [section 8.08](#) gives courts that have jurisdiction over Class C misdemeanors and municipal ordinance violations a mechanism for the dismissal of cases involving children with diminished capacity.

- When a motion is made, the court must determine whether **probable cause** exists to believe that a child, including a child with a mental illness or developmental disability¹⁶⁸:
 1. Lacks the capacity to understand the proceedings in criminal court or to assist in the child's own defense and is unfit to proceed; or
 2. Lacks substantial capacity either to appreciate the wrongfulness of the child's own conduct or to conform the child's conduct to the requirement of the law.
- The state, the defendant, the defendant's parent or guardian, or the court can make the motion.
- If the court determines that probable cause exists that the child is unfit to proceed or lacks substantial capacity, the court can dismiss the case after providing notice to the state. [Tex. Penal Code § 8.08](#).

¹⁶⁸ The statute provides that when a child has diminished capacity, the case against the child can be dismissed. The statute specifically mentions children with a mental illness or a developmental disability, but it does not exclude children who have diminished capacity due to other conditions, e.g., traumatic brain injury, autism spectrum disorder, intellectual disability, or severe emotional disturbance.

8.7.3 Child with Mental Illness and Truancy

Texas Family Code [section 65.065](#) gives courts that have jurisdiction over truancy cases a mechanism for the dismissal of cases involving children with mental illness, as defined by [Section 571.003](#), Health and Safety Code.¹⁶⁹

- When a motion is made, the court must temporarily stay the proceedings to determine whether **probable cause** exists to believe that the child has a mental illness. The court may:
 1. Consider the motion, supporting documents, professional statements of counsel, and witness testimony; and
 2. Observe the child.
- If the court determines that probable cause exists that the child has a mental illness, the court must dismiss the case. If the court does not so find, then the court must dissolve the stay and continue with truancy court proceedings. [Tex. Fam. Code § 65.065](#).

8.7.4 Class C Misdemeanor Youth Diversion

Legislative Change



Thousands of Class C misdemeanor cases are filed against juveniles in Texas justice and municipal courts every year.¹⁷⁰ Following years of work by the Texas Judicial Council, representatives from justice and municipal courts, juvenile prosecutors, and juvenile defense attorneys, H.B. 3186 (88th Reg. Sess. (2023)), also known as The Texas Youth Diversion and Early Intervention Act, was passed to allow for the diversion of youth charged with non-traffic Class C misdemeanors from the criminal justice system.

The statutory changes to the Texas Code of Criminal Procedure, Texas Family Code, Texas Government Code, and the Texas Local Government Code are intended to prevent youth from becoming further involved with the justice system while still allowing for accountability.

H.B. 3186 increases opportunities for early identification of youth with mental illness, substance use disorders, and intellectual and developmental disabilities, allows for the redirection of youth who are charged with Class C misdemeanors and allows local governments to adopt a youth diversion plan consisting of a wide array of diversionary programs.

These diversion mechanisms will be available pre-adjudication, *before* a conviction or a deferral is entered, once the Act becomes effective on January 1, 2024.

It is recommended that all who work in justice and municipal courts become familiar with the provisions of the [Texas Youth Diversion and Early Intervention Act](#). A flowchart on the Act can be found in the Appendix.

¹⁶⁹ “Mental illness” means an illness, disease, or condition, other than epilepsy, dementia, substance abuse, or intellectual disability, that: substantially impairs a person’s thought, perception of reality, emotional process, or judgement; or grossly impairs behavior as demonstrated by recent disturbed behavior. [Tex. Health & Safety Code § 571.003](#).

¹⁷⁰ TEXAS JUDICIAL COUNCIL, 2022 CRIMINAL JUSTICE COMMITTEE REPORT AND RECOMMENDATIONS 13 (2022), https://www.txcourts.gov/media/1455007/2022_criminal-justice-report-recommendations.pdf

8.7.5 Deferred Disposition of Class C Misdemeanors

Following a plea of guilty or no contest, the court can defer further proceedings without entering an adjudication of guilt and place the youth on probation for up to 180 days. In issuing the order of deferral, the judge may impose a fine... the judge may elect not to impose the fine for **good cause shown** by the defendant. [Tex. Code Crim. Proc. art. 45A.302\(d\)](#).

As an alternative to requiring the defendant to pay fines and court costs, the judge may:

- Allow the defendant to enter into [a payment plan];
- Require the defendant to perform community service or attend a tutoring program under Article 45A.254 or 45A.460;
- **Waive** all or part of those fines and court costs under Article 45A.257; or
- Take any combination of the actions above. [Tex. Code Crim. Proc. arts. 45A.302\(a\)\(1-4\)](#).

As conditions of the probation, the justice of the peace or municipal judge can require a defendant, including a juvenile defendant, to:

- Submit to professional counseling;
- Submit to a psychosocial assessment;
- Present to the court satisfactory evidence that they have complied with each requirement imposed by the court; and
- Comply with any other reasonable condition. [Tex. Code Crim. Proc. arts. 45A.303\(b\)\(3\), \(5\), \(9\), \(10\)](#).

At the time the juvenile defendant is placed on deferred disposition, the court can impose requirements to continue treatment, participate in any assessments reasonably related to providing mental health or IDD services, and to comply with all prescribed medications.

Sealing Fine-Only Misdemeanor Cases



Judges of justice and municipal courts do not have the ability to seal fine-only misdemeanor cases. Sealing is an option that is only available in cases that have been referred to the juvenile court. While judges of justice and municipal courts are required to transfer some types of cases to juvenile court, they also have the discretion to transfer other types of cases to juvenile court under Texas Family Code [section 51.08](#), making those cases potentially eligible for later sealing.

8.7.6 Teen Court

Teen Court is a disposition option after a child has pleaded guilty or no contest to an offense in justice or municipal court in which a jury of the teen's peers decides what disposition is appropriate. Teen court "requires the teen to answer personally for [their] wrongdoing. This helps prevent repeat offenses as the defendant will not want to spend more time doing community service or going to teen court. Also, when a case is tried in front of juries and lawyers comprised of one's peers there can be a profound effect on the defendant."¹⁷¹

¹⁷¹ *Teen Court*, TEX. MUN. COURTS EDUCATION CENT., <https://www.tmcec.com/mtsi/teen-court/> (last visited Sept. 3, 2025).

8.7.6.1 Rules for Teen Court

[Article 45A.401](#) of the Code of Criminal Procedure sets out the rules for teen courts:

- A justice or municipal court can defer proceedings against a defendant who is under the age of 18 or enrolled full time in an accredited secondary school in a program leading toward a high school diploma for not more than 180 days if the defendant:
 1. Is charged with an offense that the court has jurisdiction of under [Article 4.11](#) or [4.14](#);
 2. Pleads nolo contendere or guilty to the offense in open court with the defendant's parent, guardian, or managing conservator present;
 3. Presents to the court an oral or written request to attend a teen court program or is recommended to attend the program by a school employee under [Section 37.146](#), Education Code; and
 4. Has not successfully completed a teen court program in the year preceding the date that the alleged offense occurred.
- The teen court program must be approved by the court.
- A defendant for whom the proceedings are deferred under Subsection (a) shall complete the teen court program not later than the 90th day after the date the teen court hearing to determine punishment is held or the last day of the deferral period, *whichever date is earlier*. The justice or municipal court shall dismiss the charge at the time the defendant presents satisfactory evidence that the defendant has successfully completed the teen court program.

8.7.6.2 Court Costs for Teen Court

The following provisions of [Article 45A.401](#) of the Code of Criminal Procedure pertain to court costs associated with teen courts:

- The justice or municipal court may require a person who requests a teen court program to pay a reimbursement fee not to exceed \$10 that is set by the court to cover the costs of administering this article. Reimbursement fees collected by a municipal court shall be deposited in the municipal treasury. Reimbursement fees collected by a justice court shall be deposited in the county treasury of the county in which the court is located. A person who requests a teen court program and fails to complete the program is not entitled to a refund of the fee. [Tex. Code Crim. Proc. arts. 45A.401\(g\), \(h\)](#).
- In addition to the reimbursement fee authorized by Subsection (g), the court may require a child who requests a teen court program to pay a \$10 reimbursement fee to cover the cost to the teen court for performing its duties under this article. The court shall pay the fee to the teen court program, and the teen court program must account to the court for the receipt and disbursal of the fee. A child who pays a fee under this subsection is not entitled to a refund of the fee, regardless of whether the child successfully completes the teen court program. [Tex. Code Crim. Proc. art. 45A.401\(j\)](#).
- A justice or municipal court may exempt a defendant for whom proceedings are deferred under this article from the requirement to pay a court cost or fee that is imposed by another statute. [Tex. Code Crim. Proc. art. 45A.401\(l\)](#).
- Notwithstanding Subsection (g) or (j), a justice or municipal court that is located in the Texas-Louisiana border region, as defined by [Section 2056.002](#), Government Code, may charge a reimbursement fee of \$20 under those subsections. [Tex. Code Crim. Proc. art. 45A.401\(m\)](#).

8.7.7 Juvenile Case Managers (JCMs)

Juvenile Case Managers are employed by some, but not all, justice and municipal courts to assist in administering the court's juvenile docket and provide prevention and intervention services to children. [Tex. Code Crim. Proc. art. 45A.451\(a\)\(2\)](#).

JCMs are not probation officers; however, they use case management as a tool to reduce recidivism and to prevent children from becoming further involved in the justice system. During an intake meeting with the child and their family, JCMs gather information about the family's needs, identify relevant services, and develop goals.

JCMs can be full-time or part-time employees; can serve several courts; and can serve courts in different counties. [Tex. Code Crim. Proc. art. 45A.451\(a\)\(3\)](#).

8.7.7.1 Early Identification of MI or DD

Because the family intake meetings typically occur before any court appearance, the JCM is well-positioned to assess the child's strengths and deficits, elicit the family's experience and perspective, and share any concerns for MI or IDD with all parties. Once the court is aware, the judge can determine the voluntariness of any plea that is entered. Once the prosecutor is aware, they can determine how to appropriately resolve the case, so that all parties' interests are best served.

8.7.7.2 Community Resources

JCMs are often experts in the services, supports and resources offered by their local communities. Community resource awareness is an essential component in accessing services for children. Community resources encourage the healthy development of juveniles and families through direct services, by addressing the causes of delinquent behavior, reinforcing accountability, removing barriers to access, and reducing recidivism. Services may be accessed through court referrals, school referrals, and community referrals. Ultimately, recommending services and rehabilitation specific to the child aids the judge, who may have a significantly more limited view of the case at the time it comes before the court. Consideration of services and rehabilitation likewise serves the community protection component of the prosecutor's job by addressing the potential for future conduct problems.

8.7.8 Early Youth Intervention Services

On a finding by a justice or municipal court that a child committed an offense that the court has jurisdiction of, the court has jurisdiction to enter an order referring the child or the child's parent for services under [Section 137.152](#), Human Resources Code. [Tex. Code Crim. Proc. art. 45A.457\(b\)\(1\)](#).

The Health and Human Services Commission is authorized to provide services for children who are referred to it by justice and municipal courts as "at-risk." The services may include: crisis family intervention; emergency short-term residential care; family counseling; parenting skills training; youth coping skills training; advocacy training; and mentoring. [Hum. Res. Code §§ 137.151\(b\), 137.152\(e\)\(3\)](#).

8.7.9 Fines and Court Costs in Justice and Municipal Courts

Judges are permitted, but not required, to waive payment of all or part of a fine imposed on a defendant if the court determines that the defendant:

- **is a child**, is indigent, or does not have sufficient resources or income to pay all or part of the fine; and
- each alternative method of discharging the fine (community service, payment at a later date, or installment payments) would **impose a hardship on the defendant**. [Tex. Code Crim. Proc. art. 45A.257\(a\)](#).

In making the determination of undue hardship, the court may consider, among other things, the defendant's significant physical or mental impairment or disability. [Tex. Code Crim. Proc. arts. 45A.257\(a\), \(d\)](#).

Judges may require a defendant who is younger than 17 and assessed a fine or cost for a Class C misdemeanor to discharge all or part of the fine or cost by performing up to a maximum of 200 hours of community service, including credit for the time spent in rehabilitative or counseling services. [Tex. Code Crim. Proc. arts. 45A.459, 45A.460.](#)

Fines and Costs for Dual System Youth



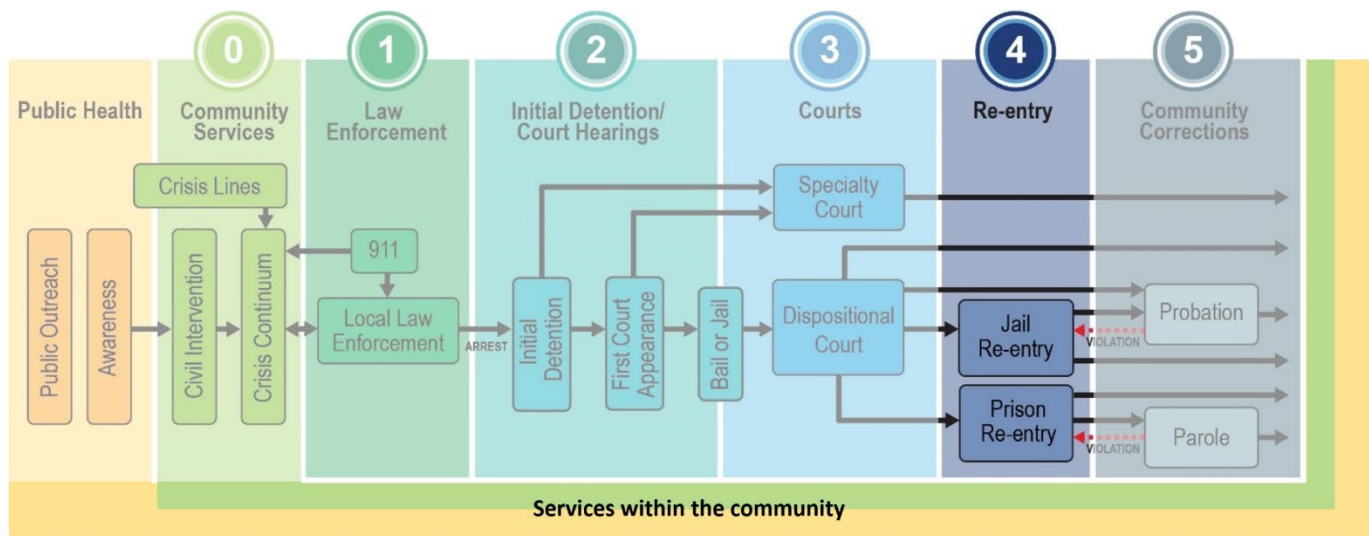
Texas Code of Criminal Procedure article 45A.253(d) prohibits the payment of fines and court costs by “a defendant who is under the conservatorship of the Department of Family and Protective Services or in extended foster care¹⁷² as provided by Subchapter G, Chapter 263, Family Code...” The defendant can be ordered to perform community service in lieu of the payment of fines and court costs.

¹⁷² “Extended foster care” means a residential living arrangement in which a young adult voluntarily delegates to the department responsibility for the young adult’s placement and care and in which the young adult resides with a foster parent or other residential services provider that is:

- (A) Licensed or approved by the department or verified by a licensed or certified child-placing agency; and
- (B) Paid under a contract with the department. [Tex. Fam. Code § 263.601\(1\).](#)

4

Chapter 9: Intercept 4—Community Re-entry



9.1 Community Re-entry Services

Community re-entry services focus on preparing a youth for the adjustment from supervision or confinement back to the community. Transition planning offers an opportunity to establish a holistic approach to mental health wellness and pro-social activities. Coordination of benefits, medication, and treatment are critical to the success of a youth with mental illness or intellectual disability. Youth will often be supervised on field probation before being confined in TJJD, but to follow the Sequential Intercept Model, re-entry is addressed first.

9.2 Confinement in TJJD

The Texas Juvenile Justice Department (TJJD) serves youth throughout the state who are at least 10 years of age, not yet 19, and have been committed to TJJD after being adjudicated for engaging in felony delinquent conduct. TJJD jurisdiction ends when a committed youth turns 19.

TJJD operates five high-restriction facilities throughout the state. It also operates three medium-restriction halfway houses throughout the state. The agency aims to treat youth as close to home as possible. That involves using the institutions, halfway houses, and some contract programs. Additionally, TJJD provides state-operated and contracted parole and reentry services for youth released from its facilities before turning 19.

Every youth has a different experience in TJJD because treatment programs are customized to meet the risks and needs of individual youth while balancing public safety.

9.2.1 Requirements for Commitment

Youth may only be committed to TJJD if adjudicated for conduct that is classified by statute as a felony. To be committed for a violation of probation, the modified probation must be a felony probation. To be committed without a determinate sentence, the court order must also include a special commitment finding indicating the child has behavioral health or other special needs that cannot be met with the resources available in the community. [Tex. Fam. Code §§ 54.04\(d\)\(2\); 54.04013](#). To be committed with a determinate sentence, the petition must have been approved by a grand jury and conduct eligible for a

determinate sentence under [Tex. Fam. Code Section 53.045](#) must have been found true by the court or jury or the court or jury must have made a habitual felony conduct finding under [Tex. Fam. Code Section 51.031](#).

9.2.2 Requirements for Admission

Before a youth is admitted to TJJD, a certified copy of the court order is reviewed by TJJD staff to ensure it contains the statutory requirements for a commitment. The court orders must be appropriately certified by the court clerk and must reflect the following:

1. the committing offense is a felony, whether it is a direct commitment on that offense or a commitment based on a modification of a probation on that offense;
2. a determination that:
 - it is in the best interest of the child to be placed outside the home;
 - reasonable efforts have been made to prevent or eliminate the need for removal; and
 - the care and level of support and supervision that the child needs cannot be provided in the child's home; and
3. for youth committed on a determinate sentence:
 - that the child engaged in delinquent conduct that included a violation of a penal law listed in [Section 53.045\(a\)](#), or engaged in habitual felony conduct as described by [Section 51.031](#); and
 - that the grand jury approved the petition under [Section 53.045](#) or that the youth waived grand jury approval. [Tex. Fam. Code §§ 54.04\(c\)\(3\), \(i\), \(m\)](#).

9.2.3 Admission Process

When a youth has been committed to TJJD, the court and the juvenile probation department work with TJJD to schedule the youth's admission. This approach ensures vital information about a youth's medical, mental health, intellectual developmental, and behavioral needs is communicated with TJJD and allows the youth to be brought into TJJD with more one-on-one attention. This approach also allows TJJD staff to ease fear, increase safety upon admission, and better understand and prepare to meet a youth's most significant needs upon arrival, fostering the trauma-informed approaches that are foundational to the juvenile justice system's treatment and rehabilitation philosophy and affording better opportunities to establish strong, trust-based relationships with youth and their families.

After receiving and reviewing the documents, TJJD notifies the probation department that the youth is ready for admission and works with them to set the date and time for the youth's transport to the facility. The court must assign an officer or other suitable person to escort the youth to the proper TJJD intake facility. The county is responsible for the costs of transporting the youth, and if the youth is female, the escorting person must also be female. [Tex. Hum. Res. Code § 243.003\(a\)](#).

Noble/PACT users are to submit the most recent assessment within the Noble platform electronically. The PACT is an assessment that identifies risks and needs of each youth and may be helpful in guiding their rehabilitation.

9.2.4 Orientation and Assessment

The orientation and assessment process begins once the youth arrives at the TJJD facility. During orientation and assessment, the youth's medical, emotional, educational, and psychological needs are evaluated and used to identify immediate safety, medical, mental health, and housing needs; specialized treatment needs; risk and protective factors; and risk and restriction levels for initial placement. The activities focus on the youth's long-term needs and eventual re-entry into the community. [37 Tex. Admin. Code § 380.8505\(b\)](#).

Within 24 hours after admission and before assignment to a dormitory, medical and mental health screenings are completed, which include, at a minimum, a review of the youth's suicide risk, medical history, substance abuse history, treatment history, psychiatric history, violent offense history, and sex offense history; a screening for risk to display sexually aggressive or assaultive behavior or to be sexually victimized; and a safe-housing assessment. [37 Tex. Admin. Code § 380.8505\(c\)](#).

No later than 21 days after admission, additional assessments are conducted, which include, at a minimum: an assessment of individual risk and protective factors; a religious preference assessment; an educational assessment; a workforce development needs and skills assessment; a screening and assessment for substance use issues; an assessment of need for specialized treatment; an assessment of behavior while at the Orientation and Assessment Unit; a comprehensive psychological evaluation; a dental exam; a medical exam; and, in some instances, a comprehensive psychiatric evaluation (for determinate sentence youth, youth with an assigned minimum length of stay of 12 months or more, youth on psychotropic medication currently or in past 60 days, and youth whose psychological evaluation indicates a psychiatric referral is necessary). [37 Tex. Admin. Code § 380.8505\(d\)](#).

TJJD offers specialized programs, including Capital and Serious Violent Offenders, Sexual Behavior, Mental Health, and Alcohol and other Drugs. The result for each youth is a written, individualized treatment plan that is evaluated and modified as necessary while the youth moves through TJJD. [Tex. Hum. Res. Code §§ 244.001\(a-1\), 244.002](#).

The assessment results are used as a basis for facility assignment decisions and developing an individual treatment plan for each youth. [37 Tex. Admin. Code § 380.8505\(e\)](#).

9.2.5 Facility Assignment

The following factors are considered, in order, when determining to which facility a youth will be assigned: gender, treatment needs, risk factors, and proximity to home. The youth's risk to re-offend is computed and combined with information about past runaway attempts, facility escapes, and behavior while at the intake unit; this information is used to determine if the youth should be assigned to a high-restriction or medium-restriction location. After gender, treatment needs, and risk factors are considered and appropriate and available placements are determined, TJJD makes every attempt to place the youth at the facility closest to home. [37 Tex. Admin. Code § 380.8521\(c\)\(4\)](#).

9.2.6 Safe Housing Assessment

Before assignment to a dormitory, youth are assessed for risks and vulnerabilities to ensure the safest placement available for all youth. The assessment includes factors such as evidence-based criminogenic factors in the youth's history indicating a risk to others; age and physical stature of the youth; potential vulnerability to sexual victimization; likelihood of sexually aggressive behavior; and special needs such as medical needs, disabilities, mental health, or suicide risk. [37 Tex. Admin. Code § 380.8524\(c\)](#).

9.2.7 Minimum Period of Confinement

Youth committed to TJJD with a determinate sentence are assigned a minimum period of confinement by law. The minimum period of confinement (MPC) is 10 years for those committed for capital murder, 3 years for those committed for a first-degree felony or aggravated controlled substance felony, 2 years for those committed for a second-degree felony, and 1 year for those committed for a third-degree felony. Tex. Hum. Res. Code Section 245.051(c).

The minimum period of confinement is the minimum amount of time a youth must spend in TJJD before TJJD may release the youth on TJJD parole without court approval. The only exception is that TJJD, without court approval, may release a youth on TJJD parole who has not completed the minimum period of confinement if less than 9 months remain on the youth's sentence. [Tex. Hum. Res. Code § 245.051\(g\)](#). A youth with a determinate sentence gets credit toward both the sentence and the minimum period of confinement for all days spent in detention related to the conduct that results in the determinate sentence commitment. The court order is required to include this credit. [Tex. Fam. Code § 54.052\(b\)](#).

9.2.8 Minimum Length of Stay

TJJD is responsible for assigning a minimum length of stay to each youth admitted to TJJD without a determinate sentence. The minimum length of stay is the minimum amount of time a youth must remain in a TJJD residential program before having the opportunity to be released on parole. The law requires that TJJD assign the minimum length of stay based on the severity of the committing offense and the danger the youth poses to the community. [Tex. Hum. Res. Code § 243.002\(b\)](#).

TJJD uses objective factors to determine both the severity of the offense and danger the youth poses to the community. Because these are objective factors, it is possible for a judge or an attorney to determine the minimum length of stay prior to commitment. However, it should not be included in a court order as TJJD, not the court, is statutorily charged with determining the minimum length of stay. [Tex. Hum. Res. Code § 243.002\(a\)](#).

When a youth is committed to TJJD a subsequent time while still needing to complete the original minimum length of stay, the youth will be assigned a new minimum length of stay, which will run concurrently with the original minimum length of stay. [37 Tex. Admin. Code § 380.8525\(g\)](#).

9.2.9 Specialized Treatment

During the TJJD assessment and orientation process, a youth's plan for rehabilitative programming is created. This plan incorporates results from medical, mental health, and education assessments/reviews. Mental health follow-up is recommended for moderate- and high-needs youth. This need has drastically increased over the past ten years. The specialized treatment programming identified for each youth is based on the risk-needs-responsivity principles. Specialized treatment programming is designed to target and reduce criminogenic risk while increasing resiliency and individualized protective factors. All specialized treatment is provided by trained and/or licensed providers.

There are three domains of specialized treatment programming: Substance Use Services (SUS), Sexual Behavior Treatment Program (SBTP), and the Capital and Serious Violent Offender Treatment Programs (CSVOTP). Treatment within these three domains often occurs simultaneously and collaboratively. Level of treatment need (i.e., dosage) is determined through the assessments completed at the orientation and assessment unit. Treatment dosage can be increased or decreased through the agency's treatment waiver system, a multidisciplinary, tiered approval process.

An overview of specialized treatment programs is listed below:

9.2.9.1 Substance Use Services (SUS):

Provided at moderate and high treatment levels utilizing the "Seven Challenges"¹⁷³ curriculum. As described in the manual:

The Seven Challenges® program, specifically for young people with drug problems, is designed to motivate a decision and commitment to change and to support success in implementing the desired changes. The program simultaneously aims to help young people address their drug problems as well as their co-occurring life skill deficits, situational problems, and psychological problems. The challenges provide a framework for helping youth think through their own decisions about their lives and their use of alcohol and other drugs. Counselors use the program to teach youth to identify and work on the issues most relevant to them. In sessions, as youth discuss the issues that matter most, counselors seamlessly integrate The Seven Challenges® as part of the conversation.¹⁷⁴

9.2.9.2 Sexual Behavior Treatment Programming (SBTP):

Provided at moderate and high treatment levels utilizing the "Pathways to Change" and "Footprints: Steps to a Healthy Life." Curriculum description provided in the manuals:

The Pathways workbook has been a cornerstone in the treatment of sexually aggressive youth since the first edition was issued twenty years ago. As the field has evolved and advanced, so has Pathways. This new Fourth Edition reflects current research and clinical experience with adolescents by focusing on strength-based methods to help clients develop healthy and productive lifestyles consistent with the Good Lives Model of rehabilitation. Pathways continues to use a restorative justice theme emphasizing concern for restitution, development of victim empathy and personal responsibility. Focus is shifted from the offense cycle into understanding the antecedents to a client's sexual acting out.¹⁷⁵

¹⁷³ See THE SEVEN CHALLENGES, <https://www.sevenchallenges.com/> (last visited Sept. 3, 2025).

¹⁷⁴ Robert Schwebel, *The Seven Challenges Manual* (2nd ed. 2015).

¹⁷⁵ Matthew D. Selekmán, *Pathways to Change: Brief Therapy with Adolescents* (2nd ed. 2005).

Footprints: Steps to a Healthy Life is for developmentally-disabled adults and adolescents with sexual behavior problems, clients with learning disabilities, attention deficits, and less than average cognitive abilities. When initially published in 2006, Footprints was the first workbook dedicated to treatment of this challenging population. Now in its second edition it provides a more positive, goal-oriented approach in line with the “Good Lives Model.”¹⁷⁶

9.2.9.3 Capital and Serious Violent Offender Treatment Programs (CSVOTP):

Provided at moderate, high, and intensive levels utilizing “Aggression Replacement Training (ART)” at the moderate level, “The Power Source” at the high level, and the “Capital Offender Program (COG)” at the intensive level. Curriculum descriptions from the manuals listed below:

Aggression Replacement Training: (ART) is a 10-week, 30-hour cognitive-behavioral program administered to groups of 8 to 12 juvenile offenders three times per week. ART has three main curriculum components—Structured Learning Training, which teaches social skills; Anger Control Training, which teaches youth a variety of ways to manage their anger; and Moral Education, which helps youth develop a higher level of moral reasoning. Using repetitive learning techniques, offenders develop skills to control anger and use more appropriate behaviors. In addition, guided group discussion is used to correct antisocial thinking that leads to problem situations.¹⁷⁷

The Power Source Program is an evidence-based program designed to empower at-risk youth with the social and emotional skills necessary to forge paths of healthy development and disengagement from high risk and offending behaviors. Grounded in a belief in the intrinsic dignity and worth of each person, Power Source guides trauma impacted adolescents and young adults in discovering their own resilience, while also building the skills associated with healthy social, emotional, and identity development. Offering a wide range of tools and resources, Power Source enables facilitators to address youth’s unique socioemotional needs, risk factors, and protective factors through high impact, engaging exercises, role plays, discussions, games, and meditations.¹⁷⁸

The Capital Offender Program is designed to impact emotional, social and cognitive developmental processes. It seeks to facilitate empathic development, emotional regulation, and appropriate expression of feelings, to improve interpersonal functioning, and to correct cognitive justifications for criminal behavior based on disregard for the rights of others. The program integrates psychodynamic, social learning, and cognitive-behavioral techniques in an intense therapeutic approach that facilitates redirection to a positive developmental pathway.¹⁷⁹

9.2.10 Mental Healthcare

Mental health needs are identified at the orientation and assessment unit and are a starting place for the facility treatment teams. As youth work through their rehabilitative programming, concerns may arise for mental health, crisis, or suicide response. Each facility’s treatment team members are available to provide services to youth as needed and any staff member can complete and submit a psychology/psychiatry referral form to the facility Clinical Director. Youth and staff, on behalf of youth, can also complete “conference requests,” to meet individually with any staff member on campus. Additionally, the weekly Youth Service Teams (multidisciplinary team meetings) can request a youth be seen or referred to various

¹⁷⁶ Krishan Hansen & Timothy J. Kahn, *Footprints: Steps to a Healthy Life* (2nd ed. 2012).

¹⁷⁷ Barry Glick & John C. Gibbs, *Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth* (3rd ed. 2010).

¹⁷⁸ Bethany Casarjian & Jessica Linick, *The Power Source Facilitator Manual* (2011).

¹⁷⁹ Texas Juvenile Justice Department, *Capital Offender Program Manual*, (3rd ed. 2023).

providers. These processes vary in response time, as they are completed as quickly as feasible, but typically do not exceed a week.

Suicide or self-injury risk requires an immediate staff response. If a youth engages in self-harm, endorsed suicidal ideation/intent, and/or attempts suicide, the staff immediately respond to any safety needs and begin monitoring the youth at 5-minute intervals. A trained staff completes a suicide risk screening and relays this information to the on-call mental health professional (MHP). This professional will provide recommendations around frequency of checks and precautions necessary to mitigate risk. An MHP, typically the one assigned to that youth, will conduct a formal suicide risk assessment within 24-hours of the event. They will then continue to assess the youth every 24 to 48 hours, dependent upon individual risk for suicide. At each assessment, they will make recommendations on frequency of checks and precautions necessary to direct care staff, youth service team members, and facility-wide staff. Administrative rules dictating the agency's response to suicide risk can be found at Texas Administrative Code, Title 37, sections [380.9187](#), [380.9188](#), and [380.9745](#) and TJJD Case Management Standard 06.71.

9.2.11 Mental Health Programs

In addition to facilitating specialized treatment programming, mental health professionals (MHP) provide mental health therapy individually and in group settings. Most youth in TJJD present with complex mental health needs.

This includes risk for non-suicidal self-harm and suicide. Youth who have been found to have a “moderate” need for mental health services are maintained at their home facility, where they will receive services from an onsite MHP. TJJD's MHPs have been provided with substantial training opportunities to utilize the most effective, cutting-edge mental health therapy. These modalities include but are not limited to: Eye Movement Desensitization Reprocessing (EMDR); Dialectical Behavior Therapy (DBT); Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Attachment-Based Family Therapy (ABFT); Neurosequential Model of Therapeutics (NMT); Trust-Based Relational Intervention (TBRI); Collaborative Assessment and Management of Suicidality (CAMS-Care); and Question Persuade Refer (QPR).

There is a small group of youth who present with such complex mental health needs that they cannot engage in treatment programming in a general population setting. These “high” needs youth are referred to the Mental Health Treatment Program (MHTP), Crisis Stabilization Unit (CSU), or Behavior Stabilization Unit (BSU). These programs are overseen by mental health professionals and are staffed at a higher youth-to-staff ratio (1:4 and 1:2 respectively for BSU/CSU). Youth housed in these living environments receive intensive mental health programming in addition to programming for their specialized treatment needs. Psychiatric oversight is increased for these programs, with many of the youth being seen at a minimum monthly, if not more frequently, by psychiatric providers.

9.2.11.1 Mental Health Treatment Program (MHTP)

Youth may be referred to this program from any state secure facility. Upon arrival, youth undergo a 30-day assessment to determine needs and appropriateness for program admission. Youth admitted to the MHTP have complex needs requiring more intensive intervention than provided within general population settings. They are offered an opportunity to engage in their specialized treatment programming with adaptation as appropriate for youth capacity. Youth may return to the general population upon demonstration of capacity or may remain on the MHTP for the duration of their stay.

9.2.11.2 Crisis Stabilization Unit (CSU)

The CSU is the most intensive mental health treatment programming available to youth in TJJD. This self-contained unit requires a due process hearing for admission given its highly restrictive environment. Youth admitted to the CSU are experiencing a significant mental health crisis, often due to the sudden onset of psychosis or substantial risk for suicide. These youth often meet the criteria for State Hospital admission, but, due to State Hospital waitlists preventing movement, efforts to provide stabilization are made within this setting. Youth receive increased interaction with nursing, mental health professionals, and psychiatric providers during their time on CSU. Most youth are admitted for a period of 45-90 days, or until a State Hospital bed becomes available. Upon stabilization, youth frequently step down to the MHTP.

9.2.11.3 Behavioral Stabilization Unit (BSU)

The Behavior Stabilization Unit (BSU) provides a safe and structured environment for individualized programming to address the needs of youth with serious unsafe behaviors who pose a danger to themselves and others in TJJD. It must be determined through a hearing process or executive approval that the youth is unable to be maintained safely in a less restrictive environment. The program is housed at the McLennan County Juvenile Correctional Facility. Through the combination of individualized interventions, a self-contained and highly structured therapeutic milieu, and lower staff-to-youth ratios, the BSU aims to provide an environment supportive of felt safety and conducive to behavior stabilization through the integration of DBT skills, Texas Model Programming, and other therapeutic interventions.

Children with Mental Illness or Intellectual Disabilities



There are special discharge provisions in [Texas Human Resources Code section 244.011](#) for children in TJJD who have mental illness or intellectual disabilities, and for children who have been court-ordered to receive mental health treatment or intellectual disability services:

- a. The department shall accept a child with mental illness or intellectual disabilities who is committed to the department.
- b. Unless the youth is committed to the department or under a determinate sentence under [Section 54.04\(d\)\(3\)](#), [54.04\(m\)](#), or [54.05\(f\)](#), Family Code, the department shall discharge a child with mental illness or intellectual disabilities from its custody if:
 1. The child has completed the minimum length of stay for the child's committing offense; and
 2. The department determines that the child is unable to progress in the department's rehabilitation programs because of the child's mental illness or intellectual disabilities.
- c. If a child who is discharged from the department under Subsection (b) as a result of mental illness is not receiving court-ordered mental health services, the child's discharge is effective on the earlier of:
 1. the date the court enters an order regarding an application for mental health services filed under [Section 244.012\(b\)](#); or
 2. the 30th day after the date the application is filed.
 - 3.
- d. If a child who is discharged from the department under Subsection (b) as a result of mental illness is receiving court-ordered mental health services, the child's discharge from the department is effective immediately. If the child is receiving mental health services outside the child's home county, the department shall notify the mental health authority located in that county of the discharge not later than the 30th day after the date that the child's discharge is effective.
- e. If a child who is discharged from the department under Subsection (b) as a result of an intellectual disability is not receiving intellectual disability services, the child's discharge is effective on the earlier of:
 1. the date the court enters an order regarding an application for intellectual disability services filed under [Section 244.012\(b\)](#); or
 2. the 30th day after the date that the application is filed.
- f. If a child who is discharged from the department under Subsection (b) as a result of an intellectual disability is receiving intellectual disability services, the child's discharge from the department is effective immediately.
- g. If a child with mental illness or intellectual disabilities is discharged from the department under Subsection (b), the child is eligible to receive continuity of care services from the Texas Correctional Office on Offenders with Medical or Mental Impairments under [Chapter 614, Health and Safety Code. Tex. Hum. Res. Code § 244.011](#).

9.2.12 Release Decisions—Program Completion

Completing the minimum length of stay or minimum period of confinement does not guarantee the youth will be released at that time. More is required of the youth to be released than simply “doing time.” Generally, youth who complete all assigned treatment programs by the time the minimum length of stay or minimum period of confinement is completed and who are not yet 19 are released to parole.

9.2.13 Release Review Panel—Indeterminate Commitments

TJJD is authorized to extend a youth’s stay in TJJD beyond the initial assigned minimum length of stay. TJJD does this through the Release Review Panel, created by statute. Tex. Hum. Res. Code Section 245.101.

Every youth with an indeterminate sentence who does not qualify for release on parole because the youth does not meet program completion criteria must be reviewed by the Release Review Panel. [37 Tex. Admin. Code § 380.8555\(e\)\(1\)\(B\)](#). The Panel is authorized to discharge the youth from TJJD, release the youth on parole, or extend the youth’s length of stay in a facility. The length of stay may be extended only if the Release Review Panel determines by majority vote that there is clear and convincing evidence that the youth needs additional rehabilitation and TJJD will provide the most suitable environment for that rehabilitation. Tex. Hum. Res. Code Sec. 245.102. This concept differs from adult parole, where the parole panel must determine whether the inmate should be released. For TJJD youth, the default is release unless the Release Review Panel determines there is sufficient evidence that the youth needs to stay in a facility.

The Release Review Panel makes its decisions based on information available within the agency systems and received from facility staff, the youth, the youth’s family, and the youth’s victim(s). Information from the youth, parent/guardian, and/or victim may be submitted in writing, and the youth may request assistance from TJJD staff members, volunteers, or advocates in communicating with the Release Review Panel. The parent/guardian, victim(s), or person representing the youth may make a written request for personal communication with the Release Review Panel. Additionally, at its discretion, the Release Review Panel may interview the youth or others with information relevant to the youth’s rehabilitative needs. A youth’s refusal to speak to the Release Review Panel will not be held against the youth when making the release decision. [37 Tex. Admin. Code § 380.8557](#).

When extending a youth’s length of stay, the Release Review Panel designates a specific additional length of time, provides notice to the youth and family of that decision, reviews the youth again at the end of that period, reconsiders its decision if requested by certain persons specified in agency rule, and maintains statistical data on its decisions. [37 Tex. Admin. Code § 380.8555\(e\)\(2\)\(E\)](#).

9.2.14 Transition Movement

Youth with an indeterminate commitment who do well in the rehabilitation program may be eligible to transition to a medium restriction program, such as a halfway house, before the minimum length of stay expires. [37 Tex. Admin. Code § 380.8545\(c\)](#). Youth who do well in transition are then released to parole. Youth who violate facility rules while in transition placement may be returned to a TJJD high-restriction facility via a TJJD administrative hearing. [37 Tex. Admin. Code §§ 380.9503, 380.9555](#). Additionally, youth may violate a rule such that they lose parole eligibility but are not returned to high restriction before the expiration of the minimum length of stay; in such cases, these youth will be reviewed by the Release Review Panel.

9.2.15 Notifications

Several statutes require TJJD to provide notice before releasing a youth. TJJD must provide the court and the prosecuting attorney in the adjudicating county with notice 10 days prior to release. [Tex. Hum. Res. Code § 245.051\(b\)](#). Additionally, no later than the 30th day before release, TJJD must provide the court with a copy of the youth's reentry and reintegration plan and a report concerning the youth's progress while committed to TJJD. If the youth is placed in a different county upon release, that county's court also receives notice. [Tex. Hum. Res. Code § 245.054\(a\)](#). TJJD also notifies any entity that has issued an active warrant or detainer for the youth.

9.2.16 Youth with a Determinate Sentence

There are special rules for youth with determinate sentences. Unless the sentence will expire before the youth's 19th birthday, the youth will transfer to the Texas Department of Criminal Justice (TDCJ). The question is whether the youth will transfer to prison or to parole with TDCJ. A youth with a determinate sentence that expires before the 19th birthday also faces a possible transfer to TDCJ.

TJJD may request a hearing in the juvenile court for possible transfer of a youth with a determinate sentence if certain criteria are met. Statute provides that TJJD may request a hearing after the youth turns 16 (but before 19) if the youth has not completed the sentence and the youth's conduct indicates that the welfare of the community requires the transfer. [Tex. Hum. Res. Code § 244.014\(a\)](#).

TJJD administrative rules also address TJJD's request for a transfer hearing.

TJJD conducts reviews of youth with a determinate sentence at different points in their stay for the purpose of determining progress and eligibility for release or transfer. [37 Tex. Admin. Code §§ 380.8559\(c\)\(2\), 380.8565\(c\)\(3\)](#).

If a youth with a determinate sentence completes the minimum period of confinement and all program completion criteria before turning 19, the youth will be released to parole. [37 Tex. Admin. Code § 380.8559\(d\)\(1\)](#). The release will be to TJJD parole unless the youth is less than two months from the 19th birthday, in which case the youth will be transferred to TDCJ parole. [37 Tex. Admin. Code § 380.8559\(d\)\(2\)](#).

9.2.17 Discharge

There are a variety of ways youth may be discharged from TJJD. Regardless of success or failure in the program, all youth will be discharged before the 19th birthday, which is when TJJD's jurisdiction ends.

Youth with a determinate sentence will be discharged when their sentence ends (if before age 19) or when transferred to TDCJ—Parole or TDCJ—Institutional Division.

Youth with an indeterminate commitment may be discharged before age 19 by the Release Review Panel or upon successful completion of parole. Youth may also be discharged to enlist in the military, to obtain appropriate services (if 18 years old), or for other special circumstances. All such discharges require approval of the executive director. As discussed previously, there is a mechanism to seek approval for discharge and treatment for youth who are unable to progress in TJJD due to their mental health or intellectual disability needs.

Before a youth is released from supervision or finally discharged from TJJD, TJJD must determine whether the youth has a valid driver's license or state ID card and submit a request to the Department of Public Safety for the issuance of an ID card on behalf of the youth who do not have one. [Tex. Hum. Res. Code §§ 245.0536\(a\), \(b\)](#). Likewise, TJJD must also determine whether released or discharged youth have copies of their birth certificate and social security card and submit requests for those documents on behalf of youth who do not have them. [Tex. Hum. Res. Code §§ 245.0537\(a\), \(b\)](#).

9.2.18 Reentry Plan

TJJD must develop a reentry plan for each youth who is committed to TJJD to reduce recidivism and ensure the successful reentry and reintegration following their release under supervision or final discharge, as appropriate. [Tex. Hum. Res. Code § 245.0535\(a\)](#). The plan must include housing assistance; a step-down program, such as placement in a halfway house; family counseling; academic and vocational mentoring; trauma counseling for a youth who is a victim of abuse while in the custody of TJJD; and other specialized treatment services appropriate for the youth. [Tex. Hum. Res. Code § 245.0535\(a\)](#). The plan must also provide for a skills assessment, programs that are responsive to the youth's needs, a network of transition programs, identification of local program providers and transitional services, and a limited sharing of the child's information with local coordinators and service providers. [Tex. Hum. Res. Code § 245.0535\(b\)](#).

9.2.19 Resources

TJJD's website is www.tjjd.texas.gov. It contains TJJD's administrative rules, including those referenced in this section. TJJD's enabling legislation is found in Texas Human Resources Code Chapters 201-246.

9.3 TCOOMMI

The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), once known as the Texas Council on Offenders with Mental Impairments, is a part of the Texas Department of Criminal Justice (TDCJ)'s Reentry and Integration Division.

9.3.1 Purpose of TCOOMMI

Established in 1987, the purpose of TCOOMMI is to "provide a formal structure of criminal justice, health and human service and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs. Special needs include clients with serious, chronic and pervasive mental illnesses, intellectual disability, terminal or serious medical conditions, physical disabilities and those who are elderly."

"Offender with a medical or mental impairment" means a **juvenile** or adult who is arrested or charged with a criminal offense and who:

- A. is a person with:
 - i. a mental impairment; or
 - ii. a physical disability, terminal illness, or significant illness; or
- B. is elderly. [Tex. Health & Safety Code § 614.001\(8\)](#).

9.3.2 Continuity of Care for Juveniles with Mental Impairments

Texas Health and Safety Code section 614.018 gives TCOOMMI the authority and responsibility to coordinate and monitor the development and implementation of memoranda of understanding establishing the respective responsibilities of TJJD, HHSC, DFPS, Texas Education Association (TEA), and local juvenile probation departments. These agencies are responsible for instituting and maintaining a continuity of care and service program for juveniles with mental impairments in the juvenile justice system. [Tex. Health & Safety Code § 614.018](#).

9.3.3 TCOOMMI Programs for Juveniles

TCOOMMI, in cooperation with HHSC, DFPS, TJJD, and TEA, may establish and maintain programs, building on existing successful efforts in communities, to address prevention, intervention, and continuity of care for juveniles with mental health and substance abuse disorders. [Tex. Health & Safety Code § 614.019\(a\)](#).

Every LMHA has a TCOOMMI caseworker. TCOOMMI services for juveniles are historically underutilized and are typically engaged at a late stage of the juvenile court case. Juvenile probation officers are encouraged to contact their local TCOOMMI caseworker as well as their CRCG¹⁸⁰ (Community Resource Coordination Group) well in advance of an adjudication hearing to determine what services and supports are available to youth with mental health and substance abuse disorders.

A child with mental illness who is receiving continuity of care services during parole from TJJD and who is no longer eligible to receive services from a LMHA when the child becomes 17 years of age because the child does not meet the requirements of a local service area plan under [Section 533.0352\(a\)](#) may continue to receive continuity of care services from TCOOMMI until the child completes parole. [Tex. Health & Safety Code § 614.019\(b\)](#).

A child with mental illness or an intellectual disability who is discharged from TJJD under [Section 244.011, Human Resources Code](#), may receive continuity of care services from TCOOMMI for a minimum of 90 days after discharge from the department and **for as long as necessary for the child to demonstrate sufficient stability to transition successfully to mental health or intellectual disability services provided by a LMHA or LIDDA.** [Tex. Health & Safety Code § 614.019\(c\)](#).



Special Needs Diversionary Program

The Special Needs Diversionary Program (SNDP) provides mental health treatment and specialized caseload probation supervision. It is administered in a collaborative model by TJJD and the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) or a designated local mental health provider and features juvenile probation officers from local juvenile probation departments and professional mental health staff from the local mental health centers working together to coordinate services.

Program elements include mental health services (including individual and group therapy, skills training, and case management), probation services (such as life skills, anger management, and mentoring), parental support and education, and linkages to long-term community supports.

¹⁸⁰ CRCGs are discussed in Intercept 0. Find your CRCG: <https://rcg.hhs.texas.gov/>.

9.4 Records Sealing

Juvenile records,¹⁸¹ with some exceptions, are confidential and not available to the public.¹⁸² Sealing¹⁸³ is a process by which a youth who has been referred to juvenile court can have their juvenile histories set aside as though they never occurred. In some jurisdictions, the juvenile records are gathered, placed into a large envelope, and literally “sealed” with adhesive. Some juvenile records can be sealed without the juvenile asking the court to do so, while other records can be sealed only after applying for sealing to the juvenile court.

It is a best practice to seal the record of every juvenile who is eligible for records sealing. Sealing of juvenile records affords youth who have been involved with the juvenile justice system more opportunities to find housing, suitable employment, apply to college, enter vocational programs, and earn trade certificates and licenses. However, since 2017, there are considerably fewer entities that can access juvenile records.

9.4.1 The Effect of Sealing Records

A person whose records have been sealed under Texas Family Code Chapter 58, Subchapter C-1, or under Section 58.003, as that law existed before September 1, 2017, is not required to state in any proceeding or in any application for employment, licensing, housing, or other public or private benefit that the person has been the subject of a juvenile matter. [Tex. Fam. Code § 58.261\(a\)](#).

If a person’s records have been sealed, the information in the records, the fact that the records once existed, or the person’s denial of the existence of the records or of the person’s involvement in a juvenile matter may not be used against the person in any matter,¹⁸⁴ including in:

1. a perjury prosecution or other criminal proceeding;
2. a civil proceeding, including an administrative proceeding involving a governmental entity;
3. an application process for licensing or certification; or
4. an admission, employment, or housing decision. [Tex. Fam. Code § 58.261\(b\)](#).

A person who is the subject of the sealed records may not waive the protected status of the records or the consequences of the protected status, including the actions to limit access or seal records taken by entities to comply with the order. [Tex. Fam. Code § 58.261\(c\)](#). A juvenile court can only open sealed records under the limited circumstances described below. This release does not “unseal” the record but allows the records to be used for specific reasons and the protections that come with sealing the record remain in place.

¹⁸¹ Juvenile court records include the physical and electronic records of a juvenile court, court clerk, juvenile probation department, and prosecuting attorney, as well as any documentation related to a referral to a juvenile court or juvenile probation department and all related court proceedings and outcomes. [Tex. Fam. Code § 58.251](#).

¹⁸² See [Tex. Fam. Code §§ 58.007\(a\), 58.007\(b\), 58.007\(g\), 58.007\(h\), 58.008\(b\), 58.008\(c\), 58.008\(f\), 54.051, 54.02\(s\)](#); and [Tex. Code Crim. Proc. art. 45.017](#).

¹⁸³ Contrast records sealing with records destruction. Sealing a record means all records showing a juvenile was referred to a juvenile court are stored in a manner that allows access to the records only by the custodian of records for the entity possessing the records. [Tex. Fam. Code §§ 58.259\(a\), \(b\)](#). There are guidelines for permissible destruction of records in a closed juvenile matter and records must be destroyed upon a determination that no probable cause exists under Texas Family Code sections 53.01 or 53.012. [Tex. Fam. Code §§ 53.263, 58.264](#).

¹⁸⁴ Every rule has an exception. The protections of sealing do not extend to any disclosures required by applications to the United States Military or to other federal applications.



Sealing Fine-Only Misdemeanor Cases

Judges of justice and municipal courts do not have the ability to seal fine-only misdemeanor cases. Sealing is an option that is only available in cases that have been referred to the juvenile court. While judges of justice and municipal courts are required to transfer some types of cases to juvenile court, they also have the discretion to transfer other types of cases to juvenile court under Texas Family Code [section 51.08](#), making those cases potentially eligible for later sealing.

9.4.2 Sealing Records of Delinquent Conduct without an Application

Some juvenile court records can be sealed without applying to the juvenile court. This process is sometimes called “automatic sealing.” The requirements for sealing records of delinquent conduct and records of conduct indicating a need for supervision (CINS) without an application are slightly different.

A person who has not been adjudicated delinquent or who has been adjudicated delinquent of only a misdemeanor offense may be eligible to have their records sealed without application:

- is at least 19 years of age;
- has not been adjudicated as having engaged in delinquent conduct or, if adjudicated for delinquent conduct, was not adjudicated for delinquent conduct violating a penal law of the grade of felony;
- does not have any pending delinquent conduct matters;
- has not been transferred by a juvenile court to a criminal court for prosecution under [Section 54.02](#);
- has not as an adult been convicted of a felony or a misdemeanor punishable by confinement in jail; and
- does not have any pending charges as an adult for a felony or a misdemeanor punishable by confinement in jail. [Tex. Fam. Code § 58.253\(b\)](#).

9.4.3 Sealing Records of Conduct Indicating a Need for Supervision with an Application

A person who was only referred to the juvenile court for conduct indicating a need for supervision may be eligible to have their records sealed automatically once they reach age 18.

A person who was referred to a juvenile court for conduct indicating a need for supervision is entitled to have all records related to all conduct indicating a need for supervision matters sealed without applying to the juvenile court if the person:

1. has records relating to the conduct filed with the court clerk;
2. is at least 18 years of age;
3. has not been referred to the juvenile probation department for delinquent conduct;
4. has not as an adult been convicted of any felony; and
5. does not have any pending charges as an adult for a felony or a misdemeanor punishable by confinement in jail. [Tex. Fam. Code § 58.255\(a\)](#).

Automatic Sealing without an Application: Finding of Not True



A juvenile court, on the court's own motion and without a hearing, shall immediately order the sealing of all records related to the alleged conduct if the court enters a finding that the allegations are not true. [Tex. Fam. Code § 58.2551](#).

9.4.4 Sealing Records by Application

Persons who have been adjudicated delinquent of felony offenses or who wish to seal their records prior to age 19 may be eligible to apply to the juvenile court to have their records sealed.

The juvenile court may order the sealing of records related to all matters for which the person was referred to the juvenile probation department if the person:

1. is at least 17 years of age, or is younger than 17 years of age and at least one year has elapsed after the date of final discharge in each matter for which the person was referred to the juvenile probation department;
2. does not have any delinquent conduct matters pending with any juvenile probation department or juvenile court;
3. was not transferred by a juvenile court to a criminal court for prosecution under [Section 54.02](#);
4. has not as an adult been convicted of a felony; and
5. does not have any pending charges as an adult for a felony or a misdemeanor punishable by confinement in jail. [Tex. Fam. Code § 58.256\(c\)](#).

9.4.5 The Application

The court may not charge a fee for filing the application, regardless of the form of the application. [Tex. Fam. Code § 58.256\(a\)](#). A sample application can be found in the Appendix. The application must include either the following information or the reason that one or more of the following is not included in the application:

1. the person's:
 - A. full name;
 - B. sex;
 - C. race or ethnicity;
 - D. date of birth;
 - E. driver's license or identification card number; and
 - F. social security number;
2. the conduct for which the person was referred to the juvenile probation department, including the date on which the conduct was alleged or found to have been committed;
3. the cause number assigned to each petition relating to the person filed in the juvenile court, if any, and the court in which the petition was filed; and
4. a list of all entities the person believes have possession of records related to the person, including the applicable entities listed under [Section 58.258\(b\)](#). [Tex. Fam. Code § 58.256\(b\)](#).

On receipt of an application for sealing under [Section 58.256](#), the court may:

1. order the sealing of the person's records immediately, without a hearing; or
2. hold a hearing under [Section 58.257](#) at the court's discretion to determine whether to order the sealing of the person's records. [Tex. Fam. Code § 58.256\(e\)](#).

9.4.6 The Hearing

A hearing regarding the sealing of a person's records must be held not later than the 60th day after the date the court receives the person's application under [Section 58.256](#). [Tex. Fam. Code § 58.257\(a\)](#).

The court shall give reasonable notice of a hearing under this section to:

1. the person who is the subject of the records;
2. the person's attorney who made the application for sealing on behalf of the person, if any;
3. the prosecuting attorney for the juvenile court;
4. all entities named in the application that the person believes possess eligible records related to the person; and
5. any individual or entity whose presence at the hearing is requested by the person or prosecutor.

[Tex. Fam. Code § 58.257](#).

9.4.7 The Order Sealing the Records

An order sealing the records of a person under this subchapter must include either the following information or the reason one or more of the following is not included in the order:

1. the person's:
 - A. full name;
 - B. sex;
 - C. race or ethnicity;
 - D. date of birth;
 - E. driver's license or identification card number; and
 - F. social security number;
2. each instance of conduct indicating a need for supervision or delinquent conduct alleged against the person or for which the person was referred to the juvenile justice system;¹⁸⁵
3. the date on which and the county in which each instance of conduct was alleged to have occurred;
4. if any petitions relating to the person were filed in juvenile court, the cause number assigned to each petition and the court and county in which each petition was filed; and
5. a list of the entities believed to be in possession of the records that have been ordered sealed, including the entities listed under Subsection (b). [Tex. Fam. Code § 58.258\(a\)](#).

Not later than the 60th day after the date of the entry of the order, the court shall provide a copy of the order to:

1. the Department of Public Safety
2. the Texas Juvenile Justice Department, if the person was committed to the department;
3. the clerk of the court;
4. the juvenile probation department¹⁸⁶ serving the court;
5. the prosecutor's office;
6. each law enforcement agency that had contact with the person in relation to the conduct that is the subject of the sealing order;
7. each public or private agency that had custody of or that provided supervision or services to the person in relation to the conduct that is the subject of the sealing order; and

¹⁸⁵ One sealing order can seal multiple referrals, offenses, cases, or petitions.

¹⁸⁶ The juvenile probation department file will have records from the child's service providers. It is beneficial for the attorney representing the youth, or the youth themselves if they are completing their own application, to review the probation file for any entities that should receive a copy of the sealing order.

8. each official, agency, or other entity that the court has reason to believe has any record containing information that is related to the conduct that is the subject of the sealing order. [Tex. Fam. Code § 58.258\(b\)](#).

On entry of the order, all adjudications relating to the person are vacated and the proceedings dismissed and treated for all purposes as though the proceedings had never occurred. The clerk of the court shall:

1. seal all court records relating to the proceedings, including any records created in the clerk's case management system; and
2. send copies of the order to all entities listed in the order by any reasonable method, including certified mail or electronic means. [Tex. Fam. Code § 58.258\(c\)](#).

9.4.8 Records that Cannot be Sealed

The following juvenile records cannot be sealed:

- records of a person who received a determinate sentence for engaging in delinquent conduct that violated a penal law listed under [Section 53.045](#); or habitual felony conduct as described by [Section 51.031](#);
- records of a person who is currently required to register as a sex offender under [Chapter 62, Code of Criminal Procedure](#); or
- records of a person who was committed to the Texas Juvenile Justice Department or to a post-adjudication secure correctional facility under Section 54.04011,¹⁸⁷ unless the person has been discharged from the agency to which the person was committed. [Tex. Fam. Code § 58.256\(d\)](#).

The following records are exempt from sealing:

- records relating to a criminal combination or criminal street gang maintained by the Department of Public Safety or a local law enforcement agency under Chapter 67, Code of Criminal Procedure;
- sex offender registration records maintained by the Department of Public Safety or local law enforcement agency under Chapter 62, Code of Criminal Procedure; and
- records collected or maintained by the Texas Juvenile Justice Department for statistical and research purposes, including data submitted under Section 221.007, Human Resources Code and personally identifiable information. [Tex. Fam. Code § 58.252](#).

9.4.9 "Unsealing" of Records for Inspection and Release

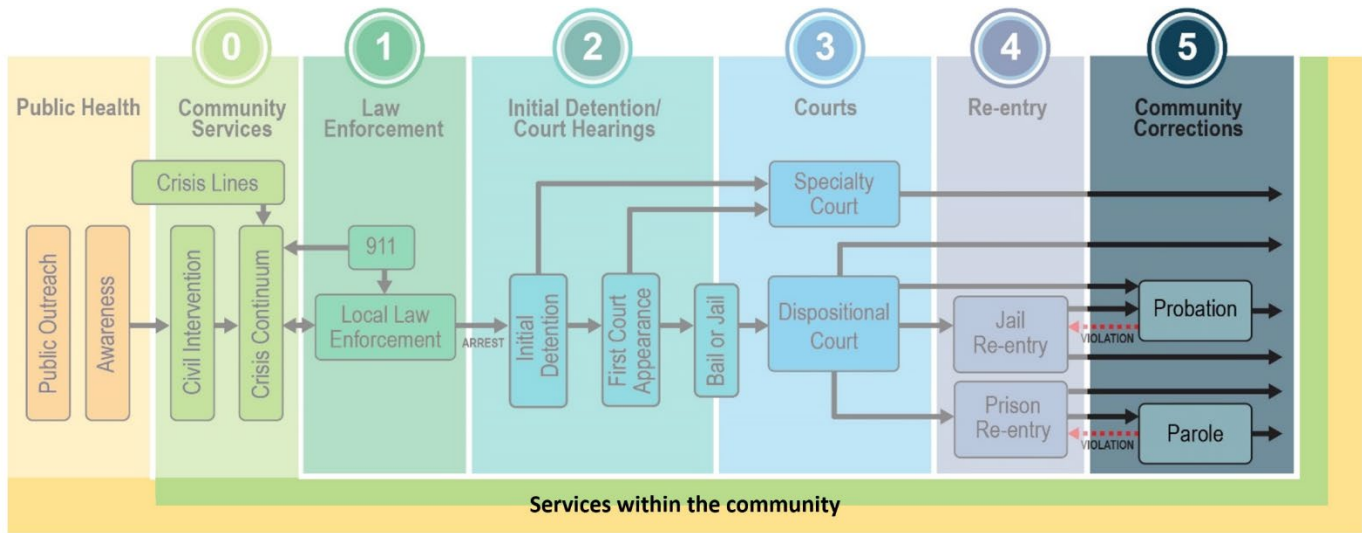
On very limited occasions, the court can permit the inspection and release of records that have been sealed.

- A juvenile court may allow, by order, the inspection of records sealed under this subchapter or under Section 58.003, as that law existed before September 1, 2017, only by:
 - a person named in the order, on the petition of the person who is the subject of the records;
 - a prosecutor, on the petition of the prosecutor, for the purpose of reviewing the records for possible use:
 - in a capital prosecution; or
 - or the enhancement of punishment under [Section 12.42, Penal Code](#); or
 - a court, the Texas Department of Criminal Justice, or the Texas Juvenile Justice Department for the purposes of [Article 62.007\(e\), Code of Criminal Procedure](#).
- After a petitioner inspects records under this section, the court may order the release of any or all of the records to the petitioner on the motion of the petitioner. [Tex. Fam. Code § 58.260](#).

¹⁸⁷ Note that Texas Family Code section 54.04011 expired on December 31, 2018.

5

Chapter 10: Intercept 5—Community Corrections



10.1 Community Corrections

Community Corrections encompasses supervision on probation, supervision on parole, and the services and supports that are available to youth post-supervision. Youth with mental illness or an intellectual or developmental disability greatly benefit from engaging in services that involve a multidisciplinary team with the capacity to coordinate, collaborate and communicate with all parties, including caregivers, schools, service providers, attorneys, and juvenile probation departments. A wraparound approach can minimize the stress placed on the youth and their family and ensure progress towards shared goals, while leveraging the available resources. Youth will typically be placed on a term of juvenile probation before being committed to TJJD; however, to follow the Sequential Intercept Model, Juvenile Probation falls here, in Intercept 5.

10.2 Juvenile Field Probation

When setting the terms and conditions of probation, judges should consider the need for terms to be individualized to the child and their intellectual and developmental capacity. Terms and conditions should be minimized, easy to read, and attainable to facilitate success for the child while on probation. Recovery and rehabilitation are a process and require skill development and practice by the child and their family. Probation conditions should allow for opportunities for skill-building and prosocial activities, as well as for setbacks. For children with MI or ID, the goal of probation should be the creation of a network of services and interventions to avoid re-referral to the juvenile court.

For children with identified or suspected trauma history and trauma-related symptoms, consider the propriety of a proposed service or treatment program by questioning whether the program:

- Educates youth about trauma and its effects on thoughts, feelings, and behavior;
- Increases a youth's sense of physical and psychological safety;
- Identifies reminders that trigger trauma reactions;
- Accounts for how seemingly "non-compliant" behavior can be related to trauma, rather than willfulness or lack of cooperation, and addresses the behavior correctly;
- Develops emotional regulation skills (i.e., skills to help control and strong feelings or to respond to difficult situations);

- Promotes trauma-informed parenting skills;
- Addresses grief and loss (when appropriate);
- Teaches youth to manage traumatic memories;
- Identifies and cultivates existing supports and strengths that promote recovery.¹⁸⁸

Reflection Point



As a judge, remember the potential impact of trauma on youth, both psychologically and physically. To avoid the further traumatization of youth by a system intended to rehabilitate, make all decisions regarding youth in a trauma-responsive manner; seek out continuing education opportunities that focus on trauma-responsive services and the impact of Adverse Childhood Experiences (ACEs); and identify different services to address trauma as an alternative to anger management classes.

No Disposition



[Texas Family Code section 54.04\(c\)](#) states that, “No disposition may be made under this section unless the child is in need of rehabilitation or the protection of the public or the child requires that disposition be made. If the court or jury does not so find, the court shall dismiss the child and enter a final judgment without any disposition.”

10.2.1 General Probation Conditions

- The court or the jury may... place the child on probation on such reasonable and lawful terms as the court may determine. [Tex. Fam. Code § 54.04\(d\)\(1\)](#).
- If the court places a child on probation under Section 54.04(d), the court shall require... that the child work a specified number of hours at a community service project... unless the court determines that:
 - The child is **physically or mentally incapable** of participating in the project;
 - Participating in the project will be a **hardship** on the child or the family of the child; or
 - The child has shown good cause that community service should not be required. [Tex. Fam. Code § 54.044\(a\)](#).

Reflection Point



Some youth with mental illness or intellectual and developmental disabilities may not do well in fulfilling probation conditions that require them to perform community service in the community. It is important to consider whether a community service requirement would expose a youth to bullying or trigger distress. Some judges permit youth to receive community service credit for the time they spend in rehabilitative or counseling services.

10.2.2 Requiring Psychological Treatment as a Condition of Probation

While the Texas Family Code only requires the court to order psychological treatment as a condition of probation for some offenses, the court has discretion to order appropriate treatment or services as a condition of probation in response to a child’s needs. Some youth may have pre-existing treatment services established before they become involved with the juvenile court; allowing continuity of existing care and minimizing treatment disruptions can help facilitate a child’s success on probation.

¹⁸⁸ NAT’L CHILD TRAUMATIC STRESS NETWORK, TRAUMA-INFORMED LEGAL ADVOCACY: A RESOURCE FOR JUVENILE DEFENSE ATTORNEYS 15 (2018), https://www.nctsn.org/sites/default/files/resources/resource-guide/trauma_informed_legal_advocacy_a_resource_for_juvenile_defense_attorneys.pdf.

Psychological Treatment



- The court **must** order psychological treatment as a condition of probation for Animal Cruelty offenses, under [Section 42.09](#) or [42.092](#), Texas Penal Code. [Tex. Fam. Code § 54.0407](#).
- The court *may* order psychological treatment as a condition of probation for offenses that would require sex offender registration. [Tex. Fam. Code § 54.0405\(a\)\(1\)](#).
- When the court orders the child to attend psychological counseling under Texas Family Code Subsection 54.0405(a), the court *may* order the child's parent or guardian to participate in monthly treatment groups related to the child's psychological counseling, and to attend four sessions of instruction relating to sexual offenses, family communication skills, sex offender treatment, victims' rights, parental supervision, and appropriate sexual behavior. [Tex. Fam. Code § 54.0405\(g\)](#).
- The court *may* order any person living in the same household with the child to participate in social or psychological counseling to assist in the rehabilitation of the child and to strengthen the child's family environment. [Tex. Fam. Code § 54.041\(a\)\(3\)](#).
- The court *may* order a child who is believed to be a victim of Human Trafficking under Section 20A.02, Penal Code, to participate in a program established under [Section 152.0017](#), Human Resources Code. [Tex. Fam. Code § 54.04012\(b\)](#).

Reflection Point



As a judge, have I considered the youth's full experience within the system so far, including any prior diversion attempts, interventions, or challenges? Have I approached this case in a way that supports informed decision-making about mental health or developmental needs without reinforcing stigma? Could this youth's current behavior be shaped by exposure to stressful or disturbing events, including those involving violence or instability? What assumptions—based on appearance, behavior, or limited information might I be bringing into this case? Am I taking steps to pause, reflect, and ensure those assumptions do not impact my ability to make fair, individualized decisions?



Multisystemic Therapy

Multisystemic Therapy (MST) is a family- and community-based treatment for at-risk youth with intensive needs and their families.¹⁸⁹ It has proven most effective for treating youth who have committed violent offenses, have serious mental health or substance abuse concerns, are at risk of out-of-home placement, or who have experienced abuse and neglect.¹⁹⁰

The overriding goal of MST is to keep adolescents who have exhibited serious clinical problems (e.g., drug use, violence, severe criminal behavior) at home, in school, and out of trouble. Through intense involvement and contact with the family, MST aims to uncover and assess the functional origins of adolescent behavioral problems. It works to alter the youth's ecology in a manner that promotes prosocial conduct while decreasing problem and delinquent behavior.¹⁹¹

MST has been proven to reduce violent crimes by 75%, compared to routine congregate¹⁹² and other care.¹⁹³ The reduction is long-term, lasting two decades post-treatment and MST is one of only three proven programs¹⁹⁴ that addresses family functioning and association with deviant peers, key risk factors for reducing violence, other antisocial behaviors, and juvenile justice involvement.¹⁹⁵ Learn more about implementing MST at <https://www.mstservices.com>.



Legislative Change

H.B. 1 (88th Reg. Sess. (2023)) included more than \$15 million per year for HHSC to expand MST programs in the state. S.B. 1 (89th Reg. Sess. (2025)) added specific allocations for MST teams in Harris, El Paso, and Williamson Counties.

¹⁸⁹ Scott W. Henggeler & Sonja K. Shoenwald, Evidence-Based Interventions for Juvenile Offenders and Juvenile Justice Policies that Support Them, 25 Soc. POL'Y REP. 1, 1-20 (2011).

¹⁹⁰ MST SERVICES, MULTISYSTEMIC THERAPY RESEARCH AT A GLANCE: PUBLISHED MST OUTCOME, IMPLEMENTATION AND BENCHMARKING STUDIES (2020), https://cdn2.hubspot.net/hubfs/295885/MST%20Redesign/Marketing%20Collateral/Case%20Study%20and%20Reports/R@aG%20Long%202020.pdf?_hstc=220415175.049a79e508be909cf4fd20627154121c.1596924462462.1596924462462.1596924462462.1&_hssc=220415175.1.1596924462463&_hsfp=4188746094.

¹⁹¹ NATIONAL INSTITUTE OF JUSTICE, CRIME SOLUTIONS, PROGRAM PROFILE: MULTISYSTEMIC THERAPY (MST), <https://crimesolutions.ojp.gov/ratedprograms/192> (last visited Sept. 3, 2025).

¹⁹² The term "congregate care" represents a wide array of out-of-home placement settings, including group homes, childcare institutions, residential treatment facilities, emergency shelters, and inpatient hospitals. U.S. DEP'T OF HEALTH & HUM. SERV., ADMIN. FOR CHILDREN AND FAMILIES, CHILDREN'S BUREAU, CAPACITY BUILDING CENTER FOR STATES, WORKING WITH CHILDREN AND YOUTH WITH COMPLEX CLINICAL NEEDS: STRATEGIES IN THE SAFE REDUCTION OF CONGREGATE CARE (2017), <https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/112660.pdf?r=1&rpp=10&upp=0&w=+NATIVE%28%27recno%3D112660%27%29&m=1>.

¹⁹³ See Meadows Mental Health Pol'y Inst., Multisystemic Therapy for Texas Youth 1 (2022), <https://mmhpi.org/wp-content/uploads/2023/01/MSTinTexas.pdf>.

¹⁹⁴ *Id.* (citing MST SERVICES, MULTISYSTEMIC THERAPY RESEARCH AT A GLANCE, PUBLISHED MST OUTCOME, IMPLEMENTATION, AND BENCHMARKING STUDIES (2020), https://cdn2.hubspot.net/hubfs/295885/MST%20Redesign/Marketing%20Collateral/Case%20Study%20and%20Reports/R@aG%20Long%202020.pdf?_hstc=220415175.049a79e508be909cf4fd20627154121c.1596924462462.1596924462462.1596924462462.1&_hssc=220415175.1.1596924462463&_hsfp=4188746094 (explaining the efficacy of MST has been established through 28 highly rigorous random control trials carried out over the last thirty years)).

¹⁹⁵ Scott W. Henggeler & Sonja K. Shoenwald, Evidence-Based Interventions for Juvenile Offenders and Juvenile Justice Policies that Support Them, 25 Soc. POL'Y. REP. 1, 1-20 (2011).

10.2.3 Addressing Probation Violations

Judges have a variety of options to address juvenile probation violations. It is essential to consider a child's mental health diagnosis or intellectual or developmental disability when considering what, if any, sanction should be imposed. Consider the use of confinement in the detention center for probation violations as the exception, not the rule, as access to needed services may be limited or non-existent. Detention of youth with intellectual or developmental disabilities may increase their vulnerability and negatively impact their well-being.

10.2.4 Referral to LMHA or LIDDA Before Probation Expires

Juvenile probation officers are tasked with assessing, referring, and managing case plans monthly. Transition planning from the juvenile justice system to community-based services must begin early. A juvenile probation officer must refer a child who has been determined to have a mental illness or intellectual disability to an appropriate LMHA or LIDDA at least three months before the child is to complete the juvenile probation term, unless the child is currently receiving treatment from the LMHA or LIDDA of the county in which the child resides. [Tex. Fam. Code § 54.0408](#).

10.2.5 Fines and Court Costs

Many juvenile court fines and costs have been repealed in recent years. Effective September 1, 2023, courts are only authorized to assess restitution fees to youth in juvenile court.

Restitution: the court can order restitution to be made by the child and the child's parents. [Tex. Fam. Code § 54.048\(a\)](#).

- If the child, child's parent, or other person responsible for the child's support is unable to make the restitution in a graffiti case, the court can order the child to perform a specific number of hours of community service to satisfy the restitution. [Tex. Fam. Code § 54.0481\(b\)](#).
- If the child is financially unable to make restitution in a Criminal Mischief case under Code of Criminal Procedure 28.03(f), or an Abuse of a Corpse case under Code of Criminal Procedure 42.08, the court can order the child to perform a specific number of hours of community service, or order a parent or other person responsible for the child's support to make the restitution. [Tex. Fam. Code § 54.049\(b\)](#).

10.2.6 Post- Discharge Services

Provided that existing resources are available, a juvenile board or juvenile probation department can provide post-discharge services to a child for up to six months after the child is discharged from probation, regardless of the child's age. [Tex. Hum. Res. Code § 142.007\(b\)](#).

"Post-discharge services" means community-based services to support the child's vocational, educational, behavioral, or other goals and to provide continuity for the child as they transition out of juvenile probation services. The term includes:

1. Behavioral health services;
2. Mental health services;
3. Substance abuse services;
4. Mentoring;
5. Job training; and
6. Educational services. [Tex. Hum. Res. Code § 142.007\(a\)](#).

10.3 TJJD Parole

TJJD provides state-operated and contracted parole and reentry services for youth released from its facilities before turning 19. Some of the services are in residential settings, such as the halfway houses operated by TJJD, and other services can be accessed in the community while the youth lives at home. The agency aims to treat youth as close to home as possible. Youth with mental health needs will have treatment in the community to continue addressing those needs.

10.3.1 Parole

Youth who are released before being discharged are placed on TJJD parole. TJJD has parole officers and contract parole officers throughout the state who provide community supervision to the youth and assist them in transitioning back into the community. Youth are required to follow all laws and to follow their conditions of parole, which typically include not using drugs or alcohol; not possessing any weapon, even legal ones; reporting to the parole officer; going to school or work; complying with curfew; performing community service; attending assigned aftercare services; and otherwise engaging in 40 hours of constructive activity per week. Youth who comply with these terms may be successfully discharged from TJJD before turning 19.

10.3.2 Halfway Houses

TJJD operates several medium-security halfway houses across the state. Halfway houses allow youth to gradually transition back into the community and offer treatment, job assistance, and educational and vocational programs. Among the available programs are mental health services, aggression replacement training, substance use services, independent living preparation, animal therapy, employment, sports coaching, and mentoring.

10.3.3 Parole Revocation

Youth who do not comply with these terms are subject to having their parole revoked through a TJJD administrative parole revocation hearing. [Tex. Hum. Res. Code § 245.051\(f\)](#), [37 Tex. Admin. Code §§ 380.9504\(f\), 380.9551](#). A TJJD attorney serves as the hearing examiner. [37 Tex. Admin. Code § 380.9550\(7\)](#). The youth is appointed a defense attorney, who is a non-TJJD employee who contracts with TJJD to serve as a defense attorney. [37 Tex. Admin. Code § 380.9551\(c\)\(3\)](#). Like adult parole, the youth's parole officer is responsible for presenting the case for revocation.

The first part of the hearing is called fact-finding, wherein the parole officer must prove by a **preponderance of the evidence** that the youth violated a law or a condition of parole. [37 Tex. Admin. Code §§ 380.9551\(c\)\(1\), \(e\), \(f\)\(10\)](#). With limited exceptions, the Texas Rules of Civil Evidence are applicable in the fact-finding portion of the hearing, including hearsay, which means witnesses with personal knowledge of the facts must testify and are subject to cross-examination. [37 Tex. Admin. Code § 380.9551\(e\)\(2\)](#).

For parole to be revoked, the parole officer must prove by a **preponderance of the evidence** that the youth violated a law or a condition of parole. [37 Tex. Admin. Code § 380.9551\(c\)\(1\), \(e\), \(f\)\(10\)](#). With limited exceptions, the Texas Rules of Civil Evidence are applicable in the fact-finding portion of the hearing, including hearsay, which means witnesses with personal knowledge of the facts must testify and are subject to cross-examination. [37 Tex. Admin. Code § 380.9551\(e\)\(2\)](#).

If a violation is proven, the hearing proceeds to disposition. In disposition, the parole officer must prove by a **preponderance of the evidence** that revocation of parole is in the best interest of the youth and/or community and/or that the youth needs further rehabilitation at a TJJD or contract facility. [37 Tex. Admin. Code § 380.9551\(f\)\(24\)](#).

If the hearing examiner determines parole revocation is appropriate, the youth will be assigned a minimum length of stay based on the most serious offense proven at the hearing. [37 Tex. Admin. Code § 380.9551\(f\)\(25\)](#). If the youth is recommitted to TJJD for the same conduct for which parole was revoked, the youth will be given credit toward the recommitment minimum length of stay for all time spent in TJJD or jail or detention after the revocation. [37 Tex. Admin. Code § 380.8525\(c\)\(1\)](#).

A youth returned to TJJD through a parole revocation hearing undergoes the same process for release as other youth, as described above, unless the youth has a determinate sentence.

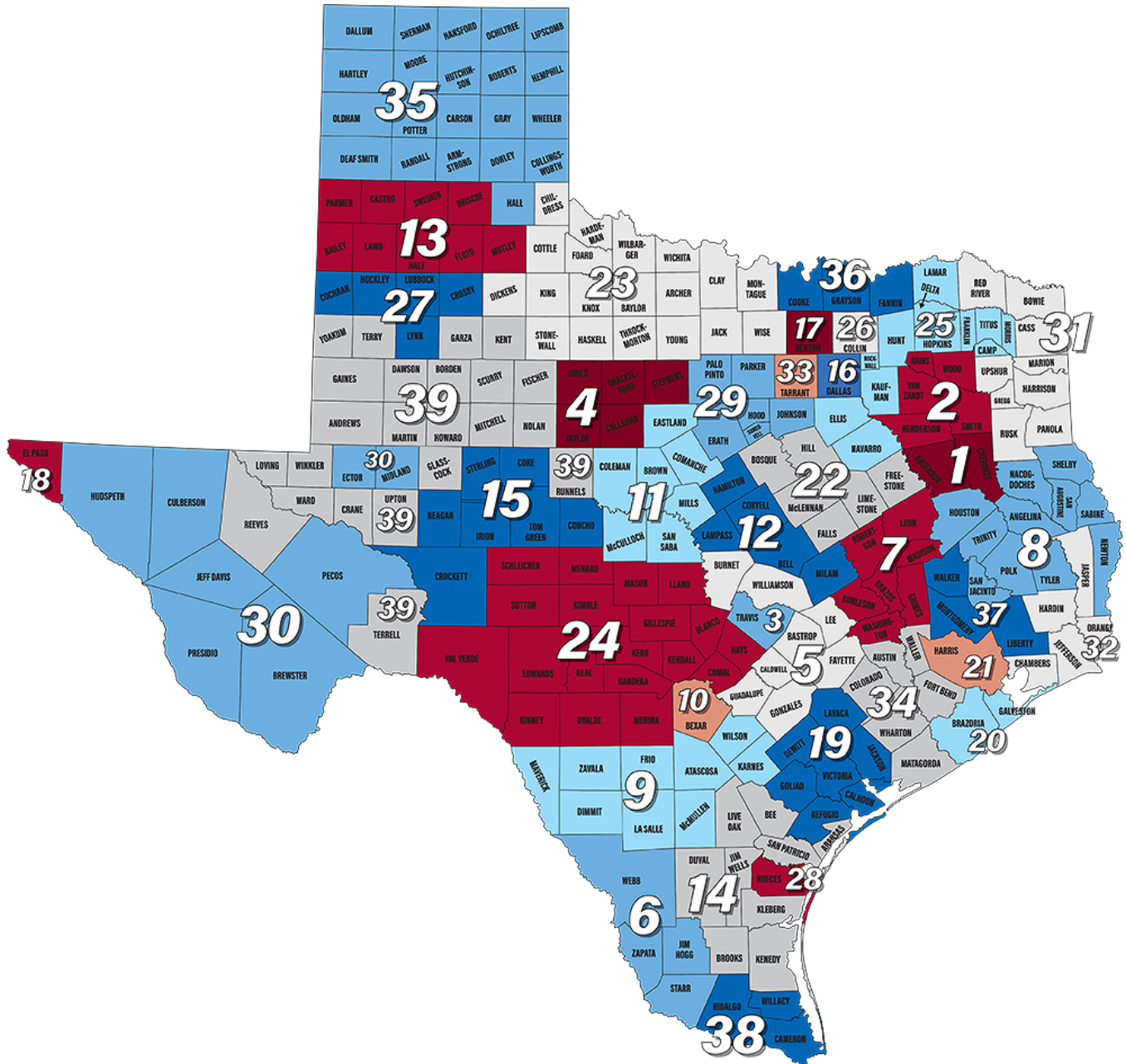
10.3.4 Discharge

Youth on parole will also be discharged if placed on actively supervised adult probation or sentenced to at least six months in state or county jail for conduct that occurred while on parole status. Youth will be discharged if sentenced to prison.



Appendix

Texas LMHA/LBHA Catchment Areas



<https://txcouncil.com/wp-content/themes/txc/images/txc-service-area-map.png>

B. List of LMHAs/LBHAs/LIDDAs by Map Area

<https://txcouncil.com/community-centers/>

Map Area	LMHA/LBHA or LIDDA	Address	Main and Crisis Phone Numbers	Counties Served
1	ACCESS http://www.accessmhmr.org/	913 N. Jackson St., Jacksonville, TX 75766	M: 903-586-5507 C: 800-621-1693	Anderson, Cherokee
N/A	Alamo Area Council of Governments <i>Serves as Local IDD Authority for counties served.</i> https://www.aacog.com/IDDServices	2700 NE Loop 410, Suite 101 San Antonio, TX 78217	210-362-5200	Bexar
2	Andrews Center Behavioral Healthcare System http://www.andrewscenter.com/	2323 West Front St., Tyler, TX 75702	M: 903-597-1351 C: 877-934-2131	Henderson, Rains, Smith, Van Zandt, Wood
4	Betty Hardwick Center https://bettyhardwick.org/	2616 S. Clack St. Abilene, TX 79606	M: 325-690-5100 C: 800-758-3344	Callahan, Jones, Shackelford, Stephens, Taylor
5	Bluebonnet Trails Community Services http://bbtrails.org/	1009 N. Georgetown St., Round Rock, TX 78664	M: 512-255-1720 C: 800-841-1255	Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, Williamson
6	Border Region Behavioral Health Center http://www.borderregion.org/	1500 Pappas St., Laredo, TX 78041	M: 956-794-3000 C: 800-643-1102	Jim Hogg, Starr, Webb, Zapata
8	Burke https://myburke.org/	2001 S. Medford Dr., Lufkin, TX 75901	M: 936-639-1141 C: 800-392-8343	Angelina, Houston, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
9	Camino Real Community Services http://www.caminorealcs.org/	19965 FM 3175 N. Lytle, TX 78052	M: 210-357-0300 C: 800-543-5750	Atascosa, Dimmit, Frio, Karnes, La Salle, Maverick, McMullen, Wilson, Zavala
10	The Center for Health Care Services <i>Serves as Local IDD Authority for county served.</i> https://chcsbc.org/	6800 Park Ten Blvd. Suite 200-S San Antonio, TX 78213	M: 210-731-1300 C: 800-316-9241 or 210-223-7233	Bexar

11	Center for Life Resources http://cflr.us/	408 Mulberry St. Brownwood, TX 76801	M: 325-646-9574 C : 800-458-7788	Brown, Coleman, Comanche, Eastland, McCulloch, Mills, San Saba
12	Central Counties Services https://centralcountiesservices.org/	304 S. 22nd Street Temple, TX 76501	M: 254-298-7000 C: 800-888-4036	Bell, Coryell, Hamilton, Lampasas, Milam
13	Central Plains Center https://www.clplains.org/	2700 Yonkers, Plainview, TX 78072	M: 806-293-2636 C: 800-687-1300	Bailey, Briscoe, Castro, Floyd, Hale, Lamb, Motley, Parmer, Swisher
14	Coastal Plains Integrated Health https://coastalplainsctr.org/	200 Marriott Drive, Portland, TX 78374	M: 361-777-3991 C: 800-841-6467	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, San Patricio
31	Community Healthcore http://www.communityhealthcore.com/	107 Woodbine Pl. Longview, TX 75601	M: 903-758-2471 C: 800-832-1009	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, Upshur
17	Denton County MHMR Center http://www.dentonmhmr.org/	2519 Scripture St. Denton, TX 76201	M: 940-381-5000 C: 800-762-0157	Denton
18	Emergence Health Network https://emergencehealthnetwork.org/	1600 Montana Ave. El Paso, TX 79902	M: 915-887-3410 C: 915-779-1800	El Paso
19	Gulf Bend Center https://www.gulfbend.org/	6502 Nursery Dr. Suite 100 Victoria, TX 79904	M: 361-575-0611 C: 877-723-3422	Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio, Victoria
20	Gulf Coast Center https://gulfcoastcenter.org/	10000 Emmett F. Lowry Expressway, Ste 1220, Texas City 77591	M: 409-763-2373 C: 866-729-3848	Brazoria, Galveston
21	The Harris Center for Mental Health and IDD https://www.theharriscenter.org/	9401 Southwest Fwy Houston, TX 77074	M: 713-970-7000 C: 800-735-2989	Harris
22	Heart of Texas Behavioral Health Network https://hotbhn.org/	6400 Imperial Dr., Waco, TX 76712	M: 254-752-3451 C: 866-752-3451	Bosque, Falls, Freestone, Hill, Limestone, McLennan

23	Helen Farabee Centers https://www.helenfarabee.org/	1000 Brook St., Wichita Falls, TX 76301	M: 940-397-3100 C: 800-621-8504	Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young
24	Hill Country Mental Health & Developmental Disabilities Center https://www.hillcountry.org/	819 Water St., Ste 300, Kerrville, TX 78028	M: 830-792-3300 C: 877-466-0660	Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, Val Verde
3	Integral Care https://integralcare.org	1430 Collier St. Austin, TX 78704	M: 512-447-4141 C: 512-472-4357	Travis
25	Lakes Regional Community Center https://lakesregional.org/	400 Airport Rd. Terrell, TX 75160	M: 972-524-4159 C: 877-466-0660	Camp, Delta, Ellis, Franklin, Hopkins, Hunt, Kaufman, Lamar, Morris, Navarro, Rockwall, Titus
26	LifePath Systems https://www.lifepathsystems.org/	1515 Heritage Dr. McKinney, TX 75069	M: 877-562-0190 C: 877-422-5939	Collin
16	Metrocare <i>Serves as LIDDA for County served</i> https://www.metrocareservices.org/	1345 River Bend Drive, Suite 200 Dallas, TX 75247 <i>Multiple locations in Dallas Co.</i>	M: 214-743-1200 C: 866-260-8000	Dallas
7	MHMR Authority of Brazos Valley https://mhmrabv.org/	1504 S. Texas Ave., Bryan, TX 77802	M: 979-822-6467 C: 888-522-8262	Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington
15	MHMR Concho Valley https://www.mhmrcv.org/	1501 W. Beauregard San Angelo, TX 76901	M: 325-658-7750 C: 800-375-8965	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
33	My Health My Resources (MHMR) of Tarrant County https://www.mhmrtc.org/	3840 Hulen St., Fort Worth, TX 76107	M: 817-569-4300 C: 800-866-2465	Tarrant

N/A	North Texas Behavioral Health Authority (NTBHA) <i>Serves as LIDDA for Counties Served</i> https://ntbha.org/	TBA (currently moving offices)	M: 214-366-9407 C: 866-260-8000	Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall
28	Nueces Center for Mental Health and Intellectual Disabilities https://www.ncmhid.org/	3733 S. Port Ave. Corpus Christi, TX 78415	M: 361-886-6900 C: 888-767-4493	Nueces
29	Pecan Valley Centers for Behavioral & Developmental Healthcare https://www.pecanvalley.org/	2101 W. Pearl St. Granbury, TX 76048	M: 817-579-4400 C: 800-772-5987	Erath, Hood, Johnson, Palo Pinto, Parker, Somervell
30	PermiaCare https://www.permiacare.org/	401 E. Illinois Ave. Midland, TX 79701	M: 432-570-3300 C: 844-420-3964	Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos, Presidio
32	Spindletop Center http://spindletopcenter.org/	655 S. 8 th St. Beaumont, TX 77701	M: 409-784-5611 C: 800-937-8097	Chambers, Hardin, Jefferson, Orange, Jasper
27	StarCare Specialty Health System https://www.starcarelubbock.org/	904 Ave. O Lubbock, TX 79408	M: 806-766-0310 C: 806-740-1414	Cochran, Crosby, Hockley, Lubbock, Lynn
34	Texana Center https://www.texanacenter.com/	4910 Airport Ave. Rosenberg, TX 77471	M: 281-239-1300 C: 800-633-5686	Austin, Colorado, Fort Bend, Matagorda, Waller, Wharton
35	Texas Panhandle Centers https://www.texaspanhandlecenters.org/	901 Wallace Blvd., Amarillo, TX 79106	M: 806-358-1681 C: 806-359-6699	Armstrong, Carson, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall, Roberts, Sherman, Wheeler
36	Texoma Community Centers https://www.texomacc.org/	315 W. McLain Dr. Sherman, TX 75092	M: 903-957-4700 C: 877-277-2226	Cooke, Fannin, Grayson
37	Tri-County Behavioral Healthcare http://www.tricountyservices.org/	233 Sgt. Ed Holcomb Blvd. S. Conroe, TX 77304	M: 936-521-6100 C: 800-659-6994	Liberty, Montgomery, Walker

38	Tropical Texas Behavioral Health http://www.ttbh.org/	1901 S. 24 th Ave. Edinburg, TX 78540	M: 956-289-7000 C: 877-289-7199	Cameron, Hidalgo, Willacy
39	West Texas Centers https://www.wtcmhmr.org/	319 Runnels St. Big Spring, TX 79720	M: 432-263-0007 C: 800-375-4357	Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler, Yoakum

List of LMHAs/LBHAs/LIDDAs by County

<https://txcouncil.com/community-centers/>

Anderson -- ACCESS	Brooks -- Coastal Plains Community Center	Concho -- MHMR Services for the Concho Valley
Andrews -- West Texas Centers	Brown -- Center for Life Resources	Cooke -- Texoma Community Centers
Angelina -- Burke	Burleson -- MHMR Authority of Brazos Valley	Coryell -- Central Counties Services
Aransas -- Coastal Plains Community Center	Burnet -- Bluebonnet Trails Community Services	Cottle -- Helen Farabee Centers
Archer -- Helen Farabee Centers	Caldwell -- Bluebonnet Trails Community Services	Crane -- West Texas Centers
Armstrong -- Texas Panhandle Centers	Calhoun -- Gulf Bend Center	Crockett -- MHMR Services for the Concho Valley
Atascosa -- Camino Real Community Services	Callahan -- Betty Hardwick Center	Crosby -- StarCare Specialty Health System
Austin -- Texana Center	Cameron -- Tropical Texas Behavioral Health	Culberson -- PermianCare
Bailey -- Central Plains Center	Camp -- Lakes Regional Community Center	Dallam -- Texas Panhandle Centers
Bandera -- Hill Country Mental Health & Developmental Disabilities Centers	Carson -- Texas Panhandle Centers	Dallas -- Metrocare Services
Bastrop -- Bluebonnet Trails Community Services	Cass -- Community Healthcore	Dawson -- West Texas Centers
Baylor -- Helen Farabee Centers	Castro -- Central Plains Center	Deaf Smith -- Texas Panhandle Centers
Bee -- Coastal Plains Community Center	Chambers -- Spindletop Center	Delta -- Lakes Regional Community Center
Bell -- Central Counties Services	Cherokee -- ACCESS	Denton -- Denton County MHMR Center
Bexar -- The Center for Health Care Services	Childress -- Helen Farabee Centers	DeWitt -- Gulf Bend Center
Blanco -- Hill Country Mental Health & Developmental Disabilities Centers	Clay -- Helen Farabee Centers	Dickens -- Helen Farabee Centers
Borden -- West Texas Centers	Cochran -- StarCare Specialty Health System	Dimmit -- Camino Real Community Services
Bosque -- Heart of Texas Region MHMR Center	Coke -- MHMR Services for the Concho Valley	Donley -- Texas Panhandle Centers
Bowie -- Community Healthcore	Coleman -- Center for Life Resources	Duval -- Coastal Plains Community Center
Brazoria -- Gulf Coast Center	Collin -- LifePath Systems	Eastland -- Center for Life Resources
Brazos -- MHMR Authority of Brazos Valley	Collingsworth -- Texas Panhandle Centers	Ector -- PermianCare
Brewster -- PermianCare	Colorado -- Texana Center	Edwards -- Hill Country Mental Health & Developmental Disabilities Centers
Briscoe -- Central Plains Center	Comal -- Hill Country Mental Health & Developmental Disabilities Centers	Ellis -- Lakes Regional Community Center
	Comanche -- Center for Life Resources	

El Paso -- Emergence Health Network
Erath -- Pecan Valley Centers for Behavioral & Developmental HealthCare
Falls -- Heart of Texas Region MHMR Center
Fannin -- Texoma Community Centers
Fayette -- Bluebonnet Trails Community Services
Fisher -- West Texas Centers
Floyd -- Central Plains Center
Foard -- Helen Farabee Centers
Fort Bend -- Texana Center
Franklin -- Lakes Regional Community Center
Freestone -- Heart of Texas Region MHMR Center
Frio -- Camino Real Community Services
Gaines -- West Texas Centers
Galveston -- Gulf Coast Center
Garza -- West Texas Centers
Gillespie -- Hill Country Mental Health & Developmental Disabilities Centers
Glasscock -- West Texas Centers
Goliad -- Gulf Bend Center
Gonzales -- Bluebonnet Trails Community Services
Gray -- Texas Panhandle Centers
Grayson -- Texoma Community Centers
Gregg -- Community Healthcore
Grimes -- MHMR Authority of Brazos Valley
Guadalupe -- Bluebonnet Trails Community Services
Hale -- Central Plains Center

Hall -- Texas Panhandle Centers
Hamilton -- Central Counties Services
Hansford -- Texas Panhandle Centers
Hardeman -- Helen Farabee Centers
Hardin -- Spindletop Center
Harris -- The Harris Center for Mental Health and IDD
Harrison -- Community Healthcore
Hartley -- Texas Panhandle Centers
Haskell -- Helen Farabee Centers
Hays -- Hill Country Mental Health & Developmental Disabilities Centers
Hemphill -- Texas Panhandle Centers
Henderson -- Andrews Center
Hidalgo -- Tropical Texas Behavioral Health
Hill -- Heart of Texas Region MHMR Center
Hockley -- StarCare Specialty Health System
Hood -- Pecan Valley Centers for Behavioral & Developmental HealthCare
Hopkins -- Lakes Regional Community Center
Houston -- Burke
Howard -- West Texas Centers
Hudspeth -- PermianCare
Hunt -- Lakes Regional Community Center
Hutchinson -- Texas Panhandle Centers
Irion -- MHMR Services for the Concho Valley
Jack -- Helen Farabee Centers
Jackson -- Gulf Bend Center
Jasper -- Burke

Jeff Davis -- PermianCare
Jefferson -- Spindletop Center
Jim Hogg -- Border Region Behavioral Health Center
Jim Wells -- Coastal Plains Community Center
Johnson -- Pecan Valley Centers for Behavioral & Developmental HealthCare
Jones -- Betty Hardwick Center
Karnes -- Camino Real Community Services
Kaufman -- Lakes Regional Community Center
Kendall -- Hill Country Mental Health & Developmental Disabilities Centers
Kenedy -- Coastal Plains Community Center
Kent -- West Texas Centers
Kerr -- Hill Country Mental Health & Developmental Disabilities Centers
Kimble -- Hill Country Mental Health & Developmental Disabilities Centers
King -- Helen Farabee Centers
Kinney -- Hill Country Mental Health & Developmental Disabilities Centers
Kleberg -- Coastal Plains Community Center
Knox -- Helen Farabee Centers
LaSalle -- Camino Real Community Services
Lamar -- Lakes Regional Community Center
Lamb -- Central Plains Center
Lampasas -- Central Counties Services
Lavaca -- Gulf Bend Center
Lee -- Bluebonnet Trails Community Services

Leon -- MHMR Authority of Brazos Valley
Liberty -- Tri-County Behavioral Healthcare
Limestone -- Heart of Texas Region MHMR Center
Lipscomb -- Texas Panhandle Centers
Live Oak -- Coastal Plains Community Center
Llano -- Hill Country Mental Health & Developmental Disabilities Centers
Loving -- West Texas Centers
Lubbock -- StarCare Specialty Health System
Lynn -- StarCare Specialty Health System
Madison -- MHMR Authority of Brazos Valley
Marion -- Community Healthcare
Martin -- West Texas Centers
Mason -- Hill Country Mental Health & Developmental Disabilities Centers
Matagorda -- Texana Center
Maverick -- Camino Real Community Services
McCulloch -- Center for Life Resources
McLennan -- Heart of Texas Region MHMR Center
McMullen -- Camino Real Community Services
Medina -- Hill Country Mental Health & Developmental Disabilities Centers
Menard -- Hill Country Mental Health & Developmental Disabilities Centers
Midland -- PermianCare
Milam -- Central Counties Services
Mills -- Center for Life Resources

Mitchell -- West Texas Centers
Montague -- Helen Farabee Centers
Montgomery -- Tri-County Behavioral Healthcare
Moore -- Texas Panhandle Centers
Morris -- Lakes Regional Community Center
Motley -- Central Plains Center
Nacogdoches -- Burke
Navarro -- Lakes Regional Community Center
Newton -- Burke
Nolan -- West Texas Centers
Nueces -- Nueces Center for Mental Health and Intellectual Disabilities
Ochiltree -- Texas Panhandle Centers
Oldham -- Texas Panhandle Centers
Orange -- Spindletop Center
Palo Pino -- Pecan Valley Centers for Behavioral & Developmental HealthCare
Panola -- Community Healthcare
Parker -- Pecan Valley Centers for Behavioral & Developmental HealthCare
Parmer -- Central Plains Center
Pecos -- PermianCare
Polk -- Burke
Potter -- Texas Panhandle Centers
Presidio -- PermianCare
Rains -- Andrews Center
Randall -- Texas Panhandle Centers
Reagan -- MHMR Services for the Concho Valley

Real -- Hill Country Mental Health & Developmental Disabilities Centers
Red River -- Community Healthcare
Reeves -- West Texas Centers
Refugio -- Gulf Bend Center
Roberts -- Texas Panhandle Centers
Robertson -- MHMR Authority of Brazos Valley
Rockwall -- Lakes Regional Community Center
Runnels -- West Texas Centers
Rusk -- Community Healthcare
Sabine -- Burke
San Augustine -- Burke
San Jacinto -- Burke
San Patricio -- Coastal Plains Community Center
San Saba -- Center for Life Resources
Schleicher -- Hill Country Mental Health & Developmental Disabilities Centers
Scurry -- West Texas Centers
Shackelford -- Betty Hardwick Center
Shelby -- Burke
Sherman -- Texas Panhandle Centers
Smith -- Andrews Center
Somervell -- Pecan Valley Centers for Behavioral & Developmental HealthCare
Starr -- Border Region Behavioral Health Center
Stephens -- Betty Hardwick Center
Sterling -- MHMR Services for the Concho Valley
Stonewall -- Helen Farabee Centers

Sutton -- Hill Country Mental Health & Developmental Disabilities Centers
Swisher -- Central Plains Center
Tarrant -- MHMR Tarrant
Taylor -- Betty Hardwick Center
Terrell -- West Texas Centers
Terry -- West Texas Centers
Throckmorton -- Helen Farabee Centers
Titus -- Lakes Regional Community Center
Tom Green -- MHMR Services for the Concho Valley
Travis -- Integral Care
Trinity -- Burke
Tyler -- Burke
Upshur -- Community Healthcore

Upton -- West Texas Centers
Uvalde -- Hill Country Mental Health & Developmental Disabilities Centers
Val Verde -- Hill Country Mental Health & Developmental Disabilities Centers
Van Zandt -- Andrews Center
Victoria -- Gulf Bend Center
Walker -- Tri-County Behavioral Healthcare
Waller -- Texana Center
Ward -- West Texas Centers
Washington -- MHMR Authority of Brazos Valley
Webb -- Border Region Behavioral Health Center
Wharton -- Texana Center
Wheeler -- Texas Panhandle Centers

Wichita -- Helen Farabee Centers
Wilbarger -- Helen Farabee Centers
Willacy -- Tropical Texas Behavioral Health
Williamson -- Bluebonnet Trails Community Services
Wilson -- Camino Real Community Services
Winkler -- West Texas Centers
Wise -- Helen Farabee Centers
Wood -- Andrews Center
Yoakum -- West Texas Centers
Young -- Helen Farabee Centers
Zapata -- Border Region Behavioral Health Center
Zavala -- Camino Real Community Services

NOTIFICATION OF EMERGENCY DETENTION

CASE NO. _____ DATE: _____ TIME: _____

THE STATE OF TEXAS

FOR THE BEST INTEREST AND PROTECTION OF: _____

DOB: _____ Race: _____ Gender: _____ Phone Number: _____

Address: _____

Now comes _____, a peace officer with _____,
(name of agency) of the State of Texas, and states as follows:

☐ I have reason to believe and do believe that _____ (person detained) evidences mental illness; **AND**

☐ I have reason to believe and do believe that the above-named person evidences a substantial risk of serious harm to himself/herself or others based on the person's behavior or evidence the person is experiencing severe emotional distress and deterioration or the person evidences an inability to recognize symptoms or appreciate the risks and benefits of treatment to the extent that the person cannot remain at liberty; **AND**

☐ I have reason to believe and do believe that the risk of harm is imminent unless the above-named person is immediately restrained.

1. My above-stated beliefs are based upon the following recent behavior, severe emotional distress and deterioration, overt acts, attempts, statements, or threats observed by me or reliably reported to me (may use attachments).

2. The names, addresses, phone numbers, and relationship to the above-named person or those persons who reported or observed recent behavior, acts, attempts, statements, or threats of the above-named person or relevant witnesses who witnessed the above-named person being detained are (if applicable):

ADULT 65 YEARS OF AGE OR OLDER ☐ YES ☐ NO *If yes, age:* _____

CHILD 17 YEARS OF AGE OR YOUNGER ☐ YES ☐ NO *If yes, age:* _____

FOR A CHILD 17 YEARS OF AGE OR YOUNGER (if yes):

My belief the child is at risk of imminent serious harm unless immediately removed from the parents' custody is based on the above-stated facts showing the parents or guardians are presently unable to protect the child from imminent serious harm.

☐ I provided notice to the child's parent(s) or guardian(s) of my intention to file this notification.

☐ I was not able to provide notice to the child's parent(s) or guardian(s) of my intention to file this notification because:

Parent(s)/Guardian(s) Contact Information (if known): _____

USE OF RESTRAINT

Was the person physically restrained in any way? ☐ YES ☐ NO

If YES, reason for physical restraint: ☐ Officer Safety ☐ Person's Safety ☐ Other: _____

CALL ORIGINATED AT: ☐ Public Area ☐ Residence ☐ School/University ☐ Group Home ☐ Hospital ☐ Other _____

OBSERVATIONS/HISTORY If YES to any question below, provide additional information.

	YES	NO	UNK	NOTES
Harm to self or stating an intention to harm self?				
Previous suicide attempt?				
Harm to others or stating an intention to harm others?				
Previous serious harm or injury to others?				
Previous psychiatric hospital treatment?				
Reported mental health diagnosis?				
Prescribed psychiatric medications?				
Current psychiatric medications taken?				
Sleeping difficulty?				
Substance Use Disorder?				

TRANSPORTED TO: ☐ Hospital/Emergency Room ☐ Mental Health Facility ☐ Other _____

For the above reasons, I present this notification to seek temporary admission to the (name of facility) _____ inpatient mental health facility or hospital facility for the detention of (person detained) _____ on an emergency basis.

[If applicable] I have transferred the person detained to Emergency Medical Services Personnel (Name & Agency) _____ for transport on (date) ____/____/____ at (time) ____ .M., pursuant to a memorandum of understanding between agencies, and I have determined that transferring the person for transport is safe for both the person and the personnel.

PEACE OFFICER'S PRINTED NAME: _____ BADGE NO. _____

PEACE OFFICER'S SIGNATURE: _____

Address: _____ Zip Code: _____ Telephone: _____

A mental health facility or hospital emergency department may not require a peace officer or emergency medical services personnel to execute any form other than this form as a predicate to accepting for temporary admission a person detained by a peace officer under Section 573.001, Texas Health and Safety Code.

Chapter 55 Issues Checklist

This checklist's purpose is to help Juvenile Law Practitioners determine if there are issues with a child's mental health or developmental level (intellectual disability) which need to be evaluated by a professional.¹⁹⁶ It is not intended to replace an evaluation by a qualified professional if there are any concerns regarding whether a child is fit to proceed.

First, is there a Chapter 55 Issue?

Can you talk to the client and do they understand what is going on?

If there appears to be an issue, consider the following questions:

Part I – (Short screening test)

Can you have a coherent conversation with your client? Yes / No

Does the Client understand the charges? Yes / No

Does the Client understand the role of the prosecutor? Yes / No

Does the Client understand the role of the judge? Yes / No

Does the Client understand your role (Defense Attorney)? Yes / No

If the answer to any of the above is "No", you may need to go through the full screening questions in Part II.

Part II – (Full screening)

Mental Health History:

Is there a history of mental health or intellectual disability issues?

If so, is it a mental health history, an intellectual disability history, or both?

What, if any treatment(s), has the client received?

(AND: who were the treating physicians, social workers, therapists, etc.; what medications have been prescribed, has the client been hospitalized for treatment or sent to a residential treatment center (RTC))

School History:

Has the client had an ARD (Admission, Review, and Dismissal hearing)?

Are they in special education classes, and if so, which subjects?

Be sure to get all the client's school records. This will probably require 2 or 3 subpoenas, one for academic records including achievement tests, one for counseling records, and a third for disciplinary records.

Parental Questions:

How well does the client understand concepts/assignments?

NOTE: If the answer is that they get it, you just have to tell them 3-4 times, this may indicate an issue of fitness to proceed.

Is there a history of inhalant abuse?

Is there anything of concern in the client's developmental history, any accidents with head trauma, any illnesses with high fever, loss of consciousness, etc.?

Detailed Conversation with Client:

When talking to a client, be sure to test not only how the client responds to individual questions and legal concepts, but also test the client's short-term memory. For many clients, it will be clear as part of a regular interview that the juvenile understands the charges against them and is able to discuss the

¹⁹⁶ William R. "Bill" Cox, Texas Family Code Chapter 55: Mental Health Proceedings, 26th Annual Robert O. Dawson Juvenile Law Institute (2013), https://juvenilelaw.org/wp-content/uploads/2017/06/07_Cox.pdf.

charges with you and to prepare a defense. For others, it may be less clear and will require specific probing questions to be sure fitness to proceed is assessed. This is especially true with juveniles who have had prior contact with the mental health system. With an individual who has had prior mental health treatment, especially treatment including competency restoration, practitioners need to ask the child to explain the role of a judge, prosecutor, and lawyer in their own words. Often those who have been through competency restoration treatments will repeat the textbook definition of an attorney, judge, etc., however they may have no understanding of what the words in the memorized definition actually mean.

Practice Tip: The amount of time necessary to test a client's short-term memory will vary with the client and the nature of their issues. In some cases, the damage, especially from inhalant abuse will be so profound that a period of 5 minutes is enough, while other clients' short-term memory deficits may only appear after the passage of 30 minutes or more. It is important to identify the amount of time at which short term memory deficits appear in order to provide the mental health professional insight into those issues so that they can be adequately addressed during the evaluation and in the professional's reports to the court.

Texas Family Code – Chapter 55, Subchapter A. General Provisions – Applicable to all Subchapters

The **Juvenile Court** has **jurisdiction** for initiation of proceedings for mental health or IDD services for child [FC § 55.02] **Standards of Care** for a child under Chapter 55 is the same as under **Mental Health Code** [FC § 55.03(a)] or the **Persons with Intellectual Disabilities Act** [FC § 55.03(b)] **except** as otherwise provided by **Chapter 55**

Forensic Mental Exam (FME) is an examination by a **disinterested physician** or **psychologist** to determine if a child meets criteria for **court-ordered mental health** services (Subchapter B.) is **unfit to proceed** in juvenile court due to **mental illness** or **intellectual disabilities** (Subchapter C.) or **lacks responsibility for conduct** due to **mental illness** or an **intellectual disability** (Subchapter D) [FC § 55.03(a)] A juvenile court may order FME if **probable cause** exists to believe child has **mental illness** or **intellectual disabilities** [FC § 55.03(b)]

To qualify for appointment the **expert** must meet **same criteria** as under CCP, Chapter 46B or 46C [FC § 55.03(c)/(d)]

Subchapter A. Information Key

General Provisions

Mental Health Related Provisions

Intellectual Disability Related Provisions

Court-Ordered Temporary Inpatient Mental Health Services:

Child is, by **clear and convincing evidence**, a person with mental illness who is, **as a result of that mental illness**:

- likely to cause serious harm to self or to others; **or**
- suffering severe and abnormal mental, emotional, or physical distress; **and**
- experiencing substantial deterioration of the proposed patient's ability to function independently; **and**
- unable to make a rational and informed decision as to whether or not to submit to treatment. [FC § 55.05(a)]

Court-Ordered Extended Inpatient Mental Health Services:

- meets above criteria; **and**
- condition is expected to continue for over 90 days; **and**
- has received court-ordered inpatient mental health services for at least 60 consecutive days during the preceding 12 months. [FC § 55.05(c)]

Court-Ordered Temporary Outpatient Mental Health Services:

A juvenile court may order **only** if it finds that **appropriate** mental health services **are available** to the child; **and** **Child** is, by **clear and convincing evidence**, a person with **severe** and **persistent mental illness** who, **as a result of that mental illness**:

- Will, if not treated, experience deterioration of the ability to function independently to the extent that the child will be unable to live safely in the community without court-ordered outpatient mental health services;
- outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the child or others; **and**
- the child has an inability to effectively and voluntarily participate in outpatient, demonstrated by
 - child's actions within past 2 years or
 - specific condition of child that impairs ability to rationally submit to treatment [FC § 55.05(b)]

Court-Ordered Extended Outpatient Mental Health Services:

- meets above criteria; **and**
- condition is expected to continue for over 90 days; **and**
- has received court-ordered inpatient mental health services for at least 60 consecutive days during the preceding 12 months. [FC § 55.05(d)(2)(A)]; **or**
- has received court-ordered outpatient mental health services during the preceding 60 days. [FC § 55.05(d)(2)(B)]

Court-Ordered Residential Intellectual Disability Services: A court may **not** order child to residential care facility (SSLC) **unless** the court finds, **beyond a reasonable doubt**:

- the child is a child with an intellectual disability;
- evidence is presented showing that because of the child's intellectual disability, the child:
 - represents a substantial risk of physical impairment or injury to the child or others; or
 - is unable to provide for and is not providing for the child's most basic personal physical needs;
- the child cannot be adequately and appropriately habilitated in an available, less restrictive setting;
- the residential care facility provides habilitative services, care, training, and treatment appropriate to the child's needs; **and**
- an interdisciplinary team recommends placement in the residential care facility. [FC § 55.06]

Texas Family Code – Chapter 55, Subchapter B. Child with **Mental Illness** (“55-B”)

In Juvenile Proceedings Alleging Delinquent Conduct or Need for Supervision a Party May Raise the Issue of **Mental Illness** of the Child [Family Code (FC) § 55.11(a)]

Flowchart Key

Informational

Alternatives

Exits from 55-B

Court-Ordered **Temporary Inpatient**: Child is a person with mental illness who is:

- likely to cause serious harm to self or to others; **or**
- suffering severe and abnormal mental, emotional, or physical distress; **and**
- experiencing substantial deterioration of the proposed patient's ability to function independently; **and**
- unable to make a rational and informed decision as to whether or not to submit to treatment. [FC § 55.05(a)]

Court-Ordered **Extended Inpatient**:

- meets above criteria; **and**
- condition is expected to continue for over 90 days; **and**
- has received court-ordered inpatient mental health services for at least 60 consecutive days during the preceding 12 months. [FC § 55.05(c)]

Court Determines whether **Probable Cause** exists to support a finding that the child has a Mental Illness (MI) [FC § 55.11(a)]

No Probable Cause

Probable Cause

Resume juvenile proceedings

Court Stays Proceedings and orders Forensic Mental Examination (FME) by an **Expert** qualified under [FC§ 55.04(c)] to determine if child has MI and meets **criteria for court-ordered MH service** [FC § 55.11(b) and § 55.05]

Finding that evidence does **NOT** support child has MI **or** does **NOT** support H&S commitment criteria [FC § 55.11(c)(2)]

Court determines evidence that child has MI **and** meets court-ordered **criteria** [FC § 55.11(c)(1)]

Court-Ordered **Temporary Outpatient** [FC§ 55.05(b)]

Court-Ordered **Extended Outpatient** [FC§ 55.05(d)]

The **Juvenile Court** refers the matter to **Court with Probate Jurisdiction** for civil proceedings [FC § 55.68]

Court shall either **initiate proceedings** for **court-ordered services** [FC § 55.12(1) and 55.65] **or** **refer** the child's case to **court with probate jurisdiction** [FC § 55.12(2) and 55.68]

Resume juvenile proceedings

If **Probate Court** does **NOT** issue **court-ordered** services the **Juvenile Court** resumes **proceedings** [FC §55.17(a)]

Court does **NOT** order H&S Code temporary or extended mental health services [FC § 55.17(b)]

Child turns 18

Juvenile Court has hearing in accordance with **Mental Health Code** [FC § 55.65(a)(1-5)]:

- Application and notice [HSC § 574.001-.006]
- LMHA must have on file before hearing its recommendation for child [HSC § 574.012]
- Must have 2 CME's on file [HSC § 574.009]

Burden of proof (clear and convincing) is on party that filed application [FC § 55.65(b)]

Inpatient if criteria established [FC § 55.05(a)/(c)]
Outpatient if criteria established [FC§ 55.05(b)/(d)]

Court order for mental health services **automatically expires** 120 days after child's 18th birthday. [FC § 55.15(1)]

Dismisses proceedings with prejudice [FC § 55.18(1)]

Continue with proceedings as though no order of mental health services had been made. [FC § 55.18(2)]

Standards of Care, treatment and release is same as under Mental Health Code except that notice of intent to discharge child must be given to the court at least 10 days prior to discharge [FC § 55.15]

Case may be referred to **criminal court** for **CCP, Art. 46B** proceedings if alleged offense is eligible for **determinate sentencing**. **Maximum sentence** is **limited** to punishment range if prosecuted under juvenile court. [FC § 55.19]

Texas Family Code – Chapter 55, Subchapter C

Child Unfit to Proceed (“55-C”)

Flowchart Key

Informational

Alternatives

Exits from 55-C

References in this flowchart to **FC Sections 55.04, 55.05** and **55.06** are explained in greater detail in companion Subchapter A. information handout – These provisions have application in all FC Subchapters

A child is **Unfit to Proceed** if the child, due to **Mental Illness (MI)** or **Intellectual Disability (ID)** lacks capacity:

- To **understand the proceedings** in juvenile court; or
- To **assist in the child’s own defense** [FC § 55.31(a)]

***Forensic Mental Examination (FME)** expert must consider factors that parallel CCP, Art. 46B.024 regarding fitness. The **report** must state whether:

- Restoration likely in 90 days;
- Can child be restored in alternate setting;
- Relationship of deficits to fitness;
- Whether child meets court-ordered criteria under FC 55.05 or 55.06.

A **Party** to a Juvenile Proceeding may raise the issue of **Unfitness to Proceed**; whereupon the **Court** shall determine if **Probable Cause** exists to believe the Child is unfit to proceed **due to MI or ID**. The **Court** may consider the motion, supporting documents, professional statement of counsel, witness testimony and its own observation of the child. [FC § 55.31(b)]

If **Probable Cause** exists to believe child is unfit to proceed the Court shall **Temporarily Stay Proceedings** and order ***Forensic Mental Examination (FME)** of Child physician/psychologist **Expert** qualified under [FC § 55.04(c)] to render **Expert Opinion on Unfitness** due to **MI or ID** [FC § 55.31(c)]

No Probable Cause

Resume Juvenile Proceedings

After receiving **FME**, court finds **evidence exists** that child is Unfit to Proceed [FC § 55.31(f)(1)]

After receiving **FME**, court finds **evidence does not exist** that child is Unfit to Proceed [FC § 55.31(f)(2)]

Fitness to Proceed hearing before Court (unless **Jury** demand 10+ days before hearing) [FC § 55.32(a-c)] **Moving party** must prove the child is unfit to proceed by a **Preponderance of the Evidence** [FC § 55.32(d)]

Resume Juvenile Proceedings

Court (or jury) determines child is **Unfit to Proceed** due to **MI or ID** the Court shall **stay proceeding** for as long as incapacity endures [FC § 55.32(f)(1)]

Court (or jury) finds Child is **Fit to Proceed** [FC § 55.32(e)]

If court finds that child may be adequately treated or served in an alternative setting and determines that child does **not** meet criteria under 55.05 or 55.06, the court, after consulting with the local probation department, the local treatment or service providers and LMHA/LIDDA, order the child to receive treatment on an **Outpatient** basis for **90 days**; which the court may be extend. [FC § 55.33(a)(3)/(b)/(c)]

Provided that the child meets the inpatient criteria under FC 55.05 or residential disabilities services under 55.06 the Court **orders the child placed** in a facility designated by **HHSC** for a period of **not more than 90 days** (order may not specify shorter timeframe) [FC § 55.33(a)(1)]

On application by the child's parent, guardian, or guardian ad litem, the Court may order the child placed in a **private psychiatric inpatient facility** for a period of not more than **90 days** (order may not specify a shorter period) but only if the **placement is agreed to in writing by the administrator of the facility** [FC 55.33 § (a)(2)]

Not later than the **75th day** after the date the Court issues a **placement order**, the facility shall submit a **Report** to the **Court** that:

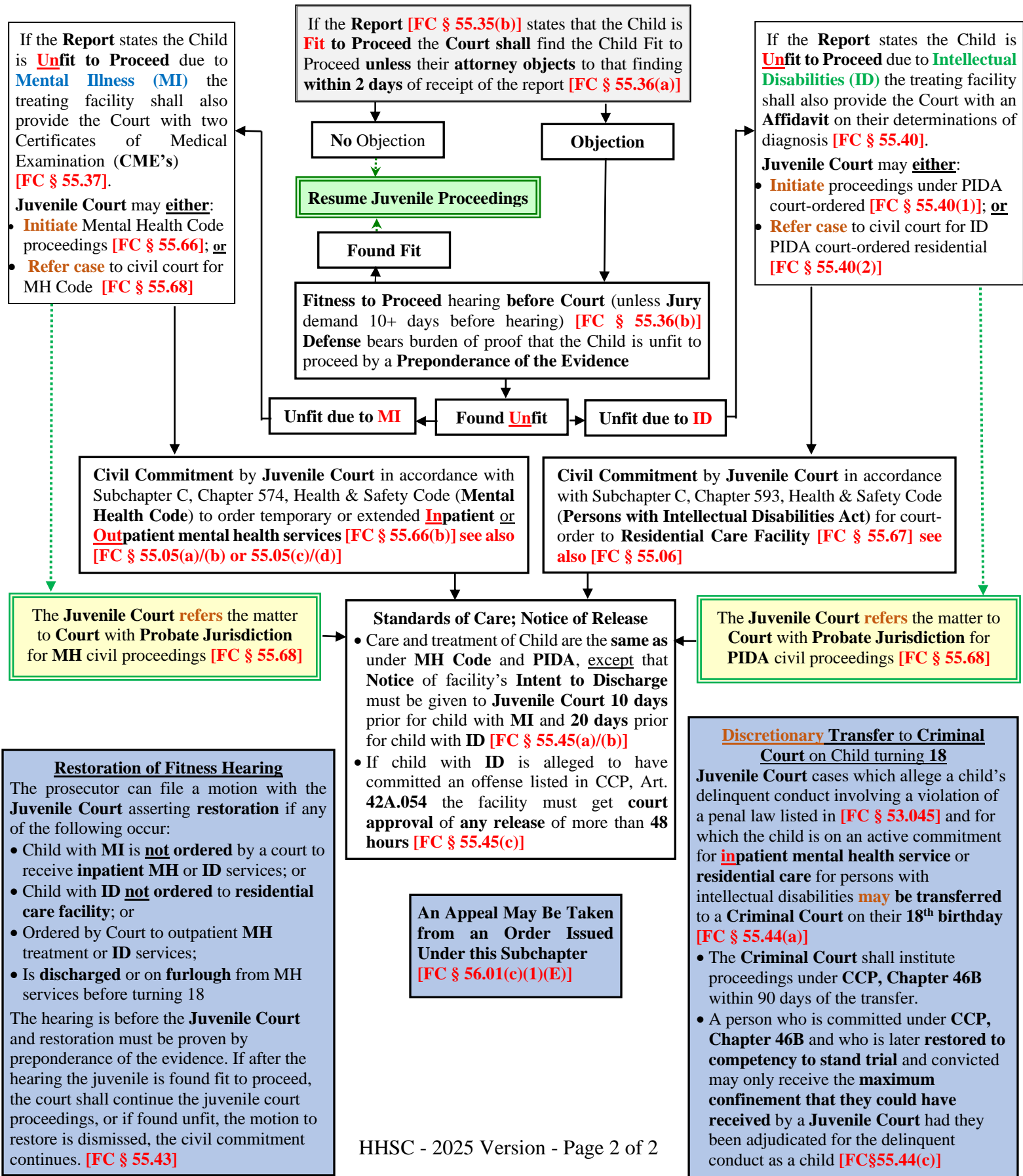
- **Describes treatment or services** of the child **provided**; and
- States the **opinion** of the **director** of the **facility or alternative setting** whether the child is **fit or unfit to proceed** [FC § 55.35(b)]

The **Court** shall **provide** the facility’s **report on fitness** to the **prosecution** and **attorney for the child** [FC § 55.35(e)]

Court is to order the **child be returned to Court** within **10 days** of their receipt of the facility’s **Report**. If child is not returned to court within that time, facility shall return child and the county must pay for costs of transportation [FC § 55.34(b)/(c)]

Unfitness to Proceed - continued on next page

Subchapter C: Unfitness to Proceed procedures - continued from first page



Texas Family Code (FC) – Chapter 55, Subchapter D

Lack of Responsibility for Conduct (“55-D”)

Flow Chart Key

Informational

Alternatives

Exits from 55-D

A child is **Not Responsible For Conduct** if, at the time of the conduct, the child, due to **Mental Illness (MI)** or **Intellectual Disability (ID)** lacks substantial capacity to:

- appreciate the wrongfulness of their conduct; or
 - conform their conduct to the requirements of law.
- [FC § 55.51(a)]

A **Party** to a Juvenile Proceeding on motion to the court may raise the issue of **lack of responsibility, due to MI or ID, for conduct**; whereupon the **Court shall order a *Forensic Mental Examination** of the child under [FC § 55.04] by a **Disinterested Expert** (physician or psychologist) to render **Expert Opinion** on whether the child is not responsible for conduct due to **MI or ID**. [FC § 55.51(b)]. The Expert must meet qualifications for appointment under [FC § 55.04(c)/(d)].

The issue of child’s lack of responsibility for conduct, as a result of **MI or ID**, may be tried before **jury or court**. The moving party bears the burden to show the child’s lack of responsibility by a **preponderance of the evidence**. The court findings or jury verdict regarding lack of responsibility must state whether the child’s conduct was a result of **MI or ID**. [FC § 55.51(c)-(e)]

There are no set timelines in Chapter 55 for getting Expert’s report to the court or in which to hold a hearing on the matter.

Court orders the child placed [FC § 55.52(a)]

There are also no parallel provisions from Subchapters B and C regarding a resumption of proceedings if the burden of proof is not met. However, since all subsequent provisions are contingent upon affirmative findings, a failure to meet burden should logically yield a resumption of proceedings.

Provided that the child meets criteria for court-ordered inpatient or residential services under [FC § 55.05 or 55.06] the Court **orders the child placed** in an inpatient or residential facility designated by **HHSC*** for a period of **not more than 90 days** [FC § 55.52(a)(1)]

If court finds that child may be adequately treated or served in an alternative setting, and determines that child does **not** meet 55.05 or 55.06 criteria, the court, after consulting with the local probation department, the local treatment or service providers and LMHA/LIDDA, may order the child to receive treatment on an **Outpatient** basis for **90 days**; which the court **may extend**. [FC § 55.52(a)(3)/(c)]

On application by the child’s parent, guardian, or guardian ad litem, the Court may order the child placed in a **private psychiatric inpatient facility** or **residential care facility** for a period of not more than **90 days** but **only if** due to child’s **MI or ID** and the **placement is agreed to in writing by the administrator of the facility** [FC 55.52 § (a)(2)(A)and(B)]

Not later than the **75th day after** the date the Court issues a **placement order**, the facility shall submit a **Report** to the Court that:

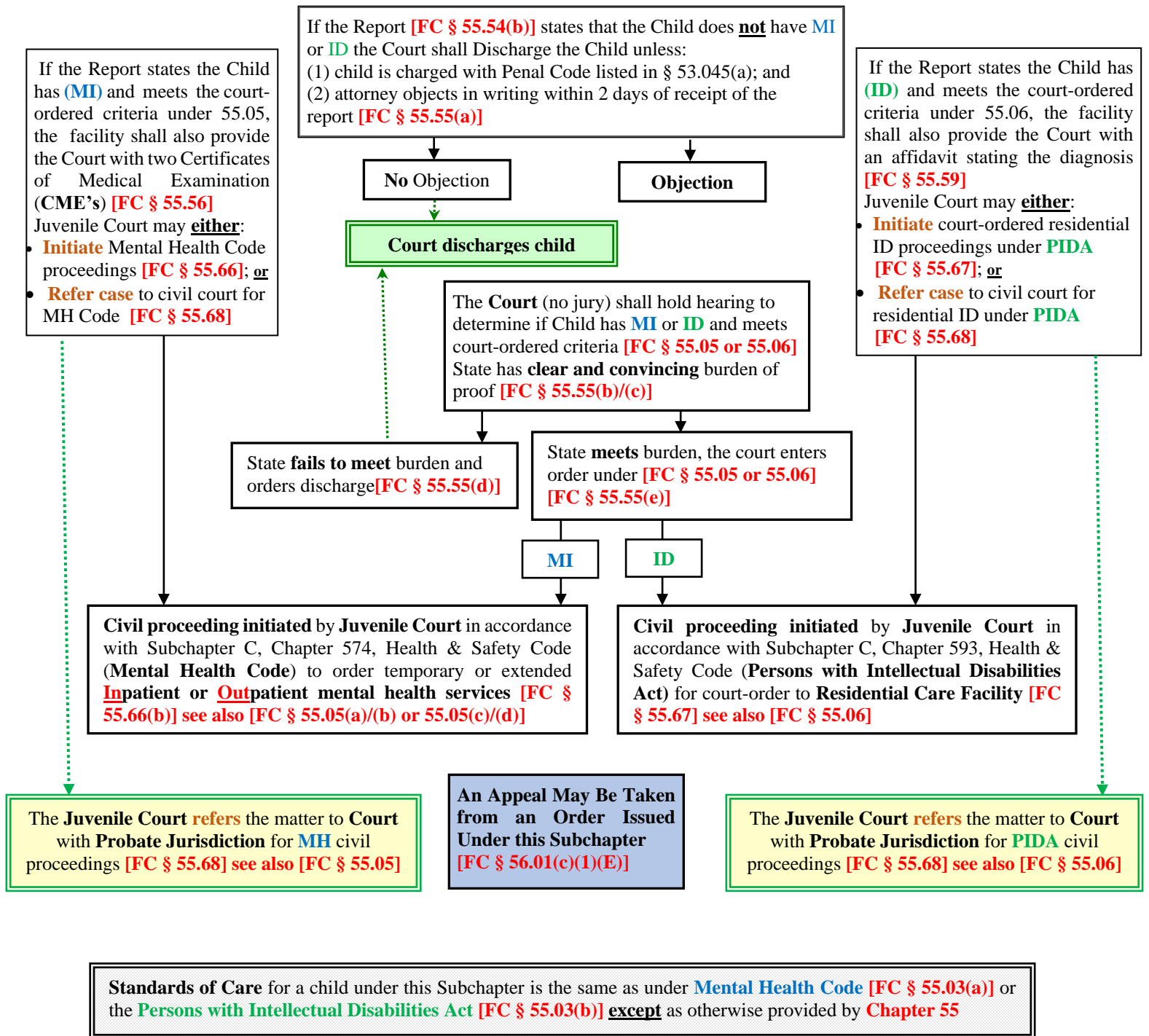
- **Describes treatment or services provided** to the child; and
- States the **opinion** of the facility or alternative provider whether the child has **MI or ID** [FC § 55.54(b)]
- Report must also address whether the child meets **court-ordered inpatient or residential** services under 55.05 or 55.06 [FC § 55.54(c)]

The Court shall provide the facility’s **Report** to the **prosecution and attorney for the child** [FC § 55.54(c)]

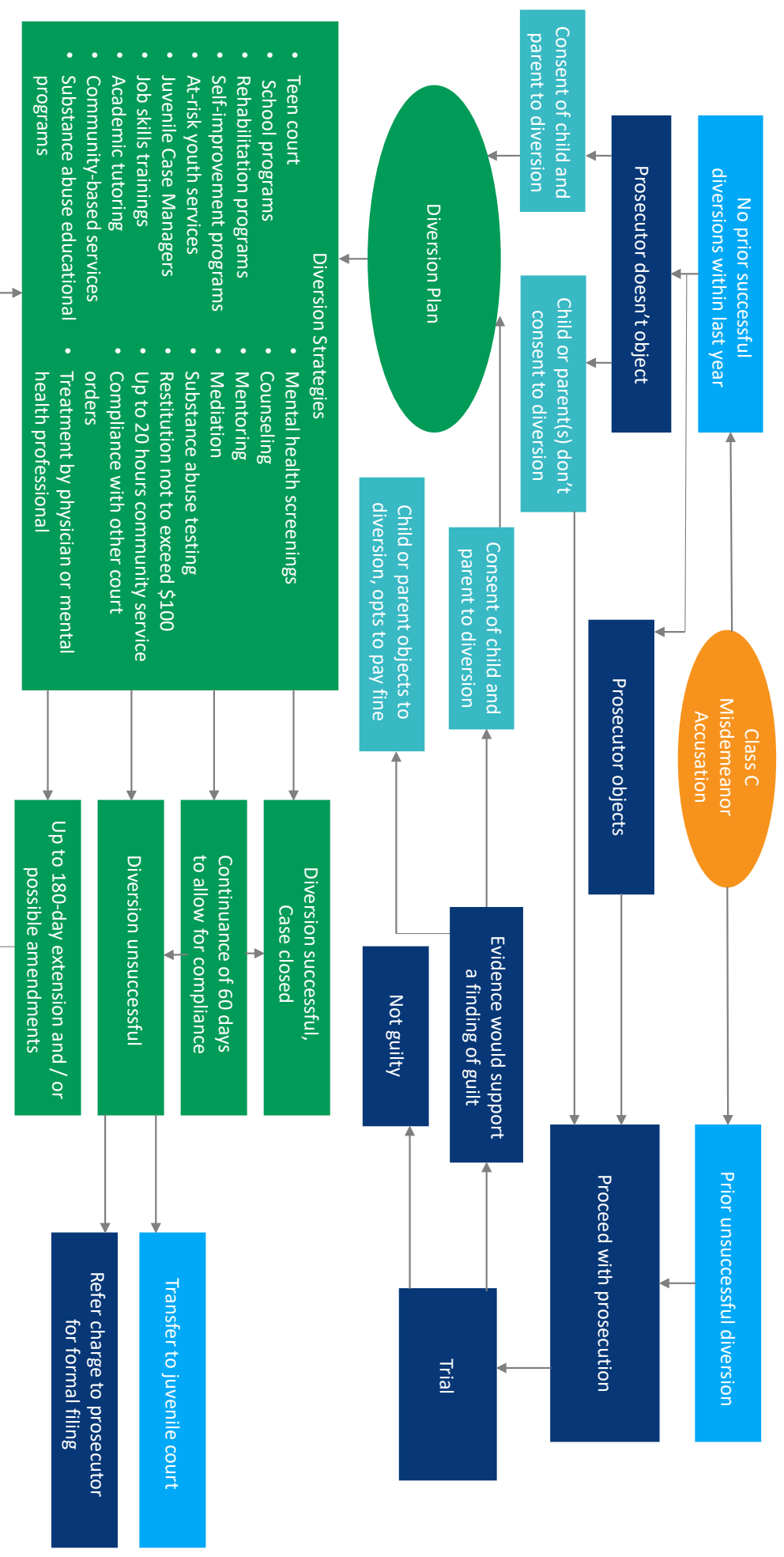
Court is to order the child returned to Court by county’s probation or sheriff’s department **within 10 days** of the facility’s **Report**. If child is not returned to court within that time, facility shall return child and the county must pay for costs of transportation [FC § 55.53]

Lack of Responsibility for Conduct - continued on next page

Subchapter D: Lack of Responsibility for Conduct - continued from first page



Texas Youth Diversion and Early Intervention Act



Checklist for Required Information Forwarded to Treatment Facility

This checklist is intended to provide a non-exhaustive list of areas where required information about a child's mental health/intellectual disability can be located, as well as best practices to obtain additional information.

- ☐ Juvenile Probation Officer's File
- ☐ Juvenile Electronic Records
- ☐ Detention Records
- ☐ Juvenile Clinical Unit Records
- ☐ Juvenile Medical Unit Records
- ☐ Department's Medical Providers
- ☐ Department's Mental Health Providers
- ☐ Department's Contracted Medical/MH Providers

In addition, best practices would include requesting information about the child's mental health/intellectual disability from:

- ☐ Child's Parent(s)
- ☐ Child's Attorney
- ☐ Child's School(s)
- ☐ Local Mental Health Authority

Certification of Competency Evaluator Credentials

Name:

Address:

Phone number:

Professional Discipline and License #:

Board Certifications:

Continuing Education Meeting Requirements: (note: statute requires the equivalent of 24 hours of continuing education relating to forensic evaluations, including 6 in the two years prior to the current evaluation)

Template for Competency Evaluations

Name of Defendant:

County:

Cause #:

Date of Evaluation:

Date of Report:

Specific Issues Referred for Evaluation:

Disclosures: (Please include, at minimum, that you explained the purpose of the evaluation, persons or entities to whom the report will be provided, and limits of confidentiality.)

Procedures, Techniques, Tests, and Collateral Information Reviewed:

Clinical Observations and Findings:

Diagnoses:

Areas of Competency: (Please describe in detail any deficits in the defendant's capacity during criminal proceedings and the exact nature of the deficits resulting from mental illness or intellectual disability. As required by statute, be certain to consider:

- Capacity to rationally understand the charges and potential consequences of the pending proceedings;
- Capacity to disclose to counsel pertinent facts, events and states of mind;
- Capacity to engage in legal strategies and options;
- Capacity to understand the adversarial nature of the proceedings;
- Capacity to exhibit appropriate courtroom behavior;
- Capacity to testify;
- Capacity to consult with counsel)

**COLLECTION OF INFORMATION FORM FOR
MENTAL ILLNESS AND INTELLECTUAL DISABILITY**

AUTHORITY: Texas Code of Criminal Procedure art. 16.22; Texas Health and Safety Code § 614.0032
Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

SECTION I: DEFENDANT INFORMATION

Defendant Name (*Last, First*): _____ Offense: _____

Date of Birth: _____ CARE Identification # (*If available*): _____ SID or CID # (*If available*): _____

Last Four Digits of Social Security Number: _____

Current County or Municipality of Incarceration: _____ Date of Magistrate Order: _____

SECTION II: PREVIOUS HISTORY

Has the defendant been determined to have a mental illness or to be a person with an intellectual disability within the last year?

☐ *Yes*

☐ *No*

☐ *Unknown*

Date of Previous Written Report of Collected Information (*if applicable*): _____

Previous Mental Health and/or Intellectual Disability Information (*if available*):

SECTION III: CURRENT INFORMATION

Most Recent Diagnosis(es) and Date(s) (*if available*):

At time of the collection of information or as indicated on the jail screening form for suicide and medical/mental/developmental impairments, is the defendant acutely decompensated, suicidal, or homicidal according to self-report?

☐ *Yes- Circle Above*

☐ *No*

☐ *Not Applicable- Reason* _____

Other relevant information pertaining to mental health and intellectual disability history and/or previous treatment or service recommendations:

Observations and Findings Based on Information Collected:

☐ Defendant is a person who has a mental illness.

☐ Defendant is a person who has an intellectual disability.

☐ There is clinical evidence to support the belief that the defendant may be incompetent to stand trial and should undergo a complete competency examination under Subchapter B, Chapter 46B, Code of Criminal Procedure.

☐ Any appropriate or recommended treatment or service:

☐ None of the above.

Procedures Used to Gather Information:

SECTION IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

Name, Credentials & Organization of Person Submitting Form: _____ Date of Submission: _____

This form and the contents herein may only be shared in accordance with Texas Health and Safety Code § 614.017 and Texas Code of Criminal Procedure article 16.22(f). This form and its contents are otherwise confidential and not subject to disclosure under Chapter 552 of the Government Code.

COLLECTION OF INFORMATION FORM FOR MENTAL ILLNESS AND INTELLECTUAL DISABILITY

AUTHORITY: Texas Code of Criminal Procedure art. 16.22; Texas Health and Safety Code § 614.0032
Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

INSTRUCTIONAL GUIDELINES

This form is not to be confused or supplemented by the “Screening Form for Suicide and Medical/Mental/Developmental Impairments” as required by the Texas Commission on Jail Standards

Section I: DEFENDANT INFORMATION

- **Defendant Name** should be filled out by last name followed by first name.
- **Offense** information should include arresting offense information.
- **Date of Birth** and **last four digits of social security number** are to be obtained to assist in validating identity.
- **CARE Identification #** – *If available*, this number should be complimentary to the CCQ match.
- **SID or CID Number** – *If available*, this number should include the State Identification Number (SID) or the County Identification (CID) Number.
- List the **Current County** or **Municipality** of the current incarceration.
- **Date of Magistrate Order** should be the date the magistrate signed the order which initiates the timeframes for completing the collection of information (not later than 96 hours for a defendant in custody; not later than 30 days for a defendant not in custody).

Section II: PREVIOUS HISTORY

- **Has the defendant been determined to have a mental illness or to be a person with an intellectual disability within the last year?**
 - **If Yes** – The Magistrate *is not required* to order the interview and collection of other information if the defendant *in the year proceeding* the defendant’s applicable date of arrest has been determined to have a mental illness or to be a person with an intellectual disability by the service provider that contracts with the jail to provide mental health or intellectual and developmental disability services, local mental health authority, local intellectual and developmental disability authority, or another mental health or intellectual disability expert described.
 - **If No** – Further collection of information under this form will be necessary for applicable defendants.
 - **If Unknown** - Further collection of information under this form *may* be necessary for applicable defendants.
- **Previous Mental Health and/or Intellectual Disability Information and Date** - *If available*, collect information regarding whether the defendant has a mental illness as defined by Section 571.003, Health and Safety Code, or is a person with an intellectual disability as defined by Section 591.003, Health and Safety Code, including, if applicable, information obtained from any previous assessment of the defendant and information regarding any previously recommended treatment.
Note: Include source of information. Examples are self-report, CARE or CCQ match, or clinical records available from local mental health authority of local intellectual developmental disability authority.

Section III: CURRENT INFORMATION

- **Most Recent Diagnosis(es) and Date(s)** - *If available*, include information here.
- **Is the client acutely (at time of written report of collected information or as indicated on the jail screening form for suicide and medical/mental/developmental impairments) decompensated, suicidal, or homicidal according to self-report?**
 - **If Yes** – select yes.
 - **If No** – select no.

This form and the contents herein may only be shared in accordance with Texas Health and Safety Code § 614.017 and Texas Code of Criminal Procedure article 16.22(f). This form and its contents are otherwise confidential and not subject to disclosure under Chapter 552 of the Government Code.

COLLECTION OF INFORMATION FORM FOR MENTAL ILLNESS AND INTELLECTUAL DISABILITY

AUTHORITY: *Texas Code of Criminal Procedure art. 16.22; Texas Health and Safety Code § 614.0032*
Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

- **If Not Applicable** – Indicate the reason why here.

Note: This information may be helpful to the magistrate or judge, as it will allow the magistrate or judge to know the severity of the defendant's mental health status for prioritization purposes.

- **Other relevant information pertaining to mental health history and/or previous treatment or service recommendations** – Note: Examples may include the following:

- Previous competency examination results or outcome of examination results;
- Parole, Probation or Pre-Trial Supervision status;
- Military history is applicable to treatment history;
- If this section is not applicable, indicate as such.

- **Observations and Findings Based on Information Collected**– Select option as appropriate.

Note: **Any appropriate or recommended treatment or service** – Include whether the defendant warrants a competency examination, outpatient services, etc. Provide any recommendation for further assessment/evaluation by higher level clinical providers.

- **Procedures Used to Gather Information** – Include informational sources used to collect information. Examples may include: Sources of information such as, self-report, CARE or CCQ match, previous psychological evaluations, assessments or clinical records available from local mental health authority of local intellectual developmental disability authority. *An interview to prepare the written report of collected information for the purposes of this document may be gathered in the following ways: in person in the jail, by telephone, or through a telemedicine medical service or telehealth service.*

Section IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

- **Name, Credentials and Organization of Person Submitting Form** – Person completing the form along with his or her credentials, is to be listed here. Note: *This form is to be completed by the local mental health authority, local intellectual and developmental disability authority, or another qualified mental health or intellectual disability expert.*
- **Date of Submission** – Include the date the form is submitted to the Magistrate.

Note: Texas Code of Criminal Procedure art. 16.22(f) provides that this written report is confidential and not subject to disclosure under Chapter 552, Government Code, but may be used or disclosed as provided by article 16.22.

Additionally, Texas Health and Safety Code section 614.017 requires the exchange of information relating to a special needs offender or juvenile with a mental impairment between agencies to serve the purposes of continuity of care and services *regardless whether other state law makes that information confidential*. The term “agency” includes but is not limited to: A person with an agency relationship or contract with one of the following entities or individuals: Texas Department of Criminal Justice; Texas Commission on Jail Standards; community supervision and corrections departments and local juvenile probation departments; personal bond pretrial release offices established under Article 17.42, Code of Criminal Procedure; local jails regulated by the Texas Commission on Jail Standards; a municipal or county health department; hospital district; judge of this state with jurisdiction over juvenile or criminal cases; an attorney who is appointed or retained to represent a special needs offender, and/or the Health and Human Services Commission.

This form and the contents herein may only be shared in accordance with Texas Health and Safety Code § 614.017 and Texas Code of Criminal Procedure article 16.22(f). This form and its contents are otherwise confidential and not subject to disclosure under Chapter 552 of the Government Code.

Certificate of Medical Examination

CAUSE NO. _____

THE STATE OF TEXAS	§	IN THE _____ COURT
FOR THE BEST INTEREST	§	
AND PROTECTION OF:	§	
_____	§	OF
(INITIALS ONLY)	§	
D.O.B.: _____	§	_____ COUNTY, TEXAS

CERTIFICATE OF MEDICAL EXAMINATION

I, the undersigned, a person licensed to practice medicine in the state of Texas, or a person employed by an agency having a license to practice medicine in any state of the United States, do hereby certify, to wit:

1. That my name is _____.
That at ____ a.m./p.m. on the _____ day of _____, 202__ at the following location _____, I evaluated and examined _____ (Proposed Patient).
2. My diagnosis of the physical and mental condition of Proposed Patient is:

3. My prior or current treatment, if any, of Proposed Patient has been as follows:

4. In my opinion, Proposed Patient: (check all that apply)
☐ is mentally ill; and
☐ as a result of that illness is likely to cause serious harm to self; and/or
☐ as a result of that illness is likely to cause serious harm to others; and/or
☐ is suffering severe and abnormal _____ mental, emotional or physical distress experiencing substantial mental or physical deterioration of the ability to function independently _____ which is exhibited by the inability, except for reasons of indigence, to provide for basic needs, including food, clothing, health or safety; and is not able to make a rational and informed decision as to whether or not to submit to treatment; and/or
☐ is unable to participate in outpatient treatment services effectively and voluntarily and whose mental illness is severe and persistent, and/or
☐ is chemically dependent and, as a result of that chemical dependence is likely to cause serious harm to self, or is likely to cause serious harm to others, or will, continue to experience deterioration of the ability to function independently and is unable to make a rational and informed decision as to whether or not to submit to treatment, and/or

5. The factual basis for my opinion is as follows (*Be specific, give all details.*):

On or about _____ the proposed patient said the following:

5(a) On or about _____, the proposed patient committed the following act(s):

6. (Note: Complete this section only if seeking an order of protective custody.)

I am of the opinion that the Proposed Patient, because of mental illness, presents a substantial risk of serious harm to self or others if not immediately restrained. (Harm may be demonstrated either by the person's behavior or by evidence of severe emotional distress and deterioration in mental condition to the extent that the person cannot remain at liberty until the time of the hearing). The detailed basis for such an opinion is:

7. I recommend that the Proposed Patient receive the following treatment:

EXECUTED AND SWORN TO UNDER PENALTY OF PERJURY this ____ day of _____, 202__.

(Signature)

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, 202__.

Application for Court-Ordered Intellectual Disability Proceedings

CAUSE NO. _____

IN THE MATTER OF:	§	IN THE _____ COURT
	§	
CHILD'S INITIALS	§	OF
DOB:	§	
A JUVENILE	§	_____ COUNTY, TEXAS

APPLICATION FOR COURT-ORDERED INTELLECTUAL DISABILITY PROCEEDINGS

Comes now Counsel for the child in the above entitled and numbered matter and presents this APPLICATION FOR COURT-ORDERED INTELLECTUAL DISABILITY PROCEEDINGS, and in support thereof states the following:

I.
Information on Proposed Resident
Name:
Date of Birth:
Sex:
Address:

II.
Parent/Guardian of Proposed Resident

The parent(s)/[guardian] of the proposed resident is/are:

Name(s):
Address(es):

III.
Statement of Facts Demonstrating Need for Placement

[Provide a short, plain statement of the facts demonstrating that placement in a facility is necessary and appropriate.]

IV.
Inappropriateness of Less Restrictive Services

[Provide a short, plain statement explaining the inappropriateness of admission to less restrictive services.]

Respectfully Submitted,

Application for Sealing Juvenile Files and Records

CAUSE NO. _____
IN THE MATTER OF: § _____ IN THE _____ COURT
§ _____ OF
§ _____
§ _____ COUNTY, TEXAS
§ _____

APPLICATION FOR SEALING JUVENILE FILES AND RECORDS

TO THE HONORABLE JUDGE OF THE JUVENILE COURT:

COMES NOW, _____, by and through:
(name of juvenile applicant requesting sealing)

() self

() attorney of record (name) _____

I. IDENTIFYING INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

DOB: ____/____/____ Current Age: ____ Sex: _____ Race: _____
(MM/DD/YYYY)

SSN: _____ DL #/ID card # (if applicable): State _____ No. _____

Address: _____
(Street) (City) (State) (Zip)

Mailing Address (if different): _____

II. CONDUCT INFORMATION (Must include each delinquent conduct or CINS matter that was referred to juvenile court/probation)

Conduct: _____

Conduct Level (circle one): CINS Misdemeanor Felony

Location of Conduct: _____

Arresting Agency: _____

_____ Mark here if additional conduct information is attached.

III. ELIGIBILITY FOR SEALING

Applicant attests that applicant is eligible for sealing because:

_____ Applicant is at least 17 years of age; OR

_____ Applicant is under 17 years of age and at least one year has elapsed since the date of final discharge in every matter that was referred to the juvenile probation department;

AND

(1) Applicant does not have any delinquent conduct matters pending with any juvenile probation department or juvenile court;

(2) Applicant was not transferred by a juvenile court to a criminal court for prosecution under Section 54.02;

(3) Applicant has not as an adult been convicted of a felony;

(4) Applicant has no pending adult charges for a felony or a misdemeanor punishable by confinement in jail;

(5) Applicant is not currently required to register as a sex offender;

(6) Applicant never received a disposition of a determinate sentence;

(7) If committed to the Texas Juvenile Justice Department, Applicant has been discharged.

IV. LOCATION OF RECORDS

The Applicant has reason to believe that records relating to the Applicant's juvenile matters are held by the following officials and agencies (check the applicable ones):

_____ Texas Department of Public Safety, Criminal Records Department

_____ (COUNTY NAME) County Sheriff's Department

_____ Police Department, City of _____ (enter name of municipality)

_____ (COUNTY NAME) County Clerk's Office

_____ (COUNTY NAME) District Clerk's Office

_____ (COUNTY NAME) County Attorney's Office

_____ (COUNTY NAME) District Attorney's Office

_____ (COUNTY NAME) County Juvenile Probation Department

_____ Texas Juvenile Justice Department (only if committed to TJJD)

_____ Pre-Adjudications (Detention) Facilities _____

_____ Post-Adjudication Facilities _____

_____ Other (State Hospitals, Title IV-E Placement Facilities, Treatment Providers, etc.)

Applicant Signature

Date

Attorney Signature (if there is an attorney)

Date

ATTACHMENT TO APPLICATION FOR SEALING OF RECORDS: INFORMATION ON ADDITIONAL
CONDUCT
(ADD BLOCKS AS NECESSARY)

Conduct: _____

Conduct Level (circle one): CINS Misdemeanor Felony

Conduct Date: ____/____/____

Location of Conduct: _____

Arresting Agency: _____

Conduct: _____

Conduct Level (circle one): CINS Misdemeanor Felony

Conduct Date: ____/____/____

Location of Conduct: _____

Arresting Agency: _____

Conduct: _____

Conduct Level (circle one): CINS Misdemeanor Felony

Conduct Date: ____/____/____

Location of Conduct: _____

Arresting Agency: _____



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