

# Youth Sequential Intercept Model Mapping Workshop

Report for:

**Grayson County**

Prepared by:

The Texas Judicial Commission on Mental  
Health

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

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# Youth Sequential Intercept Model Mapping Report for Grayson County, TX



## Workshops Held:

*Virtual Session:*  
July 24, 2024

*In-Person:*  
September 17, 2024

## Final Report:

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

### Mission

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



## RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, YOUTH SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR GRAYSON COUNTY (2024).

## ACKNOWLEDGEMENTS

The JCMH is thankful for the assistance of the Grayson County planning team: Amanda Brunson, Amber Denney, Elizabeth Groves, Brenda Hayward, Jackie Melancon, Hon. Rita Noel, Hon. Larry Phillips, and Dr. Greg Sumpter.

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## A NOTE ON LANGUAGE

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

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

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

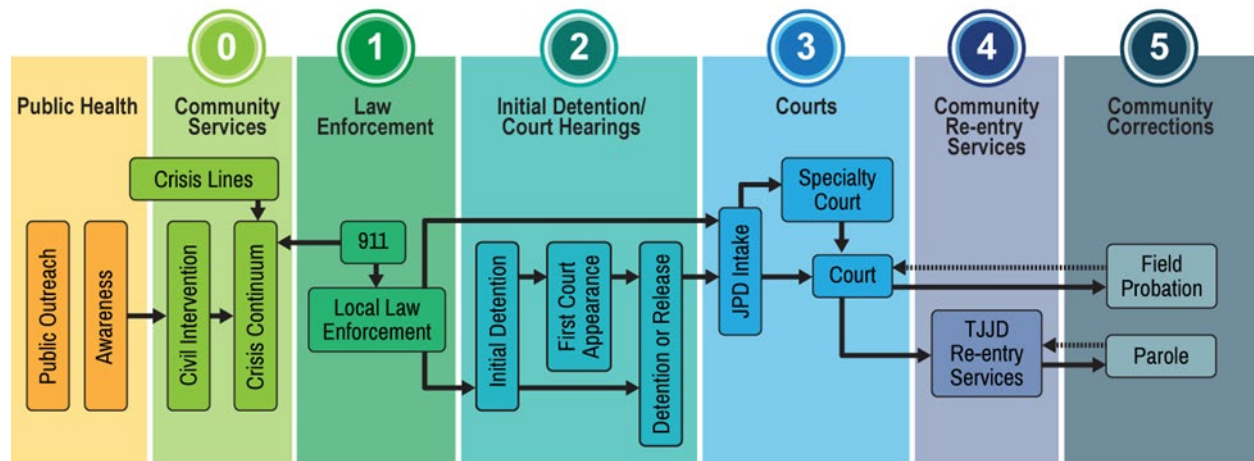
For information on disability, see <https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf>.

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

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	7
<b>BACKGROUND</b> .....	8
Youth SIM Mapping Process .....	9
Key Factors that Support the Effectiveness of this Process.....	10
The Power of Lived Experience .....	11
Continued Cross-System Collaboration .....	12
Effective Use of Data .....	13
Understanding Current Statutes and Best Practices.....	13
<b>RESOURCES AND CHALLENGES AT EACH INTERCEPT</b> .....	15
Intercept 0.....	16
Intercept 0 Resources .....	16
Intercept 0 Gaps and Opportunities .....	19
Intercept 0 Best Practices.....	21
Intercept 1.....	23
Intercept 1 Resources .....	23
Intercept 1 Gaps and Opportunities .....	24
Intercept 1 Best Practices.....	24
Intercept 2.....	26
Intercept 2 Resources .....	26
Intercept 2 Gaps and Opportunities .....	27
Intercept 2 Best Practices.....	28
Intercept 3.....	29
Intercept 3 Resources .....	29
Intercept 3 Gaps and Opportunities .....	29
Intercept 3 Best Practices.....	31
Intercept 4.....	33
Intercept 4 Resources .....	33
Intercept 4 Gaps and Opportunities .....	33
Intercept 4 Best Practices.....	34
Intercept 5.....	36
Intercept 5 Resources .....	36

Intercept 5 Gaps and Opportunities .....	37
Intercept 5 Best Practices.....	38
<b>PRIORITIES FOR CHANGE</b> .....	40
<b>ACTION PLANS</b> .....	42
Priority 1: Family Engagement and Support .....	43
Research and Practices Related to Priority One .....	44
Priority 2: Early Intervention and Cross-Agency Community Supports.....	46
Research and Practices Related to Priority Two .....	47
Priority 3: Career and Skill Building in Detention.....	49
Research and Practices Related to Priority Three.....	50
<b>RECOMMENDED NEXT STEPS</b> .....	51
Strengthen Action Team Planning.....	51
Prioritize Implementation of Current Statutes .....	52
Remain Current with the Latest Research and Best Practices.....	53
<b>APPENDICES</b> .....	54
Appendix 1  Commonly Used Acronyms .....	55
Appendix 2  General Resources .....	56
Appendix 3  Grayson County Youth SIM Map.....	59
Appendix 4  Participant List.....	60
Appendix 5  Workshop Agenda.....	62
Appendix 6  Best Practices at Each Intercept.....	64
Appendix 7  Key References.....	75



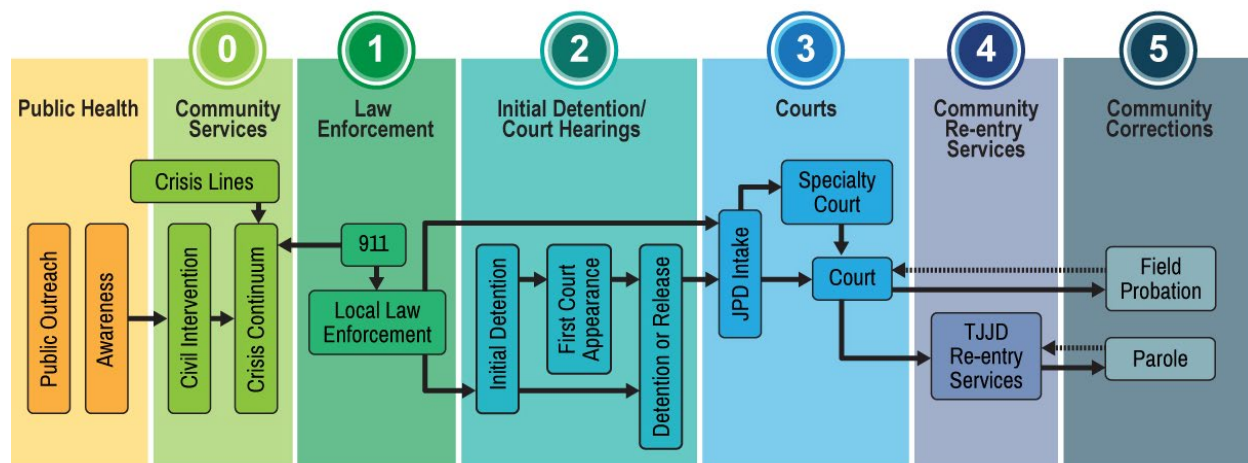
## EXECUTIVE SUMMARY

This report was created through a series of online and in-person workshops hosted by the Texas Judicial Commission on Mental Health to address the needs of youth with behavioral health challenges who become involved with the juvenile justice system. It draws on the [Sequential Intercept Model](#) to support communities in identifying strategies to divert youth from the justice system and into treatment. The workshops brought together 70 stakeholders from across systems, including mental health, substance use, schools, juvenile probation, courts, and law enforcement to map resources, gaps, and opportunities at each point a youth intersects with the justice system.

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

- Priority 1:** Family engagement and support
- Priority 2:** Early intervention and cross-agency community supports
- Priority 3:** Career skill development and mentorship for youth in detention

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



## BACKGROUND

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

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

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



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

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

## YOUTH SIM MAPPING PROCESS

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

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

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

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

The process began in Grayson County with a virtual session on July 24, 2024 through which community members identified resources, gaps, and opportunities to address those gaps. In preparation for the virtual session, a survey and interviews with key experts in the community helped to identify the resources and processes they use to address youth mental and behavioral health challenges. Recordings of interviews with key community informants were shared with other participants to help orient them to each intercept.

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

The in-person workshop for Grayson County took place September 17, 2024. Following the workshop, the community has continued to work on their priority action plans. They also met virtually with JCMH to review and edit a draft of this report and again three months following the in-person workshop to check in on progress. Throughout this process and thereafter, the community may request free-of-charge technical assistance from JCMH.

## KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

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

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## THE POWER OF LIVED EXPERIENCE

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

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

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

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

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

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

Several organizations and resources provide helpful guidance:

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

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## CONTINUED CROSS-SYSTEM COLLABORATION

Experience shows that the counties generating enduring results in their system change efforts are those that create formal coordinating groups such as Behavioral Health Leadership Teams or other coordinating bodies that facilitate and guide countywide justice and behavioral health cross-systems stakeholder planning. This is a recommendation of the National Center for State Courts (NCSC), which issued a set of [Juvenile Justice Mental Health Diversion Guidelines and Principles](#).

According to NCSC, communities should commit to “formalized, consistent, and sustained collaboration between the juvenile justice system, mental health agencies, substance use professionals, schools, law enforcement, and other agencies.”

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

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

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

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## EFFECTIVE USE OF DATA

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

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

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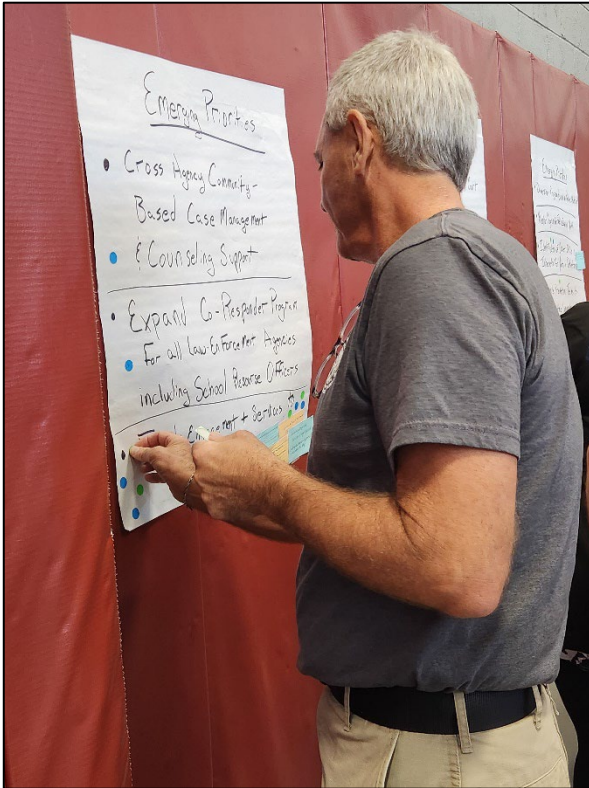
## UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

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

The Judicial Commission on Mental Health recently released the [Third Edition of the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), which provides community and juvenile justice stakeholders with a comprehensive overview of best



practices and existing laws at each point at which children and youth intersect or are at risk of intersecting with the juvenile justice system.



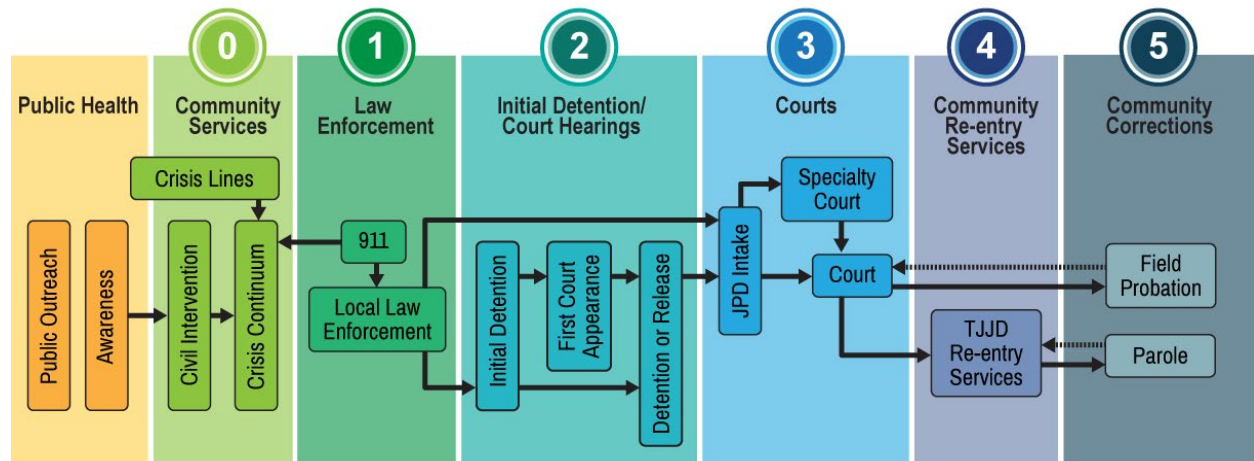


## RESOURCES AND CHALLENGES AT EACH INTERCEPT

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

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

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



## INTERCEPT 0

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

## INTERCEPT 0 RESOURCES

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

Intercept 0 Community Services	
<b>Mental Health &amp; Crisis Resources</b> (in Grayson County or Accessible to County Residents)	
<a href="#"><u>Texoma Community Center</u></a> (TCC)	Suicide and Crisis Lifeline 988 24 Hour Crisis Line (877) 277-2226

Texoma Community Center Mobile Crisis Outreach Team (MCOT)	<a href="#">Texoma Medical Center Behavioral Health Center</a>
<a href="#">Perimeter Behavioral Healthcare</a>	<a href="#">Texoma Medical Center</a>
<a href="#">Charlie Health</a> Virtual Intensive Outpatient	<a href="#">ACH Child and Family Services</a>
<a href="#">Texas Child Health Access Through Telemedicine (TCHATT)</a>	<a href="#">Texas ABA Centers</a> Autism Services
<a href="#">YES Waiver Wrap Around</a>	<a href="#">Medical City Green Oaks Hospital</a>
<a href="#">Child and Family Guidance Center</a>	<a href="#">Texoma IDD Services</a>
<a href="#">Texoma Community Center Substance Use Disorder Program</a>	<a href="#">Thompson's Residential Treatment Center</a>
<a href="#">Carrus Outpatient</a>	<a href="#">Carrus Behavioral Health Hospital</a>
<a href="#">Grant Halliburton Mental Health Education Programs</a>	<a href="#">Liberty Resources</a>
<a href="#">Texas Child Mental Health Care Consortium</a>	<a href="#">Child Psychiatry Access Network (CPAN)</a>
<a href="#">Connecting the Dots Expo</a>	Thriving Communities Collaborative <a href="#">Cook Children's Center for Community Health</a>
<b>Healthcare</b>	
<a href="#">Grayson County Health Department</a>	<a href="#">Greater Texoma Health Clinic</a>
<a href="#">Grayson County Clinic</a>	
<b>Basic Needs</b>	
<a href="#">Grand Central Station</a> Children's Express	<a href="#">Master Key Ministries</a> Food Assistance

<b>Planning and Service Coordination</b>	
<a href="#"><u>Region 10 Community Resource Coordination Group</u></a>	<a href="#"><u>Texoma Behavioral Health Leadership Team</u></a>
<a href="#"><u>Texoma Council of Governments</u></a>	<a href="#"><u>211</u></a>
<a href="#"><u>United Way of Grayson County</u></a>	<a href="#"><u>Heart of a Matter Ministries</u></a>
<b>Educational Supports</b>	
<a href="#"><u>Communities in Schools</u></a>	Region 10 <a href="#"><u>Educational Service Center</u></a>
<a href="#"><u>Austin College 'Roo Bound Saturday kids' programming</u></a>	<a href="#"><u>Grayson College Kids Courses</u></a>
<a href="#"><u>Hope Squad</u></a>	<a href="#"><u>Bloom Program</u></a>
<a href="#"><u>United Way Tiny Toes</u></a>	
<b>Workforce Services</b>	
<a href="#"><u>Goodwill</u></a>	<a href="#"><u>Texoma Workforce</u></a>
<b>Family and Child Protective Services</b>	
<a href="#"><u>Texoma Family Shelter</u></a>	<a href="#"><u>Grayson County Children's Advocacy Center</u></a>
<a href="#"><u>Grayson County Child Welfare Board</u></a>	<a href="#"><u>Grayson County Department of Social Services</u></a> Child Protective Services
Grayson Crisis Center <a href="#"><u>Parent Café</u></a>	
<b>Youth Recreation, Neighborhood Supports, Mentoring</b>	
<a href="#"><u>Sherman Public Library</u></a>	<a href="#"><u>Sherman Youth Sports</u></a>
<a href="#"><u>Boys and Girls Club</u></a>	<a href="#"><u>Heart of the Matter Ministries</u></a>



	Open Table Mentoring Program
<b>Housing and Shelter</b>	
<a href="#"><u>Family Promise</u></a>	<a href="#"><u>Grayson County Shelter</u></a>

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## INTERCEPT 0 GAPS AND OPPORTUNITIES

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

### **Provider Shortage**

Grayson County participants expressed concern about the lack of mental health providers in the area, especially providers who accept Medicaid. Similarly, they expressed concern about turnover of mental health providers who work for local agencies due to low pay and greater opportunity in larger cities nearby. The impact on families is significant, either causing them to have to travel out of county for care or going without. This leads to more crises, 911 calls, and juvenile referrals. They saw this as an opportunity to create an incentive program to keep mental health providers in the community and attract new ones, such as repaying student loans. They also suggested expanding the types of providers who can accept Medicaid, such as Licensed Practitioner of the Healing Arts interns or associate providers.

### **Mental Health and Substance Use**

In addition to the provider shortage, participants recognized a gap in mental health and substance use services for youth. They suggested creating an intensive outpatient program for youth with substance use challenges. Additionally, they saw this as an opportunity to expand short-term residential options for youth. Further, participants recognized that they are limited only by their imagination when it comes to promoting mental and emotional health of children. For instance, they suggested creating an arts program to provide a creative and emotional outlet for youth.

The participants noted that need for additional programming to support and educate families with youth with behavioral health challenges. They saw this as an opportunity to expand the use of [Trust-Based Relational Intervention](#), which is an approach to serving and caring for youth who have experienced trauma. Grayson County Juvenile Services staff are already trained in this approach, and they are working to expand training to other services providers. It is also a powerful approach for families and caregivers, and the participants saw this as an opportunity to educate parents on trauma-informed and attachment-centered approaches to caregiving.

### **Transportation**

Transportation is a hurdle for residents in Grayson County. The County is served by TAPS Public Transit, which can provide scheduled trips within a multi-county region. However, the service is limited to working hours. Residents can schedule out of county trips, but participants nonetheless find the service availability inadequate, especially when people must seek services for their children in one of the Dallas Metro counties to the south. Grayson County Juvenile Services provides transportation for youth and families to engage in programming, and they saw this as an example of how different organizations can work together to optimize what is available and augment where necessary.

### **Community Resource Awareness**

Participants noted that both families and service providers in the area are not fully aware of the range of services that may be available in the county. Providers were not aware of what some of these resources offer. The lack of awareness hinders service coordination and collaboration. They suggested augmenting efforts to collaborate between agencies. Additionally, they saw this as an opportunity to better optimize the full array of resources, providing additional support to smaller organizations that serve specific populations, which takes the strain off larger service providers.

### **Youth and Family Supports**

The SIM participants discussed multiple opportunities to provide family and youth supports to promote mental and emotional health and wellness. For instance, they suggested working together to create more diverse cultural and social offerings in the community, reaching families who may still feel stigma about mental health challenges. They suggested efforts to recruit, train, and retain mentors for children. Also, they suggested programs to build self-awareness and morale of youth who may be struggling. Often, youth confide in their peers, so they saw the value of peer-to-peer programming.

Residents also recognized the burden families face caring for youth with behavioral health challenges. They recognized the value of family-partner services to work one-on-one with parents. Participants also noted that there is a lack of childcare, especially for young children with IDD or other behavioral challenges.

For youth with high needs, participants voiced a shortage of out-of-home placement options like transitional housing for girls, group homes, and respite services to provide short-term temporary relief for caregivers. It is worth noting that removed from their home – even to a therapeutic placement – can be a traumatic experience for youth and should be avoided whenever possible.

### **Collaboration with Schools**

Participants saw gaps in collaboration between schools, juvenile services, and hospitals. Transition services between juvenile services and schools are limited. The same is true when youth are hospitalized for inpatient psychiatric care. The community suggested better collaboration between all entities, identifying what is working and where improvements can be made.

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## INTERCEPT 0 BEST PRACTICES

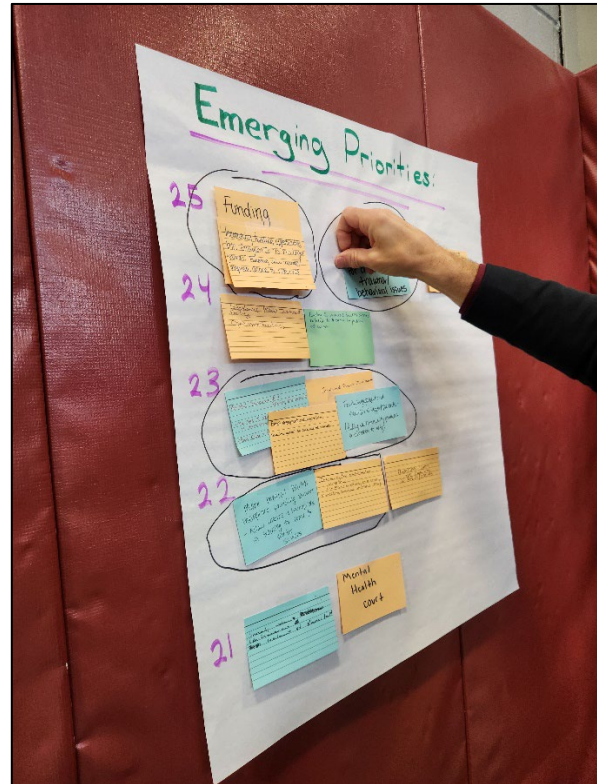
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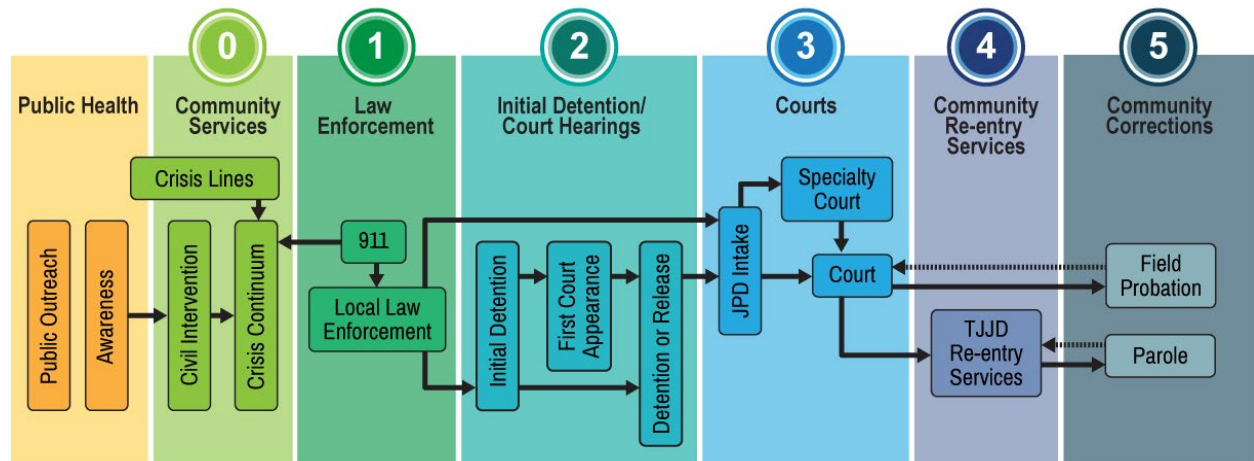
### BEST PRACTICE: INTENSIVE CARE COORDINATION

Serious mental and emotional disorders among children represent the most complex and costly challenges to Texas communities. The Centers for Medicare and Medicaid Services in collaboration with the Substance Abuse and Mental Health Services Administration identified the need for [Intensive Care Coordination \(Wraparound\)](#) services for youth and families, especially when their needs exceed what a single agency could provide. They recognized the need for a flexible and individualized approach to serving youth and families with complex challenges. [Texas is an early adopter of the wraparound model of care.](#)

To be successful, wraparound services must move beyond a single agency to include shared responsibility between organizations. The seven components of intensive care coordination include:

1. Assessment and Service Planning
2. Accessing and Arranging for Services
3. Coordinating Multiple Services
4. Access to Crisis Services
5. Assisting the Child and Family in Meeting Needs
6. Advocating for the Child and Family
7. Monitoring Progress





### INTERCEPT 1

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

### INTERCEPT 1 RESOURCES

Intercept 1 Law Enforcement	
<a href="#">Grayson County Sheriff's Office</a>	<a href="#">Denison Police Department</a>
<a href="#">Sherman Police Department</a>	<a href="#">Denison ISD Police Department</a>
<a href="#">Bells ISD Police Department</a>	<a href="#">Gunter Police Department</a>
<a href="#">Collinsville ISD Police Chief David Walters</a>	<a href="#">Howe Police Department</a>
<a href="#">Tioga Police Department</a>	<a href="#">Whitesboro Police Department</a>
<a href="#">Pottsboro Police Department</a>	<a href="#">Tom Bean ISD Police</a>
<a href="#">Whitewright ISD Police Department</a>	<a href="#">Sherman ISD Police Department</a>
<a href="#">Van Alstyne ISD Police Department</a>	Grayson County Sheriff's Mental Health Deputies
STEP UP Texas free training in trauma-informed care and restorative practices	Sherman Police/ TCC Co-Responder Unit



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## INTERCEPT 1 GAPS AND OPPORTUNITIES

### **Co-Responder Units**

Grayson County SIM participants are enthusiastic about the co-responder unit formed between Texoma Community Center and Sherman Police Department. They saw this as an opportunity to expand this approach to other municipalities and the Sheriff's Department. They recognized this will require additional mental health training to law enforcement. It will also require resources to build this programming to reach throughout the county.

### **Diversion**

Much of the discussion focused on the need for additional diversion options for youth with behavioral health challenges. For youth in crisis, they envisioned a diversion center where police or emergency medical technicians can bring youth rather than the detention center. They recognized that this would require considerable resources and focused on additional diversion options.

Whatever diversion options the county creates, they recognized the need to ensure the programming is rehabilitative in nature. Having community service options in lieu of arrest for certain offenses may be enough for less serious offenses, whereas more rehabilitative options for drug-related violations would serve the longer-term interests of the youth. They also recognized that many police departments and schools respond differently to similar violations. They saw this as an opportunity to better communicate to ensure all departments are responding in the most effective manner.

Participants recognized the need to have police representatives included in county initiatives and discussions related to diversion. The participants saw this as an opportunity to engage police in developing diversion approaches, processes, and programs. They also saw this as an opportunity to optimize what is already working in keeping kids out of the juvenile system.

Participants expressed a desire to implement more first-offense programs. With increased penalties for vaping violations, there is an increase in juvenile referrals. Participants saw this as an opportunity to develop policies, procedures, and programs to prevent juvenile referral for vaping and other minor violations.

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## INTERCEPT 1 BEST PRACTICES

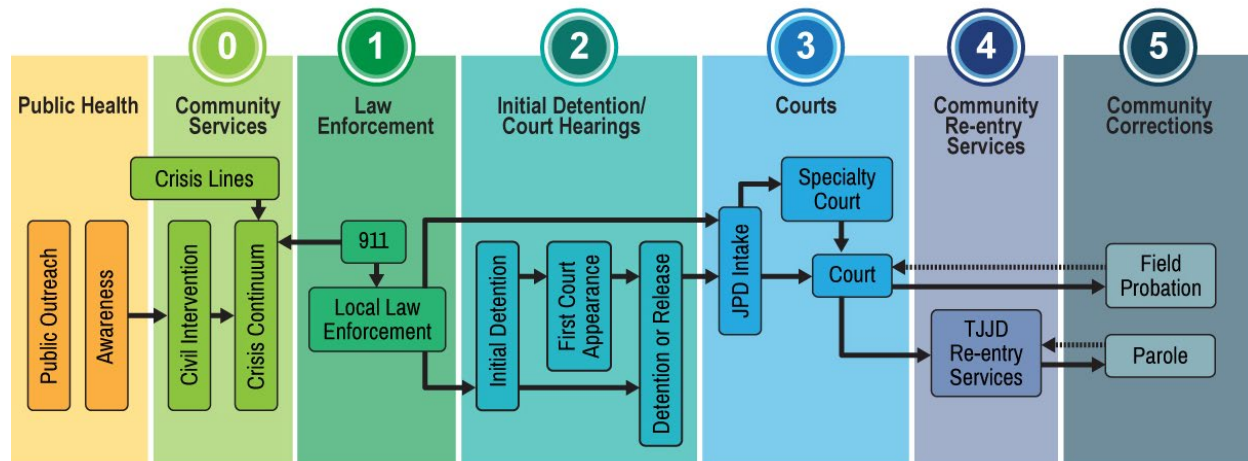
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## BEST PRACTICE: DEVELOP COMPREHENSIVE DELINQUENCY PREVENTION

The Office of Juvenile Justice and Delinquency Prevention recommends a comprehensive strategy to prevent juvenile referral. Such strategies are aimed at reducing the risk of juvenile referral by improving the protective factors that keep kids safe, mentally healthy, and on track in school. It is important to recognize that delinquency arises when youth are exposed to a multitude of risk factors in their families and environments.

A comprehensive strategy focuses on increasing youth resilience. These strategies might include improved employment training, social skills training, and pairing youth with mentors. Years of evidence has shown that positive role models dramatically improve youth outcomes, even for youth with significant mental and emotional health issues.

There is no single program that can accomplish these goals. A comprehensive prevention strategy involves multiple approaches that are tailored to individual youth. Moreover, any approach to building resilience should first consider racial, cultural, and learning differences. It is imperative that schools, parents, and police all recognize that prevention works best in conjunction with intentional efforts to build resilience, involve youth, and see the best in them.



## INTERCEPT 2

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

### INTERCEPT 2 RESOURCES

Intercept 2 Juvenile Referral   Detention   Assessment   Pre-Adjudication	
<a href="#">Grayson County Juvenile Services</a> 5 Mental Health Professionals (LPC-S, LMFT-S, LCSW, 2 LMSW, LCDC)	Juvenile Detention Officers Conduct Initial Assessments
RN and Clinicians in Juvenile Detention Conduct In-Depth Assessments	Medications: Parents may bring prescriptions. If the child is a TCC client, TCC will provide medication. Outside provider visits once a month - medications only provided if requested by clinician.

Visitation: Once per week. Phone calls 1-2 per week (earned privilege).	Training: Trust Based Relational Intervention
Programming; Education, Life Skills, Faith-Based Worship	Initial Hearing: Either judge from home county or local judge (no dedicated judge)
Indigent Defense: Attorneys appointed using wheel system.	

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**INTERCEPT 2 GAPS AND OPPORTUNITIES**

**Initial Detention**

Grayson County stakeholders indicated that there are significant gaps at the point of initial juvenile detention. The lack of providers at the pretrial hearing stage complicates initial hearings. While counselors are available for youth in longer-term detention programming, counselors are especially important right away, when the child is demonstrating signs of psychiatric crisis.

They indicated that the lack of community providers is a contributing factor to juvenile referral. Youth who do not received the counseling supports in the community are far more likely to enter juvenile detention. Further, the lack of intensive psychiatric beds for youth gives law enforcement few options other than juvenile detention when youth are a danger to themselves or others.

Community participants saw this as an opportunity to expand alternatives to detention, such as electronic monitors. They recommended first offender programs. Additionally, they suggested community service programs in lieu of detention. These approaches would reduce juvenile detention, perhaps expanding capacity within Juvenile Services to address the needs of youth right away. They also suggested increasing the speed of case investigations, reducing the amount of time in detention as much as possible.

They also saw opportunities to plan for youth reentry right away. They suggested taking the time to assess career and vocational interests and aptitudes early. This would allow Juvenile Services to collaborate with Workforce Solutions and other community providers, matching youth with vocational training opportunities. They also recommended getting parents involved as early as possible, not waiting until the child is involved in longer-term programming.

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## INTERCEPT 2 BEST PRACTICES

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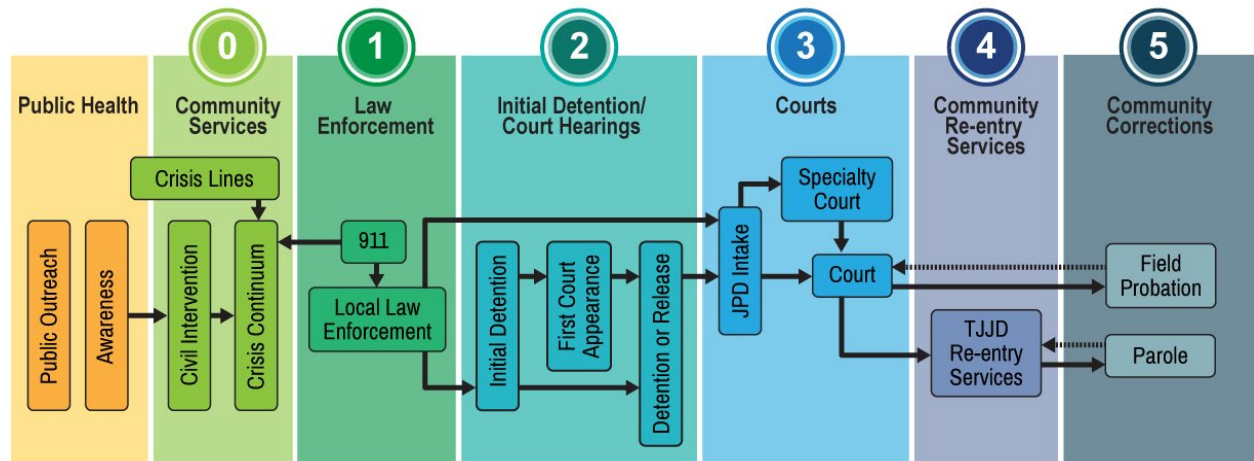
### BEST PRACTICE: ENSURE PRESUMPTION OF RELEASE

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

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

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

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



### INTERCEPT 3

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

### INTERCEPT 3 RESOURCES

Intercept 3 Courts	
<p>RISE Court Restore Invest Support Empower Judge Brian Gary</p>	<p>PASSAGE Court Providing Adolescents Safe and Supportive Accountability for Growth and Excellence Judge Richard Dunn</p>
<p>Grayson County Juvenile Board</p>	<p>Teen Court</p>

### INTERCEPT 3 GAPS AND OPPORTUNITIES

Participants recognized that there are too few defense attorneys trained to handle juvenile cases, especially when the child has serious behavioral challenges. Further, the county doesn't have a



mental health court for youth. While Grayson County Juvenile Services does have counselors and mental health professionals on staff, counseling services are very limited during initial court procedures. These factors contribute to suboptimal outcomes for youth with mental health disorders. They saw this as an opportunity to create a mental health court or mental health docket, ensuring that youth with mental health challenges receive the appropriate supports.

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### **Continually Striving for Better Outcomes for Youth**

Grayson County doesn't give up working toward better outcomes for the youth it serves in the juvenile system. Years ago, Judge Brian Gary, the District Court Judge who presided over the Teen Court, was dissatisfied with the low success rate. He didn't mind taking higher risk cases, especially when Grayson County Juvenile Services made the recommendation, but he noticed that kids with substance use challenges simply weren't succeeding like other youth in the program. Approximately 20-25 percent of youth with substance use disorder in the program succeeded.

Recognizing they needed to focus more intently on substance use, they started the Restore, Invest, Support, and Empower (RISE) Court, a four-phase program for youth with significant substance use challenges. Youth begin the program with more intensive services and obligations such as counseling, drug testing, and academic progress. As youth progress, their obligations decrease and they gain additional freedom. Most youth complete the program within 10-12 months. Since starting the court, success rates have increased to 50%, a significant improvement.

Not satisfied with these outcomes, however, they realized that they could reduce the number of kids committing more serious violations by reaching them earlier. Therefore, they started the Providing Adolescents Safe and Supportive Accountability for Growth and Excellence (PASSAGE) Court. County Court Judge Richard Dunn oversees this court, which focuses on youth charged with less serious misdemeanor cases. The court has a significantly higher success rate, catching youth before their substance use challenges get out of control. "When we catch it early, we don't see them in the RISE Court."

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## INTERCEPT 3 BEST PRACTICES

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### BEST PRACTICE: IMPROVE FAMILY ENGAGEMENT IN JUVENILE COURT

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The Justice Center of the Council of State Governments developed research and best practices related to family engagement in juvenile court proceedings. It is imperative that families are engaged in the process to produce positive outcomes for youth. They are the most important factors in promoting positive behavior and skill building. Promoting positive family engagement is associated with optimal mental health outcomes, school achievement, and positive peer relationships.

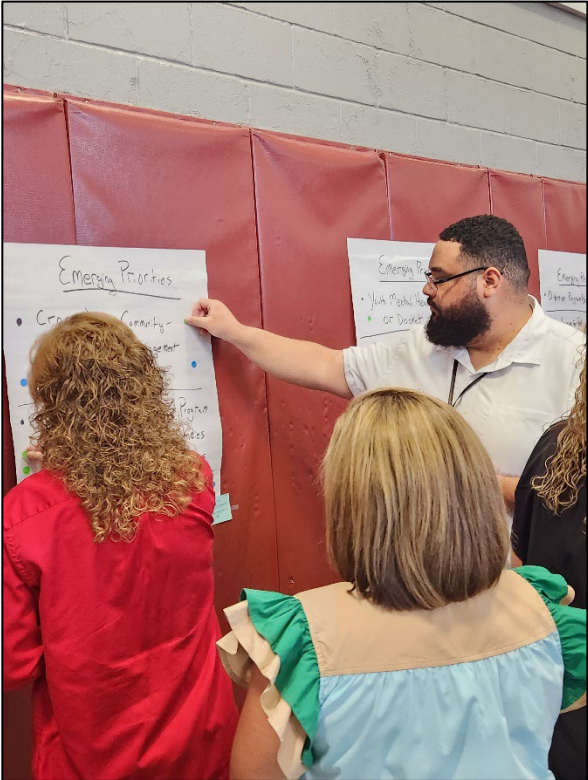
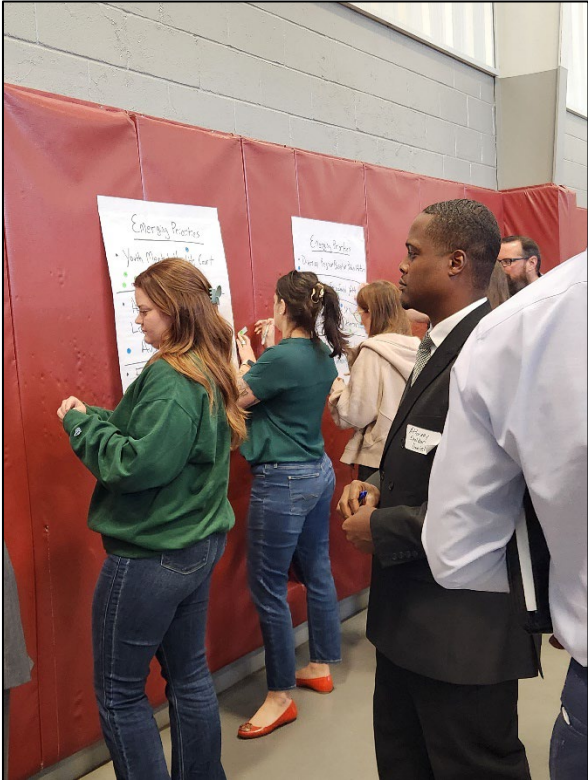
Oftentimes, however, courts see families as part of the problem rather than the solution, leading them to remove authority from the family and become more directive. Court and juvenile probation staff sometimes blame families for youth delinquency, which makes partnering with the family to create optimal outcomes a challenge. Sometimes courts have no clear way of promoting family engagement throughout the process. Moreover, cultural and language barriers hinder communication between the court and family members.

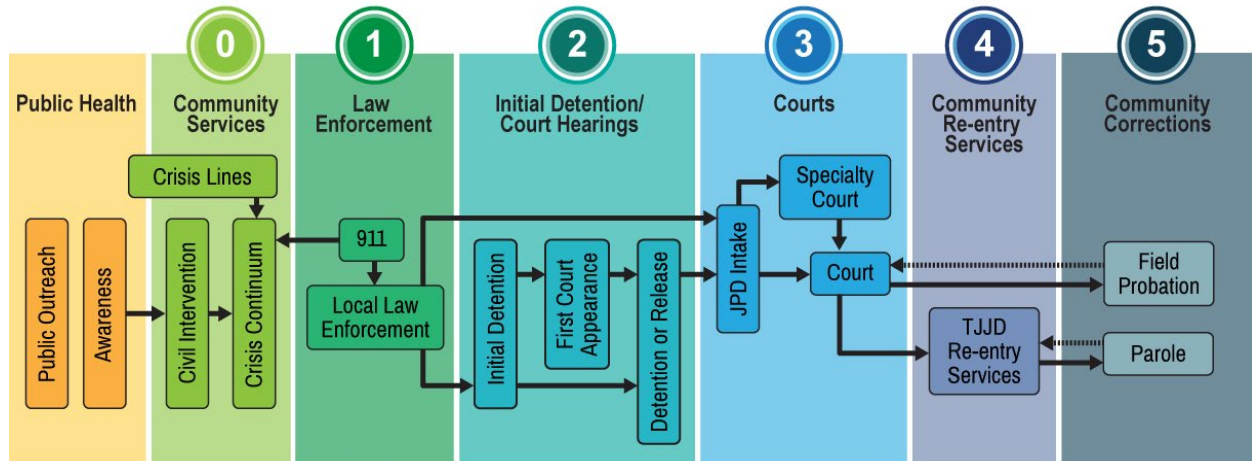
The Justice Center recommends a “family-centered approach” to juvenile court. The approach includes:

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

There are examples of successful family engagement strategies in juvenile courts across the country. For instance, the Juvenile Probation Department of Pierce County, Washington, established a family council to assist the court and probation in shifting toward a family-center approach. The Department of Youth Services in Massachusetts established virtual family counseling services to help families address their unique needs rather than create a single program or class that may or may not address family needs. The Department also hired a Director

of Family Engagement to work with families and ensure that the court best partners with families as the experts. Montana developed a family mentoring program, pairing parents with family partners. These are just a few examples of successful approaches to family engagement.





## INTERCEPT 4

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

## INTERCEPT 4 RESOURCES

Intercept 4 Reentry	
<a href="#">House of Eli</a>	<a href="#">J127 Ministry</a>
TCC Family Partner Services	TCC Outpatient Services
<a href="#">Child &amp; Family Guidance Center of Texoma</a>	

## INTERCEPT 4 GAPS AND OPPORTUNITIES

Grayson SIM participants were alarmed by the lack of reentry services available to youth transitioning from juvenile services back to home and school. There is a severe shortage of transitional housing options, especially for females. Additionally, the only transitional housing

resource identified by the community is restricted to young adults 18 years of age or higher. They saw this as an opportunity to address transitional housing needs.

Additionally, they recognized the need to better coordinate between agencies. They saw an opportunity to foster stronger collaboration between Grayson County Juvenile Services and local school districts. They suggested creating data sharing agreements between agencies. They recognized that coordination is only part of the equation and recommended stronger family engagement to achieve buy-in from the student and their caregivers in the transition plan.

The participants also recognized the need for a more community-oriented approach to reentry. They saw an opportunity to grow and improve mentoring programs, better supporting mentors to retain them after training. They also suggested creating restorative programs within the school, providing a chance for kids coming back to school to repair harm and experience restoration with their peers.

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## INTERCEPT 4 BEST PRACTICES

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### BEST PRACTICE: START REENTRY PLANNING UPON JUVENILE REFERRAL

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

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### BEST PRACTICE: SCHOOL TRANSITION

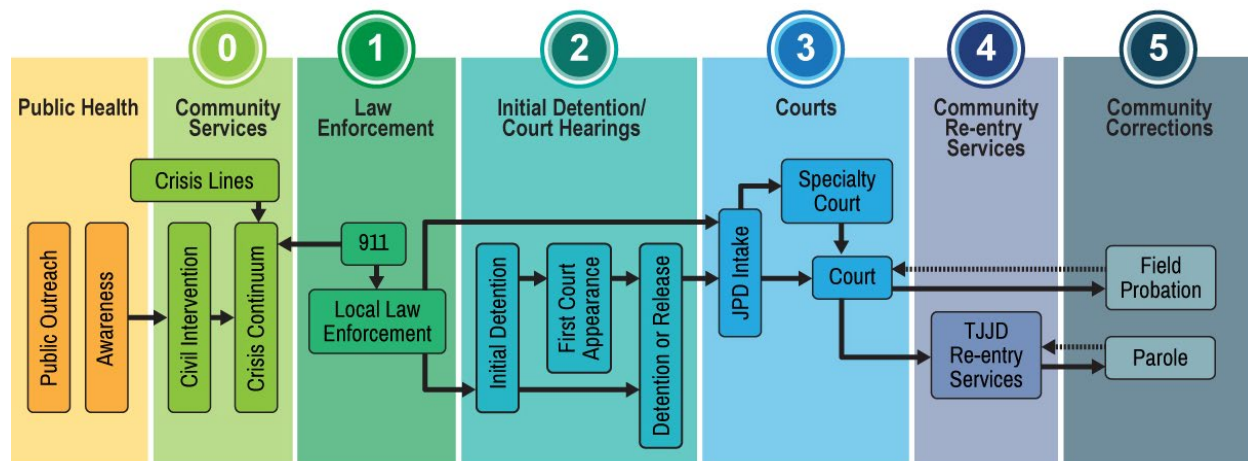
Justice-involved youth are at high risk of falling behind their peers, forcing them to repeat grades and increasing the likelihood they drop out of school entirely. State law (Texas Education Code § 37.023) requires that all returning students have a transition plan, but many districts are either unaware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

education and services while detained. By the 21<sup>st</sup> day of a youth's detention, the detention facility must assess the child and develop a written plan to reach rehabilitation goals and provide a status report every 90 days.

Recommendations for improving transition planning include:

1. **Set Goals, Track Progress, Make Data Accessible:** When schools and parents set goals and mutually develop plans to meet those goals, they should identify measurable outcomes, such as grades, attendance, grade progression, disciplinary referrals, etc. This provides clear evidence of what is working while also alerting all parties when the plan should be modified. Additionally, when the school tracks data on what works and what doesn't, they can share de-identified data with other school districts. Many school districts struggle with transition planning, so sharing data benefits kids across the state.
2. **Hold Transition Planning and Review Meetings:** Students' needs are continually changing. Changes in living circumstances, foster care referral, or mental health crises are examples of factors that require a new transition planning effort. Further, youth mature and improve academically, signaling that it may be time to reduce or end certain interventions. The important point is to meet on a regular basis, review progress, and adjust the plan as needed.
3. **Include Parents and Students in the Transition Planning Process:** The best and most effective way to create a successful plan begins with a collaboration between the school, juvenile services, the parents, and the student. This allows all parties to assess the student's state of mind, ensuring that interventions are appropriate, and goals are realistic. When there is little buy-in from the student and parents, success is unlikely.
4. **Training on Best Practice:** The Education Service Center is an excellent place to start when seeking additional training for school administrators and teachers on effective transition planning. Additionally, it is recommended that administrators include their district general counsel to review the planning process to ensure it meets the state law requirements.





### INTERCEPT 5

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

### INTERCEPT 5 RESOURCES

Intercept 5 Community Supervision	
Adverse Childhood Experiences (ACE) Assessment Conducted at Intake	ACE Score Provided in Drug Court Staffing Notes
Trained in Motivational Interviewing	Counseling - Licensed Marriage and Family Therapist and Licensed Sex Offender Treatment Provider on staff
Youth on probation in the community also receive counseling from community providers	Juvenile Justice Alternative Education Program (JJAEP)
Texoma Community Center provides substance use counseling and mental health skills training to eligible youth on juvenile probation	Aftercare services provided by Juvenile Services

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## INTERCEPT 5 GAPS AND OPPORTUNITIES

### **Outpatient Providers**

While Juvenile Services does have in-house counselors, the community indicated that it still needs additional providers in the community for youth on probation. Many of the counselors are focused on the RISE Court clients, but additional providers are necessary for youth with significant behavioral challenges not specifically related to drug use. Juvenile Probation Officers spend inordinate time searching for local providers.

### **Coordination with Schools**

The community saw an opportunity to improve coordination between Juvenile Services and local schools. One major gap identified by stakeholders was the difficulty schools and probation face in getting on the same page about school transition, lesson plans, and success planning. They saw the SIM process as an opportunity for Juvenile Services and local schools to form even stronger partnerships.

### **Family Engagement and Support**

Throughout the virtual and in-person SIM workshops, participants identified the urgent need to improve parent engagement. Grayson County Juvenile Services has a family engagement coordinator responsible for boosting participation of parents in juvenile programming; however, he also saw significant barriers, even when Juvenile Services attempts to address factors that impede participation. They provide transportation and childcare. Despite these efforts, many families simply won't engage with the programming.

The participants recognized that many families require intensive supports like family preservation services found in the child-welfare system. They envisioned in-home case management to keep kids in their own homes, augmenting services by providing family partner services and parental skill building. Family engagement is such a crucial success factor, that the community made this one of its top three priorities.

### **A Trauma Informed Approach to Juvenile Services**

Dr. Greg Sumpter has been serving as Executive Director of the Grayson County Juvenile Services for two years. Dr. Sumpter recognized the crucial need to address trauma. He trains his staff to presume that all the children referred to Juvenile Services have experienced some form of trauma. Indeed, this is true for more than 90 percent of the kids. Nearly 50 percent have experienced four or more Adverse Childhood Experiences (ACES), that put them at risk of significant lifetime challenges if not addressed.

During his time with Juvenile Services, he has implemented the Trust Based Relational Intervention approach for all youth served by the Department. Staff are trained to provide youth with a sense of physical, emotional, and psychological safety. When they have established that environment, they can then relate with them, helping them to establish boundaries and other relational tools. Having formed those relationships, they can then be more effective helping the kids develop better coping and emotional regulation skills

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#### **INTERCEPT 5 BEST PRACTICES**

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##### **BEST PRACTICE: DEVELOP A COMMUNITY APPROACH TO JUVENILE PROBATION**

Many of the best practices already mentioned in this report, including wraparound case management, family engagement, and reentry planning, all serve to improve probation outcomes. In a rural area with limited resources, juvenile probation departments may lack the internal resources and community services that might be available in larger cities. This requires courts and probation departments in smaller counties to reimagine how probation can best partner with local mental health authorities, schools, CRCGs, and other community resources to achieve best outcomes. Juvenile probation does not have to be in it alone.

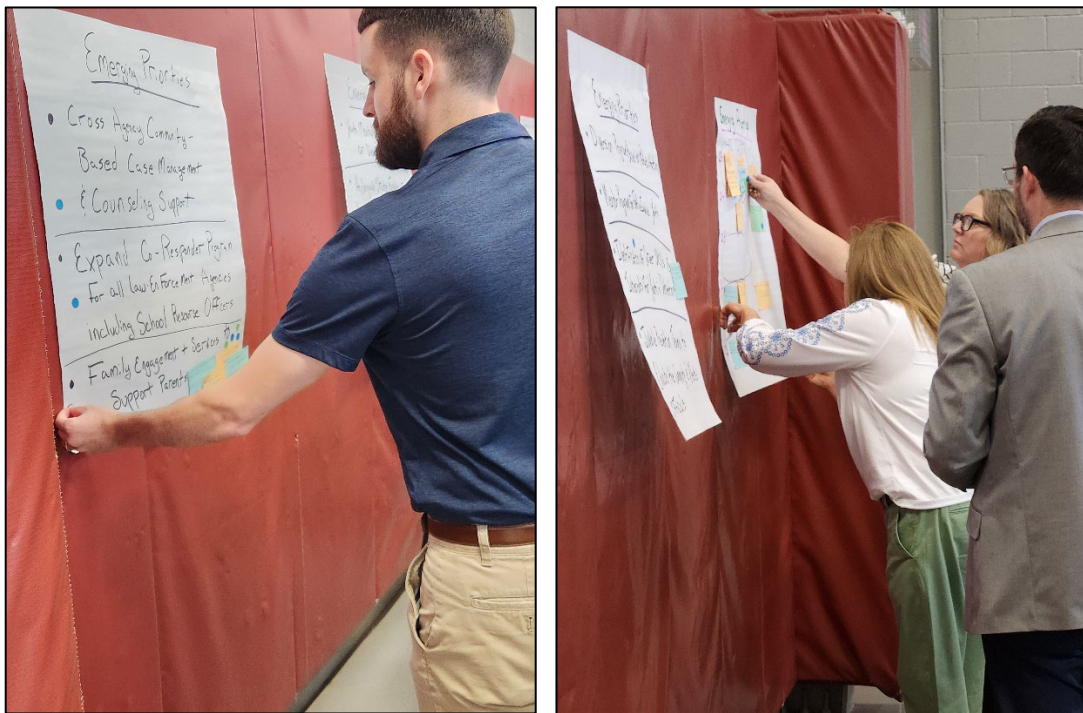
For instance, when probation partners with schools to ensure youth with mental health, learning, or developmental disorders receive the proper educational supports, they can achieve better educational outcomes. As an example, [Disability Rights Texas partners with the Harris County Juvenile Probation Department](#) to assist them in advocating for special educational services and accommodations.

Juvenile probation departments in smaller areas might also consider using certified peers with relevant lived experience to work alongside youth with mental and emotional health challenges

and certified family partners to work with families. Departments could also recruit mentors and other volunteers to assist with positive youth development.

Juvenile probation departments might also consider partnering with a [workforce development board](#) or other vocational resources to establish training and job preparation programs for youth on probation. The [Annie E Casey Foundation](#) provides a number of examples across the country of successful workforce/probation partnerships.

There are just a few examples of partnerships that can help smaller counties achieve optimal juvenile probation outcomes.



## PRIORITIES FOR CHANGE

Following the discussion on gaps and opportunities, the participants brainstormed priorities that might address gaps and help the community seize opportunities. They produced dozens of suggestions. They were then asked to rate the priorities on a one-five scale:

5 = Idea would have tremendous impact, and we should work on it immediately

1= Might be a good idea, but not a high priority at this time

After five rounds of community members reading and rating the ideas, participants identified a list of high/immediate, moderate/near future, and priorities for later.

Grayson County Youth Mental Health/Juvenile Justice Priorities	
High/Immediate	Funding: Grayson County is no longer a “rural” county, and youth mental health needs must be prioritized, finding additional funding and resources. Targeting resources toward youth with most significant challenges.
	Early intervention for children who have experienced trauma.
	Create treatment teams to address substance use and mental health crises. Improving collaboration and coordination between agencies.
	Open a youth substance use treatment facility.
	Addressing mental health provider shortage, increasing availability of therapists and interns. Providing incentives for providers to move to/remain in Grayson County.
	Improve community resource awareness in the community, helping parents access appropriate supports when necessary. Create resource lists.
Moderate/Near Future	Improve law enforcement involvement in community mental health processes, ensuring they are better equipped when responding to youth with behavioral health challenges.
	Implement a mental health court.
	Increase mental health co-response in the community as well as within schools.

	Improved training for parents and children in setting boundaries.
Priorities for Later	Reduce commitments to TJJD.
	Educate community about juvenile services and what youth on juvenile probation need to be successful.
	Communication skills training.

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

**Priority 1:** Family engagement and support

**Priority 2:** Early intervention and cross-agency community supports

**Priority 3:** Career skill development and mentorship for youth in detention



## ACTION PLANS

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

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

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



**PRIORITY 1: FAMILY ENGAGEMENT AND SUPPORT**

**Participants (\*=Champion):** Amanda Brunson, Amber Denny, Brandy Douglas, Tina Gardner, Brian Gary, MarQuita Giddens, Angel Guerrero, Rosa Hubert, Christel Kirk, Chadston Luper, **Ta’a McGraw\***, Rita G. Noel, Linzie Roesler, Greg Sumpter, Susan Tanner, **Cary Wacker\***, Amy Whaley, Laura Wheeler

**Next Meeting:** Wednesday, October 23 @ 12pm at Grayson County Juvenile Services

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 <sup>nd</sup> year)
Develop mentorship opportunities	Review current mentorship programs to determine how to boost retention.	Make improvements to boost retention and initiate new recruitment process	Train, orient, onboard new mentors. Ensure they are supported	
Determine what families need; ask what it would take for them to be more engaged in education and juvenile programming	Conduct a focus group of families. Develop a survey			
Include people with lived experience in family engagement efforts	Offer storytelling training for families or people with former justice involvement			
Create a pilot program in schools to support youth with low or no parent engagement	Recruit and train volunteers. Partner with schools and teachers to identify families. Meet with counselors to identify kids who are struggling.	Recruit volunteers in schools to do outreach to families unable to or unsure how to engage with schools.		

**NOTES:**  
**Mentorship:** How do we implement? Confidentiality? Who are the volunteers? Incentives. Money for activities. **Pilot program:** What do you need (raffles/gifts, prizes, childcare, groceries, child/family programming, translation)? Collaborate with Big Brother/Big Sister. Positive publicity training on behaviors - demystifying. **Lived Experience:** Cost of getting people certified.

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## RESEARCH AND PRACTICES RELATED TO PRIORITY ONE

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### BEST PRACTICE: FAMILY ENGAGEMENT IN JUVENILE JUSTICE

Grayson County Juvenile Services makes investments in family engagement, with a dedicated staff person, programming, transportation, and childcare. In this way, Grayson County stands apart from many other juvenile probation departments in the state. The fact that family engagement is the number one community priority is indicative of Juvenile Services’ efforts to elevate it as a success factor.

As the community works toward implementing its family engagement strategy, team leaders might benefit from considering how family engagement approaches are changing. [The Council of State Governments Justice Center](#) offers a framework for shifting practices and culture around family engagement.

Emerging Family Engagement Approaches	
Traditional Juvenile System Approach	Family Centered Approach
<b>Unilateral:</b> Juvenile system drives decision making, including if, how, when, and why families are engaged.	<b>Empowering:</b> Families shape and drive decisions. Regularly participate in meetings about their children, including court decisions, case plans, and supervision terms.
<b>Blame-oriented:</b> Views families as challenges to overcome without consideration to how the system itself might push them away.	<b>Supportive:</b> Treats families as partners, beginning with what families want and need. Troubleshoots family engagement challenges without blame.
<b>Ad-hoc:</b> Family engagement viewed as an “add-on” to juvenile services without dedicating staff, resources, and accountability.	<b>Comprehensive:</b> Develops an agencywide commitment to family engagement inseparable from cases planning, supervision, and services. Commitment reflected in policies and practices.
<b>Generic:</b> Family engagement activities are applied to all families without consideration	<b>Individualized:</b> Meets the need of individual families, ensuring cultural alignment. Take

<p>of cultural, language, and other differences in families or their circumstances.</p>	<p>cues from youth and their caregivers about what they consider to be family, using native languages, and structuring engagement activities around cultural norms and practices.</p>
<p><b>Obscure:</b> No clear way for families to get information, navigate the process, or ask questions. They don't understand their role in the process and lack the support necessary to obtain services or provide feedback on their experiences.</p>	<p><b>Accountable:</b> Establish performance measures on family engagement and evaluates progress.</p>
<p><b>Under-resourced:</b> Rarely dedicating resources to supporting families, including staff training and court/program participation.</p>	<p><b>Sustained:</b> Invests in family engagement, building organizational capacity to support engagement, collecting data, providing training, and evaluating engagement staff.</p>

**PRIORITY 2: EARLY INTERVENTION AND CROSS-AGENCY COMMUNITY SUPPORTS**

**Participants (\*=Champion):** **Amanda Brunson\***, **Kyle Curry\***, Sholdon Daniels, Brandy Douglas, Tori Dyess, Tina Gardner, Brian Gary, MarQuita Giddens, Andru Gilbert, Amanda Gunter, Jeannine Hatt, Aileen Hays, Heidi Herring, Natalie Hicks, Rosa Hubert, Jackie Melancon, Rebecca Monroe, Rita G. Noel, Aaron Roberts, Linzie Roesler, Earnest Scruggs, Lynn Turner

**Next Meeting:** Friday, November 8, 9:00-10:00am via Zoom (Amanda will provide Zoom link and Kyle will email it out to the group)

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 <sup>nd</sup> year)
Increase community networking and collaboration	Host an informal networking event - Heidi	Host a second event - Amanda		
Coordinate TCC & Juv. Serv. intake processes, case management, warm handoffs	Meet to identify opportunities for streamlining and improvement - Kyle & Rebecca			
Improve coordination	Work with Behavioral Health Leadership Team (BHLT) on youth priorities (access? workforce) - Jackie			
Increase agency participation in Community Resource Coordination Group (CRCG)	Reach out to participants to explain importance and get meeting on their calendars (1st Friday at 9am) - Kyle			
Explore Trust-Based Relational Interventions (TBRI) for parents	Investigate options and potential partners (True Options, Tiny Skills) - Aileen, Amanda, Amy			

**NOTES:**

Identify gaps in the community (e.g., [Community Partners of Dallas](#), [Rainbow Room](#)). Look at networking events that already exist: 3rd Wednesday 12pm tri-county meeting at Salvation Army; homeless coalition at 1pm. [Plug-In Texoma](#) Sherman Chamber networking to publicize resources 8-9am every Tuesday. Region 10 Education Service Ctr sits on the CRCG; frustrated that many resources are outside the county. CRCG is a state-mandated agency and state-funded youth serving agencies are mandated to sit on it. Educate people about what the CRCG does and can do. What additional agencies need to attend? MH providers? Pediatricians?

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## RESEARCH AND PRACTICES RELATED TO PRIORITY TWO

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

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

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

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

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### BEST PRACTICE: FOSTER EARLY MENTAL HEALTH IDENTIFICATION AND INTERVENTION

According to research, nearly half of all mental illness starts before age 14, yet early identification and intervention strategies remain inadequate for children and adolescents. Most frequently, the mental health challenges first present themselves as crises at the emergency room, not in schools or in mental health clinics. Failure to intervene early can have long lasting impact well into adulthood. Often youth with untreated mental health challenges self-medicate with drugs and alcohol, leading to co-occurring mental health and substance use disorders. It is imperative that communities develop early identification strategies that extend beyond emergency rooms and first responders.

While some physicians conduct early and periodic screening, diagnosis, and treatment, these are services covered only by Medicaid. A more robust strategy would involve incentivizing pediatricians and family care physicians to conduct screenings. Through the Child Psychiatry



[Access Network \(CPAN\)](#), any pediatrician in the state can be connected with a mental health expert within 5 minutes to do a consultation on a child with concerning psychiatric symptoms. School-based screening can also be effective, making it crucial to involved school districts in communitywide efforts to identify and treat childhood mental illness early.

All these efforts are important, but they may require policy changes, whereas communities can initiate communitywide awareness efforts at any time. Parental education and resource awareness not only helps families know who and when to call for help, they also reduce stigma associated with mental illness.

**PRIORITY 3: CAREER AND SKILL BUILDING IN DETENTION**

**Participants (\*=Champion):** Amanda Brunson, **Sholdon Daniels\***, **Tina Gardner\***, Brian Gary, MarQuita Giddens, Brenda Hayward, Loren Hervey, Rosa Hubert, Joe Large, Rita G. Noel, Robert Petty, Angela Sharp, Dawn Shipman, Tracey Stebbins

**Next Meeting:** Tuesday, September 24, at 12:00pm via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 <sup>nd</sup> year)
Form team	Infrastructure - Sholdon. Decide format (institute / nonprofit)			
Develop partnerships		Approach TWC, TWS, colleges, businesses, churches, teachers		
Get youth input		Google Forms survey or Survey Monkey		
Explore grants + funding	Check with Cary Wacker	State grant for justice-involved youth		
Implementation			Implement	
Create a certification			Create cert.	

**NOTES:**  
 Potential partners: Heart of the Matter Ministries (HMM) (weekly @ SOAR/ROP to do activities), Youth with Faces, Austin College (Jeannine Hatt). Food handlers for post kids. Extend into probation due to detention turnaround. Goodwill Ind. of North Texas does life skills; D. Hawthorne. Certification contact needed. All kids exiting detention need a purpose. Teaching financial & entrepreneurial skills. 2018 - HMM partnered with Open Table to attend specialty courts & develop life plans/goals; school district mentors. Summer youth career program. Leadership Sherman - mentorship/empowerment in community. North Central TX College and Grayson College have trades. Identify gifts, talents, interests of youth. For long-term detention, make it a curriculum with a certificate. Survey detainees and if 8-9 are interested in welding, bring in the welder. Credit for life skills; make it worthwhile. Partner with mayors/cities to do job shadowing. Collin Co. has 6-week skills building class (not sequential; implemented in detention center; Loren Hervey has more info).

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## RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

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### BEST PRACTICE: FOSTER EARLY IDENTIFICATION AND INTERVENTION

There are multiple benefits to helping youth in juvenile detention to identify vocational interests right away. [Vocational achievement leads to improved employability, reduced recidivism, and improved self-esteem](#). The benefits to the child extend beyond employability. They may develop new protective factors in the form of supportive employers and mentors. Additionally, vocational training builds academic confidence, which can help them complete school or even further their studies.

Currently the Texas Juvenile Justice Department conducts a vocational aptitude and interests inventory for all incoming youth. Developing a similar protocol and mobilizing vocational resources in the county is likely to improve outcomes for youth.

## RECOMMENDED NEXT STEPS

The Youth SIM Mapping process serves as a springboard to continued and enduring collaboration between stakeholders across all intercepts. To create the systemic changes outlined in the Grayson County goals, a whole community approach is required. To ensure that the community stays engaged, the following next steps are highly recommended.

### STRENGTHEN ACTION TEAM PLANNING

The most effective way to make progress and increase communitywide motivation is through action planning. During the in-person workshop, Grayson County created three priority teams as well as priority champions. These key stakeholders are responsible for moving the action plans forward. To ensure continued momentum:

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

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

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

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

## PRIORITIZE IMPLEMENTATION OF CURRENT STATUTES

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

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

## REMAIN CURRENT WITH THE LATEST RESEARCH AND BEST PRACTICES

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

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

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



## APPENDICES

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

## APPENDIX 1 | COMMONLY USED ACRONYMS

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

## APPENDIX 2 | GENERAL RESOURCES

### FUNDING RESOURCES

Council of State Governments Justice Center

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

DOJ Office of Justice Programs

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

Humanities Texas

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

The Meadows Foundation

<https://www.mfi.org/>

Office of the Texas Governor

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

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/grants>

Texas Health & Human Services Commission

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

Texas Indigent Defense Commission

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

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

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

U.S. Grants

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

### GRANT WRITING RESOURCES

Grants.gov

<https://www.grants.gov/web/grants/applicants/applicant-training.html>

HHSC Funding Information Center

<https://www.dshs.texas.gov/fic/gwriting.shtm>

Nonprofit Guides

<http://www.npguides.org/index.html>

Nonprofit Ready

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

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/training-grant.html>

University of Texas Grants Resource Center

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

## MENTAL HEALTH COURT PROGRAM RESOURCES

Council of State Governments Justice Center –  
*Developing a Mental Health Court: An  
Interdisciplinary Curriculum*

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

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

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

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

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

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

[https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG\\_MHC\\_Research.pdf](https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf)

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

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

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

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

Judicial Commission on Mental Health

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

Texas Association of Specialty Courts

<http://www.tasctx.org/>

Texas Specialty Court Resource Center

<http://www.txspecialtycourts.org/>

## TECHNICAL ASSISTANCE RESOURCES

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

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

Correctional Management Institute of Texas

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

Doors to Wellbeing: National Consumer Technical  
Assistance Center

<https://www.doorstowellbeing.org/>

HHSC's Technical Assistance Center

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

Judicial Commission on Mental Health

<http://texasjcmh.gov/technical-assistance/>

Justice Center: The Council of State Governments

<https://csgjusticecenter.org/resources/justice-mh-partnerships-support-center/>

National Center for State Courts

<https://www.ncsc.org/services-and-experts/areas-of-expertise/access-to-justice/tech-assistance>

National Child Traumatic Stress Network

<https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems/justice>

National Family Support Technical Assistance Center

<https://www.nfstac.org/request-ta>

National Mental Health Consumers' Self-Help Clearinghouse

<https://www.mhselfhelp.org/technical-assistance>

National Training & Technical Assistance Center for Child, Youth, & Family Mental Health

<https://nttacmentalhealth.org/trainings-ta/>

NPC Research

<https://npcresearch.com/services-expertise/technical-assistance-and-consultation/>

Opioid Response Network

<https://opioidresponsenetwork.org/>

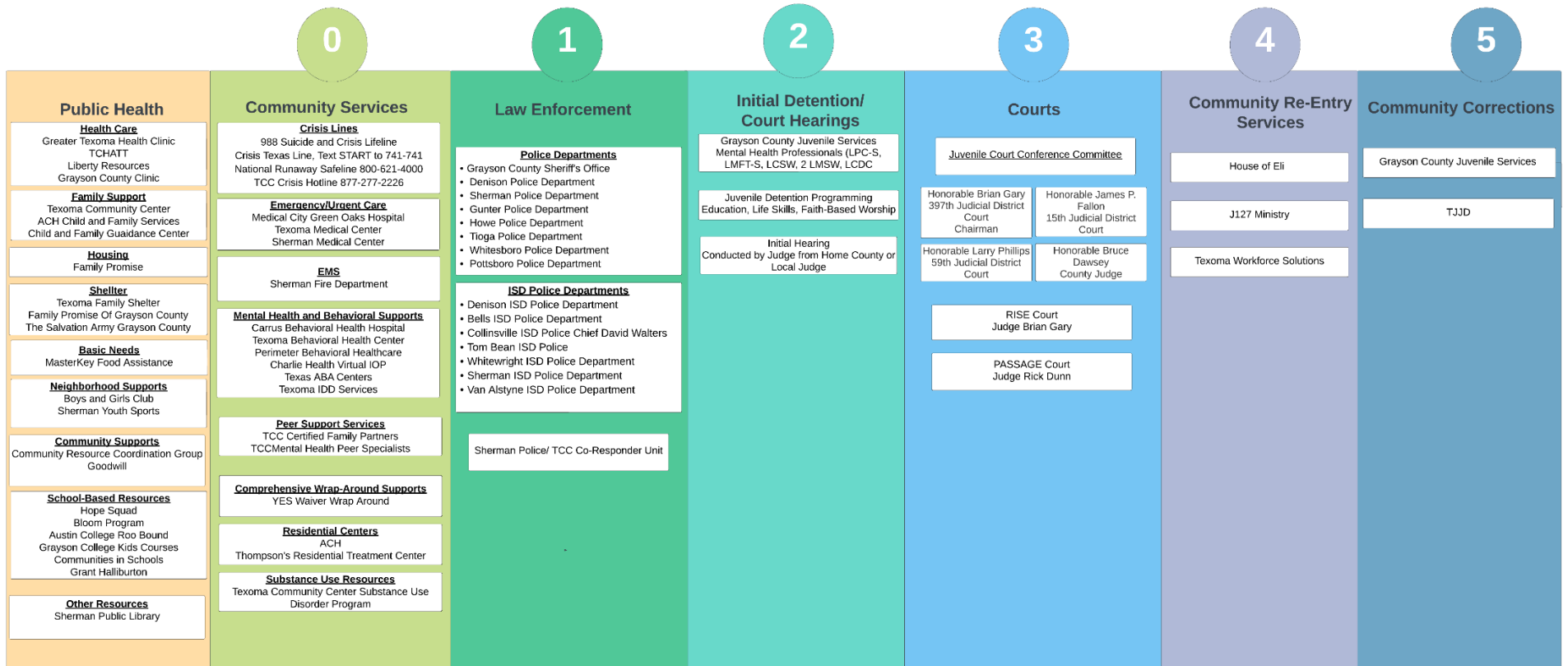
Technical Assistance Collaborative

<https://www.tacinc.org/what-we-do/customized-ta-training/>

Texas Specialty Court Resource Center

[http://www.txspecialtycourts.org/tta\\_bureau.html](http://www.txspecialtycourts.org/tta_bureau.html)

APPENDIX 3 | GRAYSON COUNTY YOUTH SIM MAP





## APPENDIX 4 | PARTICIPANT LIST

First Name	Last Name	Title/Role	Organization
Kee A.	Ables	Attorney	Law Office of Kee A. Ables
Britney	Barker	Executive Director	Grayson County Children's Advocacy Center
Carrie	Boettger	Counselor	Pathways High School - Denison ISD
Deb	Boring	Member	Texoma Behavioral Health Leadership Team
Kristina	Bowen	Child Protective Services	Texas Department of Family and Protective Services
Amanda	Brunson	Deputy Director of Behavioral Health	Grayson County Juvenile Services
Katelin	Burton	Case Manager Supervisor/Admissions Coord.	Grayson County Juvenile Services
Garland	Cardwell	Juvenile Defense Attorney	Munson Law Firm
Sylvia	Cave	Chief Operations Officer	Texoma Community Center
Elizabeth	Clayton	CTE Coordinator	Sherman ISD
Kyle	Curry	Juvenile Probation Officer	Grayson County Juvenile Services
Sholdon	Daniels	CEO	Attorney Sholdon Daniels, PLLC
Stephanie	Davidson	Compliance and Community Relations Coord.	GlobalWafers America
Amber	Denney	Sr. Director of SUD and Children's Services	Texoma Community Center
Brandy	Douglas	Lawyer	The Law Office of Brandy Douglas
Tori	Dyess	Assistant Director of Care Coordination	Texoma Community Center
Tina	Gardner	Founding Pastor/Executive Director	Heart of a Matter Ministries
Brian	Gary	District Judge	397th District Court
MarQuita	Giddens	Juvenile Probation Officer	Grayson County Juvenile Services
Andru	Gilbert	Assistant Superintendent of Admin	Denison ISD
Kimberly	Good	Hospital liaison	Carrus Behavioral Health Hospital
Angel	Guerrero	Juvenile Probation officer	Grayson County Juvenile Services
Amanda	Gunter	Behavior Specialist	Denison ISD
Nicole	Hanks	District Counselor	Tioga ISD
Miranda	Harp	Crim. Justice/Emergency Planning Supervisor	Texoma Council of Governments
Jeannine	Hatt	Pediatrician	Texoma Health Foundation Board Member
Destry	Hawthorne	Deputy Director	Grayson County Juvenile Services
Aileen	Hays	Coordinator of Counseling and Student Services	Sherman ISD
Steven	Hayslip	Lieutenant	VAPD
Brenda	Hayward	Executive Director	Child and Family Guidance Center of Texoma
Stephfon	Haywood	Detective	Sherman Police Department
Lorna	Hermosura	STEP UP Texas Project Director	University of Texas at Austin
Heidi	Herring	Clinical Outreach Senior Manager	Charlie Health
Loren	Hervey	Clinical Director	Child and Family Guidance Center of Texoma

Natalie	Hicks	ARD Facilitator	Denison ISD
John Kermit	Hill	Owner/Attorney	Law Office of John Kermit Hill
Rosa	Hubert	Juvenile Probation officer	Grayson County Juvenile Probation
Christel	Kirk	Juvenile Probation	Grayson County
Keith	Kirkland	Principal	Tioga ISD
Joe	Large	Juvenile Supervision Officer	Grayson County Juvenile Services
Ouida	Lee	Pastor	Haven Chapel United Methodist Church
Chadston	Luper	Deputy Director - Pre-Adjudication	Grayson County Juvenile Services
James	McCraw	Parent Engagement Specialist	Grayson County Juvenile Services
Ta'a	McCraw	Juvenile Probation Officer	Grayson County Juvenile Services
Tricia	Meek	Superintendent	Bells ISD
Jackie	Melancon	Thrive Coordinator	Denison ISD
Jasmine	Mitchell	Juvenile Services Officer	Grayson County Juvenile Services
Rebecca	Monroe	Senior Director of Adult MH and Crisis Services	Texoma Community Center
Rita G.	Noel	Student Support Services	Denison ISD
Robert	Petty	Training and Technical Assistance Professional	Grayson County
Larry	Phillips	District Judge	59th District Court
Tyler	Rasica	Peer Support Specialist	RISE & PASSAGE Juvenile Courts
Aaron	Roberts	Probation Officer	Grayson County Juvenile Services
Linzie	Roesler	Attorney	Roesler & Roesler Law
Earnest	Scruggs	Juvenile Services Officer	Grayson County Juvenile Services
Angela	Sharp	Chief Grants Officer	Texoma Health Foundation
Dawn	Shipman		Grayson County Juvenile Services
Tracey	Stebbins	Community Education Coordinator	Grayson Crisis Center
Sara	Steward	Case Manager	Grayson County Juvenile Services
Greg	Sumpter	Director	Grayson County Juvenile Services
Joseph	Swanson	Policy Associate	Lone Star Justice Alliance
Susan	Tanner	Treatment Specialist	Liberty Resources
Brandon	Toney	Lieutenant	Sherman Police Department
Lynn	Turner	LPC-A	Hope in Life Counseling
Gail	Utter	Financial Advisor	Wells Fargo Advisors
Cary	Wacker	Former Mayor	City of Sherman
Stephanie	Waitt	LPC	Texoma Specialty Counseling
Rick	Walters		
Amy	Whaley	Child Protective Services Supervisor II	Texas Department of Family and Protective Services
Laura	Wheeler	Assistant District Attorney	Grayson County

## Youth Mental Health and Juvenile Justice Sequential Intercept Model Mapping Workshop

**Grayson County**  
**September 17, 2024**  
**Grayson County Juvenile Detention Gymnasium**  
**86 Dyess St, Denison**

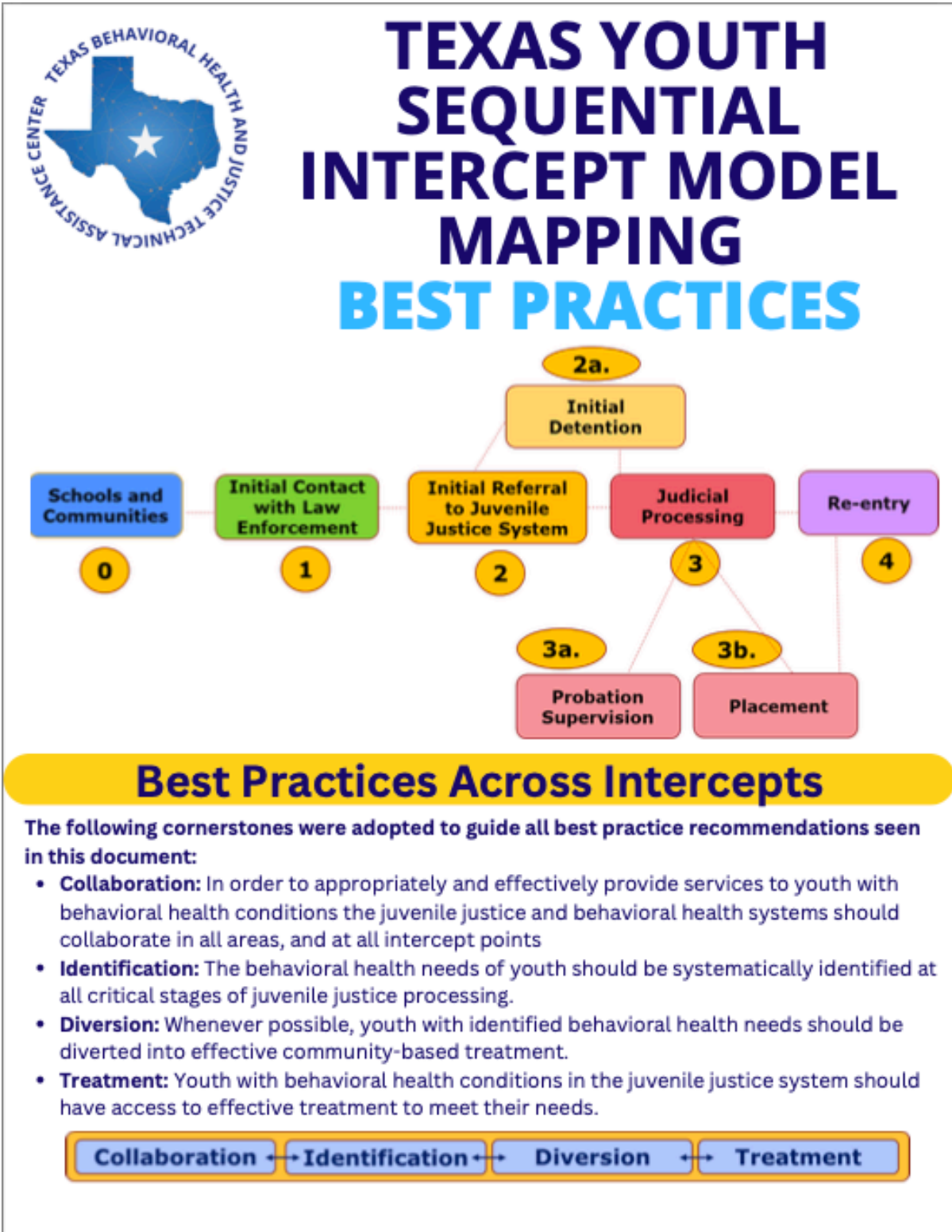
**Purpose and Goals:**

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

### AGENDA

<b>8:30 am</b>	<b>Registration &amp; Networking</b>	
<b>9:00 am</b>	<b>Opening Remarks</b> Judge Larry Phillips	Welcome & Community Goals
<b>9:20 am</b>	<b>Orienting to This Work</b> Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
<b>9:40 am</b>	<b>Overview of Judicial Commission</b> Molly Davis	
<b>9:45 am</b>	<b>Overview of SIM Mapping</b> Doug Smith Maricela Pineda	Overview of Model Importance of Lived Experience
<b>10:30 am</b>	<b>Break</b>	
<b>10:45 am</b>	<b>Establishing Priorities</b> Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
<b>11:45 am</b>	<b>Lunch</b>	

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



# INTERCEPT 0: SCHOOLS AND COMMUNITY BASED SERVICES BEST PRACTICES



## EARLY IDENTIFICATION AND PREVENTION

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

## SCHOOL-BASED DIVERSION AND BEHAVIORAL HEALTH SUPPORTS

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

## SOMEONE TO CALL

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

## SOMEONE TO RESPOND

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

## A PLACE TO GO

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



# INTERCEPT 0: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
<b>Early Identification and Prevention</b>	
<b>Universal school-based risk and needs assessments</b>	Use validated screening tools used for youth flagged with behavioral needs. See <a href="#">Mental Health Screening Tools for Grades K-12</a>
<b>Mental health screenings by primary care providers</b>	Standardize the use of depression and anxiety screening for youth ages 8-18 during pediatric wellness visits. See <a href="#">Pediatric Symptom Checklist-17</a> or the <a href="#">Strengths and Difficulties questionnaire</a>
<b>Information sharing agreements</b>	Establish Memorandums of Understanding (MOUs) between school mental health professionals and the LMHA/LBHAs to support continuity of care for youth with identified behavioral health needs.
<b>School-based Diversion and Behavioral Health Supports</b>	
<b>Multi-Tiered Systems of Support (MTSS)</b>	<p>MTSS is a comprehensive <b>three-tiered</b> system of support to provide both universal and tailored mental health support to school-aged youth.</p> <ul style="list-style-type: none"> <li>• Universal mental health promotion and training</li> <li>• Targeted mental health intervention</li> <li>• Intensive mental health intervention</li> </ul>
<b>Alternatives to Exclusionary Discipline</b>	Regularly review district discipline policies and consider the use of restorative justice practices, diversion programming and family support to reduce expulsions. Remove code of conduct language reflecting zero tolerance policies. See the <a href="#">School Crime and Discipline Handbook</a> for guidance.
<b>Onsite school behavioral health providers</b>	Establish partnerships between LMHAs/LBHAs and school-based mental health providers to provide a system of support to youth and their families.
<b>Crisis Continuum: Someone to Call, Someone to Respond, a Place to Go</b>	
<b>Crisis Hotlines</b>	24/7 call, text and chat lines for people experiencing a behavioral health crisis. Operators provide screening, intervention and referrals to community resources.
<b>Crisis Outreach Teams</b>	Qualified mental health professionals providing community-based crisis assessment, intervention and continuity of care. Youth MCOT providers coordinate with schools, law enforcement, hospitals and detention facilities to provide care.
<b>Children's Crisis Respite Units</b>	Short-term residential crisis services for youth with low risk of harm to self or others. Provide 24-hour observation in a home-like environment to provide youth a "break" from existing environmental stressors.

# INTERCEPT 1: LAW ENFORCEMENT & EMERGENCY HEALTH SERVICES BEST PRACTICES



## LAW ENFORCEMENT MENTAL HEALTH TRAINING

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

## POLICE DIVERSION PROGRAMS

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

## LAW ENFORCEMENT AND MENTAL HEALTH PROVIDER COLLABORATION

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

# INTERCEPT 1: BEST PRACTICE HIGHLIGHTS

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

# INTERCEPT 2: INITIAL REFERRAL AND INITIAL DETENTION BEST PRACTICES



## JUVENILE PROBATION BEHAVIORAL HEALTH ASSESSMENT, TREATMENT, AND INTERVENTION

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

## COURT DIVERSION AND PREVENTION PROGRAMS

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

## JUVENILE JUSTICE STAKEHOLDER COLLABORATION

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



## INTERCEPT 2: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
<b>Juvenile Probation Behavioral Health Assessment, Treatment, and Intervention</b>	
<b>Validated risk and needs assessments</b>	<p>Validated risk and needs assessments provide an opportunity to assess the primary cause of the youth’s delinquent behavior (dynamic risk factors) and focus interventions on these factors. Dynamic factors are those that can be changed as part of the normal developmental process or through system interventions.</p> <p>Use the PACT and MAYSI to inform treatment referrals and conditions of release.</p>
<b>Regular review of detention discipline policies</b>	<p>Adopt policies that require administrative review of all restraints and seclusions. Consider alternatives (when appropriate) to administrative seclusions using trauma-informed approaches to care.</p> <ul style="list-style-type: none"> <li>• See SAMHSAs recommendations</li> </ul>
<b>Detention-based behavioral health providers</b>	<p>Clinicians positioned within detention facilities and juvenile probation departments can attend to ongoing crisis mental health needs and offer SUD treatment, brief therapy interventions and case management to detained youth.</p>
<b>Court Diversion and Prevention Programs</b>	
<b>Specialized conditions of release</b>	<p>Opportunity for judges to connect youth with behavioral health needs to evidence-based treatment and prosocial activities such as community service or mentoring programs.</p> <p>Conditions should be informed by what services are available in the community to support youth with behavioral health needs and the capacity of the youth and their guardian to comply with the conditions.</p>
<b>Juvenile Justice Stakeholder Collaboration</b>	
<b>Coordinated Case Planning</b>	<p>Ongoing collaboration between child welfare and juvenile justice staff to communicate content of their respective case plans, identify gaps and redundancies and become aware of requirements with which youth and their families must contend. See <a href="#">Child Welfare and Juvenile Justice System Involvement</a> snapshot.</p>
<b>Use Behavioral Health Services Online (BHSO)</b>	<p>Local probation departments can use BHSO to identify youth who have had contact within the last 3 years (probable or exact matches) with the public mental health system to coordinate care and ensure there is continuity in service provision.</p>
<b>Track juvenile referral data</b>	<p>Explore relevant trends in outcomes data including, number of juvenile probation referrals, number of positive youth screenings for Serious Emotional Disturbance (SED) or SUD, number of connections to treatment, and rates of recidivism.</p>

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



## SPECIALIZED COURT INTERVENTIONS

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

## PRE-TRIAL INTERVENTIONS

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

## STREAMLINED FITNESS RESTORATION PROCESSES

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



# INTERCEPT 3: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
<b>Specialized Court Interventions</b>	
Specialty Juvenile Treatment Courts	<p>Provide opportunities to keep youth in the community, provide connection to community-based services and reduce recidivism by treating the behavior (e.g. mental health courts and juvenile drug courts).</p> <p>See resources on how to start a mental health court <a href="#">here</a>.</p>
Juvenile Court Case Managers/ Liaisons	<p>Role established to coordinate care in the community for youth identified with ongoing behavioral health needs between school, courts, community providers and county detention facilities.</p> <p>Juvenile case managers can be employed by justice and municipal courts to support early identification of behavioral health needs and inform both judges and prosecutors of a youth's treatment needs.</p>
<b>Pre-trial Interventions</b>	
Pre-Trial Supervision and Diversion Programs	<p>Voluntary opportunities for juvenile probation departments and courts to offer pre-adjudication diversion programs to youth in order to access treatment in the least restrictive setting.</p> <ul style="list-style-type: none"> <li>• <u>Supervisory Caution</u> (also known as <i>counsel and release</i>) - Can include referrals to a social services agency or a community-based first offender program, contacting parents to inform them of the youth's activities, or warning the youth about the activities in the accusation.</li> <li>• <u>Deferred Prosecution</u>- Alternative to formal adjudication for delinquent conduct or Conduct Indicating a Needs for Supervision (CINS). Can be offered by a probation officer, a prosecutor or a judge. (<a href="#">Tex. Fam. Code Sec. 53.03</a>)</li> <li>• <u>Referral to CRCG</u>- Diversion option for youth under 12 years of age. The CRCG develops a community referral and service plan that offers recommendations to the probation department who then can monitor compliance with the plan for up to three months. (<a href="#">Tex. Family Code Sec. 53.01 (b-1)</a>)</li> </ul>
<b>Streamline Fitness to Proceed Processes</b>	
Continuity of care for youth found unfit to proceed	<ul style="list-style-type: none"> <li>• Establish one point of contact between the county and state hospital (or private inpatient facility) that the youth is receiving restoration services.</li> <li>• Ensure the case moves forward while the juvenile is hospitalized to ensure speedy resolution upon return (i.e. address discovery issues, and plea offers).</li> <li>• Coordinate transportation within three days of notice that a juvenile has been restored.</li> <li>• Establish quick court hearing setting policy upon return from state hospital to avoid decompensation.</li> </ul>

# INTERCEPT 4: RE-ENTRY BEST PRACTICES



## TRANSITION PLANNING

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

## COORDINATED AFTER-CARE SERVICES

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

## TRAUMA-INFORMED SUPERVISION PRACTICES

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

# INTERCEPT 4: BEST PRACTICE HIGHLIGHTS

Best Practice	Description
<b>Transition Planning</b>	
<b>Formalized Family Engagement</b>	<p>Create processes and protocols to support the involvement of guardians in key decision making throughout a youth's juvenile justice system involvement (from intake through reentry). Some examples include:</p> <ul style="list-style-type: none"> <li>• <i>Family identification training</i>- Probation staff receive training on how to identify and engage with a youth's caregiver network.</li> <li>• <i>Family genograms/ecomaps</i>- Visual tool to help facilitate conversations about existing social and system supports with youth and their family.</li> <li>• <i>Family/youth policy committees</i>- Opportunity for juvenile justice systems to incorporate youth and families' voices by creating advisory boards, conducting regular surveys and administering interviews for youth exiting facilities or community programs.</li> </ul>
<b>Pre-release intakes with LMHA/LBHA</b>	<p>Juvenile probation departments can establish MOUs with LMHA/LBHAs to conduct intake assessments with youth identified as having an ongoing behavioral health need (in detention, post adjudication treatment facilities or TJJD facilities) prior to release. This provides an opportunity for a youth to be authorized into treatment with a LMHA/LBHA and improves continuity of care by reducing wait times for youth to be connected to services in the community. (See <a href="#">Texas Admin. Code Rule 301.353</a>.)</p>
<b>Coordinated After-Care Services</b>	
<b>School-reenrollment after confinement processes</b>	<p>Facilitate timely reenrollment in school for youth exiting juvenile justice facilities by removing barriers related to the transfer of educational records between locations, barriers to records sharing, and credit transfer policies that are not always compatible between districts.</p> <p>Reenrollment can best be facilitated by liaisons or transition coordinators that facilitate the transfer of credits and school records and navigate the logistics involved in the transition process by acting as a point of contact for youth and their families.</p>
<b>Trauma-Informed Supervision Practices</b>	
<b>Graduated Response Matrix</b>	<p>Tool used to support objective decision making through standardized guidelines on responses to youth behavior and technical violations of probation. Employs a continuum of interventions to address youth misbehavior, as warranted by youth's assessed risk level and the nature of their non-compliance. See example matrix on page 39 of <a href="#">Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System</a>.</p>
<b>Supervision plans guided by risk and needs assessments</b>	<p>The Risk-Needs Responsivity Model suggests that supervision plans should assess a youth's likelihood to reoffend, identify the dynamic risk factors that may need to be addressed and tailor intervention to the youth's learning style, motivation and strengths.</p>

## APPENDIX 7 | KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, <i>TEXAS JUVENILE MENTAL HEALTH AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LAW BENCH BOOK</i> (3d Ed. 2023-2025), <a href="https://texasjcmh.gov/media/secdby2j/jbb-2023-for-web.pdf">https://texasjcmh.gov/media/secdby2j/jbb-2023-for-web.pdf</a>
2	THE JUSTICE CENTER, COUNCIL OF STATE GOVERNMENTS, <i>HOW TO USE AN INTEGRATED APPROACH TO ADDRESS MENTAL HEALTH NEEDS OF YOUTH IN THE JUSTICE SYSTEM</i> (2022), <a href="https://csgjusticecenter.org/publications/how-to-use-an-integrated-approach-to-address-the-mental-health-needs-of-youth-in-the-justice-system-2/?mc_cid=473739da81&amp;mc_eid=eadd5775fa">https://csgjusticecenter.org/publications/how-to-use-an-integrated-approach-to-address-the-mental-health-needs-of-youth-in-the-justice-system-2/?mc_cid=473739da81&amp;mc_eid=eadd5775fa</a>
3	NATIONAL CENTER FOR STATE COURTS, <i>JUVENILE JUSTICE MENTAL HEALTH DIVERSION GUIDELINES AND PRINCIPLES</i> , (2022), <a href="https://www.ncsc.org/_data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf">https://www.ncsc.org/_data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf</a>
4	NATIONAL CENTER FOR STATE COURTS, <i>FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT'S RESPONSE</i> 19 (2018), <a href="https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf">https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf</a> . See also, <a href="https://www.ncsc.org/behavioralhealth">https://www.ncsc.org/behavioralhealth</a> .
5	POLICY RESEARCH ASSOCIATES, <i>THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP)</i> , <a href="https://express.adobe.com/page/dSrgsE34zlea9/">https://express.adobe.com/page/dSrgsE34zlea9/</a> . See also, <a href="https://www.prainc.com/im/">https://www.prainc.com/im/</a> .
6	SAMHSA GAINS CENTER, <i>DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL</i> (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, <i>Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness</i> , 57 <i>PSYCH. SERVICES</i> 544, 544-49 (2006), <a href="https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544">https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544</a> . The Youth Sequential Intercept Model in this report adopts the traditional model but also expands it to include new intercepts that allow for a better understanding of early intervention to effectively address those with mental health issues before they enter the criminal justice system.
7	PURVIS, KARYN B., ET AL, <i>TRUST-BASED RELATIONAL INTERVENTION (TBRI): A SYSTEMIC APPROACH TO COMPLEX DEVELOPMENTAL TRAUMA</i> , OCTOBER 2013, 34(4): 360-386