Youth Sequential Intercept Model Mapping Workshop

June 2026

Report for:

Kaufman County

Prepared by:
The Texas Judicial Commission on Mental Health

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

JCMH
Texas Judicial Commission on Mental Health

Youth Sequential Intercept Model Mapping Report for Kaufman County, TX

Workshops Held:

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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 KAUFMAN COUNTY (2026).

ACKNOWLEDGEMENTS

The JCMH is thankful for the assistance of the Kaufman County planning team: Lyndy Ashford, Nancy Blum, Janet Buchanan, Pam Corder, Gloria Fobbs, and Jennifer Russell.

FACILITATOR BIOGRAPHIES

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

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

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A NOTE ON LANGUAGE

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

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

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

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

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

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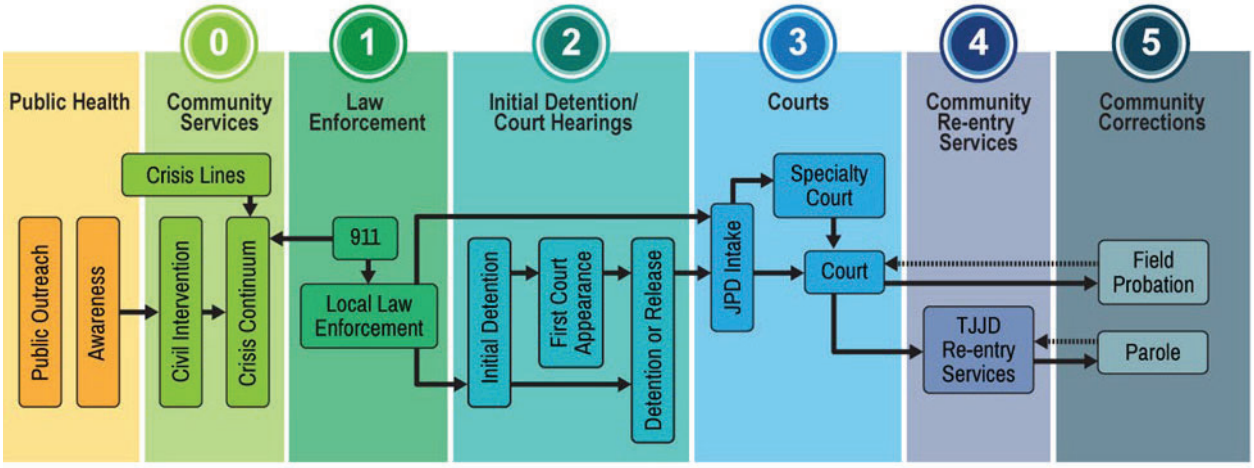


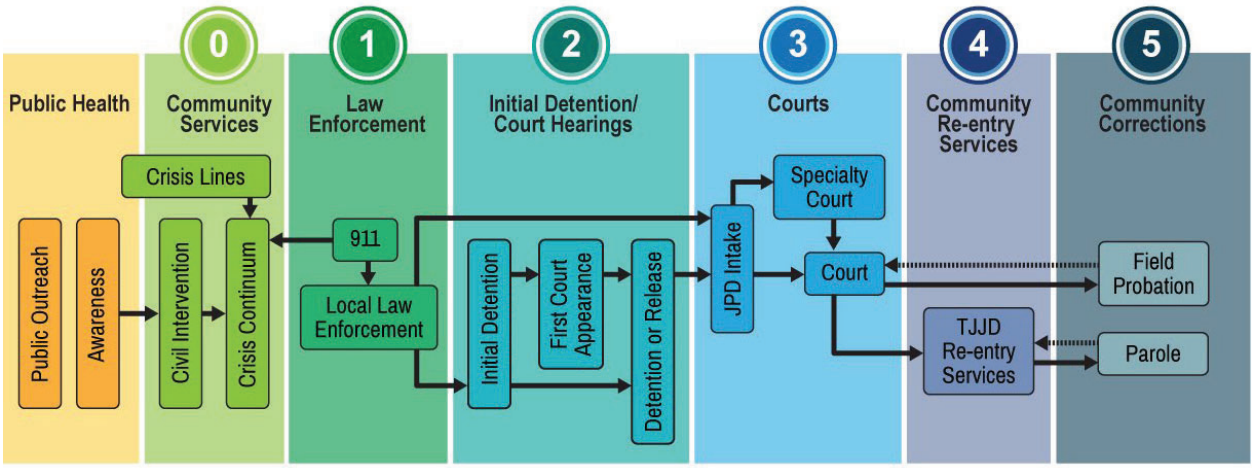
EXECUTIVE SUMMARY

This report was created through a series of online and in-person workshops hosted by the Texas Judicial Commission on Mental Health to address the needs of youth with behavioral health challenges who become involved with the juvenile justice system. It draws on the Sequential Intercept Model to support communities in identifying strategies to divert youth from the justice system and into treatment. The workshops brought together 56 stakeholders from across systems, including mental health, substance use, schools, juvenile probation, courts, and law enforcement to map resources, gaps, and opportunities at each point a youth intersects with the justice system.

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

Priority 1: Youth Specialty Court
Priority 2: Mental Health Officers in All Jurisdictions
Priority 3: Education and Outreach
Priority 4: Community-Based Services Where Youth Are

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



BACKGROUND

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

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

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

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

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

YOUTH SEQUENTIAL INTERCEPT MODEL MAPPING PROCESS

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

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

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

The process began in Kaufman County with a virtual session on March 30, 2026, through which community members identified resources, gaps, and opportunities to address those gaps. In preparation for the virtual session, a survey and interviews with key experts in the community helped to identify the resources and processes they use to address youth mental and behavioral health challenges. Recordings of interviews with key community informants were shared with other participants to help orient them to each intercept.

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

The in-person workshop for Kaufman County took place May 7, 2026. Following the workshop, the community has continued to work on their priority action plans. They also met virtually with JCMH to review and edit a draft of this report and again three months following the in-person workshop to check in on progress. Throughout this process and thereafter, the community may request free-of-charge technical assistance from JCMH.

KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

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

THE POWER OF LIVED EXPERIENCE

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

- Emotional support

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

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

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

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

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

Several organizations and resources provide helpful guidance:

- PeerForce serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.
- Texas Certification Board certifies various types of peer specialists, including Certified Family Partners.

- SAMHSA is the federal agency that for decades has worked to promote peers in leadership roles.
- Philadelphia's DBHIDS Peer Support Toolkit

CONTINUED CROSS-SYSTEM COLLABORATION

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

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

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

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

Kaufman County's behavioral health work is supported by an established Behavioral Health Leadership Board, and its strength is the sheer breadth of who sits at the table. Membership includes the North Texas Behavioral Health Authority, Justices of the Peace, County Court Judges,

the District Attorney, the Sheriff's Department, Adult and Juvenile probation, Kaufman ISD, Terrell State Hospital, and community providers. That mix of stakeholders and decision-makers means the people who can move policy, funding, and practice are at the same table, which is exactly the cross-system strength the Sequential Intercept Model depends on.

The Board leadership helped implement diversion infrastructure such as the Kaufman Drop-Off Center, which routes people in crisis to immediate, least-restrictive care instead of jail or hospitalization. Importantly, the Drop-Off Center already serves juveniles referred through Probation. The board also helps elevate Kaufman County as a leader in specialty courts through its support for the drug treatment court, a mental health court, and a DWI court. Furthermore, social media raises awareness of mental health, highlights effective programming, and actively pushes community resource information out to residents. While our SIM mapping focused on youth and juvenile cases, this track record shows an active Board that delivers results and is very well positioned to carry youth priorities forward.

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

EFFECTIVE USE OF DATA

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

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

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

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

UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

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

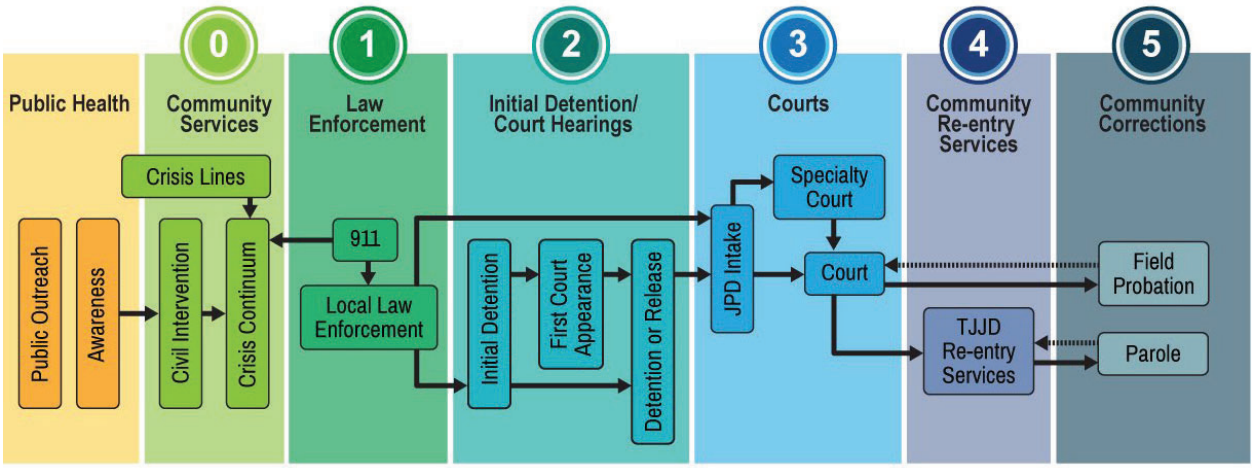
The Judicial Commission on Mental Health has released the Fourth Edition of the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book, which provides community and juvenile justice stakeholders with a comprehensive overview of best practices and existing laws at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

RESOURCES AND CHALLENGES AT EACH INTERCEPT

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

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

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



INTERCEPT 0

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

INTERCEPT 0 RESOURCES

Public Health	
Health Care	
Kaufman County Indigent Healthcare	Cooks Children's Medical Center
Carevide	Christ's Family Clinic
Texas Health Kaufman	
Basic Needs	
Community Resource Coordination Group (CRCG)	The Center
Brother Bill's Helping Hand	The Rainbow Room
Salvation Army	Kaufman County Resource Connection

Community & Neighborhood Supports	
Agrilife 4-H	Boys and Girls Club
Boy Scouts & Girl Scouts	Casey's Place
Church Organizations	Impact Communities
Jake E's Roundup	Kaufman County Library
Lions Club Baseball	Youth Sports Associations

Intercept 0 Community Services	
Mental Health & Behavioral Supports	
North Texas Behavioral Health Authority (NTBHA) (Local Mental Health Authority)	Lakes Regional Community Center
Recovery Resource Council	Texas Child Health Access Through Telemedicine (TCHATT)
Child Psychiatry Access Network (CPAN)	Millwood Hospital
Perimeter Behavioral Hospital of Dallas	Kaufman Living Room
Southern Area Behavioral Healthcare Services	Carrus Care
Youth Empowerment Services (YES) Waiver	Valiant Behavioral Healthcare Services
Local Outreach to Suicide Survivors (LOSS) Team	Texas Health Seay Behavioral Health Plano
BasePoint Academy	Aadhar Behavioral Healthcare
Unlocking the Spectrum	Zero Suicide
NAMI Kaufman County	
Crisis Lines & Supports	
988	NTBHA Crisis Line: 866-260-8000 or 844-672-5700
School-Based Services	
504/IEP Programs	Diversion/Early Intervention Programs, Regional Diversion Alternatives (RDA)
Education Service Centers (Region 10)	On-Campus Counseling

Special Education Services	
Child Protection & Family Supports	
Child and Family Guidance Center	CK Family Services
Kaufman Children's Shelter	Lone Star CASA
REACH Child Placing Agency	Texas Department of Family and Protective Services (DFPS/CPS)
Texas Legal Services Center Family Helpline	Texas Parent Helpline
Substance Use Recovery	
Outreach, Screening, Assessment, and Referral (OSAR) Region 3	Recovery Resource Council
Burning Tree Ranch	Lakes Regional Community Center
Clearfork Academy	Shoreline Treatment Center
Access 2 Recovery	Youth 180
Residential Centers	
Azleway	BasePoint Academy
Clearfork Academy	Millwood Hospital
Perimeter Behavioral Hospital of Dallas	Resolutions Healthcare
Sundown Ranch	Texas Health Seay Behavioral Health Plano

Reaching Families Where They Live: Multi-Systemic Therapy in Kaufman County

Gloria Fobbs, the MST Program Manager for Kaufman County through the North Texas Behavioral Health Authority, leads a community-based intervention for youth ages 12 to 17 who are engaging in antisocial behaviors and are at risk of out-of-home placement. With a background spanning sociology, criminal justice, and psychology, and years of experience in child protective services, Fobbs brings to her work a deep commitment to keeping youth out of detention, jail, and residential treatment by changing the conditions in which they live.

Multi-Systemic Therapy, in Fobbs's description, is an intervention designed for the whole ecology of a family. A program manager and four licensed therapists work with families in their homes for three to five months, visiting twice a week. The work centers caregivers as the primary change agents, with therapists supporting the family, extended family, school, and any faith-based connections that matter to the youth.

In a rural county where transportation is a barrier, meeting families on their schedules and in their homes removes friction that would otherwise prevent engagement. Fobbs described concrete successes: youth stopping marijuana use, parents identifying and closing supervision gaps that previously left children unsupervised after school, and families connecting their young people to pro-social activities such as sports and drama.

From her perspective, the most significant gap is awareness. The MST program is only about two years old in Kaufman County, and many school personnel and other stakeholders do not yet know it exists or what it can offer. Fobbs spoke directly about the silo problem in social services: families and providers often do not realize what is available, and questions go unasked when people assume they are the only ones who do not know the answer.

For the Kaufman SIM mapping process, Fobbs hopes for open dialogue across the system, a chance for all stakeholders to ask the questions that have been waiting, identify the gaps clearly, and develop solutions together. Her core message is simple: nobody has to work in a silo, and the work begins by asking.

INTERCEPT 0 GAPS AND OPPORTUNITIES

Participants identified a broad network of community, behavioral health, educational, and faith-based resources that support youth and families in Kaufman County. Despite these assets, stakeholders noted several gaps that limit the community's ability to strengthen the system of supports at Intercept 0 and prevent youth and family crises before justice system involvement. A central theme that emerged was limited awareness, both of which resources exist and of how

families and providers can connect to them. When school personnel, behavioral health providers, parents, and law enforcement do not share a common picture of what is available, families fall through the cracks and early intervention opportunities are missed.

Participants also pointed to specific service gaps for younger youth, including limited residential substance use and detox options, the fact that Terrell State Hospital does not serve younger children, and the absence of a local facility that can hold a youth in crisis seven days a week. Prevention is undersupplied as well, particularly in substance use and behavioral health education, gang and gun awareness, and after-school programming that gives young people pro-social options outside the home. Stakeholders also flagged the growing number of grandparents and single parents raising children with limited support, and the corresponding need for parent education and family-level support to keep families intact.

A more comprehensive list of gaps and related opportunities follows:

Limited awareness of available services across the community

- Maintain and circulate an updated, easy-to-navigate resource list that stays current as new services come online.
- Increase outreach and education to schools, families, and community partners so that newer programs, such as Multi-Systemic Therapy through NTBHA, are widely understood.
- Strengthen coordination among agencies so that families do not have to repeat their story or hunt for the right door.

Language barriers limiting access for Spanish-speaking and other families

- Expand bilingual outreach materials and bilingual capacity in front-line services.
- Build relationships with trusted bilingual community organizations and faith institutions.

Limited residential treatment, detox, and respite options for younger youth

- Develop a local facility, beyond Terrell State Hospital, that can hold and stabilize juveniles in crisis on a 24/7 basis.
- Expand outpatient SUD services for youth through Lakes Regional Community Center.
- Make full use of the upcoming Youth Respite service through NTBHA that Kaufman County will be able to access.

Gaps in after-hours and weekend service availability

- Identify partner agencies that can offer after-hours coverage and an answering service that law enforcement can route to outside of business hours.
- Explore a seven-day-a-week service model for at least one local crisis response point.

Limited proactive prevention and after-school programming

- Expand evidence-based prevention education on substance use, behavioral health, gang involvement, and gun safety.
- Build on the First Baptist Church after-school program and explore replication or expansion.
- Bring a Big Brothers Big Sisters or comparable mentoring presence into Kaufman County to provide pro-social adult connection.

Transportation barriers that prevent youth and families from reaching services

- Identify and coordinate available transportation resources across agencies and explore community partnerships to fill the gaps.

Increasing number of grandparents and single parents raising children with limited support

- Develop or partner on parent education and support programming tailored to grandparents and single caregivers.
- Connect families with peer-led groups, faith communities, and resource navigators who can sustain the support over time.

INTERCEPT 0 BEST PRACTICES

BEST PRACTICE: EARLY INTERVENTION – TRAUMA-INFORMED SYSTEMS

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

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

It is crucial for pediatricians, teachers, counselors, and caregivers to learn to identify and address unresolved trauma in young children before it manifests in problematic behavior and other lifelong consequences. Trauma-informed systems consistently recognize that many young people and families have lived through trauma, whether as a single overwhelming event, such as witnessing or experiencing violence, or as chronic adversity repeated over time. Trauma can involve multiple types of harm, making many youths' histories complex. At its core, trauma is the combination of exposure to overwhelming or dangerous events and the lasting stress reactions (thoughts, emotions, body responses, and behaviors) that develop as the young person tries to survive and stay safe. These reactions, such as freeze, fight, flight, or shut-down, may protect a child in the moment but can later interfere with learning, relationships, health, and safety if no one helps them understand and adjust them.

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

As the community develops its strategy, it might consider training from Educational Service Centers and pediatric associations. Parents can also learn to identify and address trauma in a patient and compassionate manner.

BEST PRACTICE: INTENSIVE CARE COORDINATION

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

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

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

BEST PRACTICE: FOSTER EARLY MENTAL HEALTH IDENTIFICATION AND INTERVENTION

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

While some physicians conduct early and periodic screening, diagnosis, and treatment, these are services covered only by Medicaid. A more robust strategy would involve incentivizing pediatricians and family care physicians to conduct screenings. Through the Child Psychiatry Access Network (CPAN), any pediatrician in the state can be connected with a mental health expert within 5 minutes to do a consultation on a child with concerning psychiatric symptoms. School-based screening can also be effective, making it crucial to involve school districts in communitywide efforts to identify and treat childhood mental illness early.

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

BEST PRACTICE: MENTAL HEALTH AND JUVENILE JUSTICE INTERAGENCY COLLABORATION

While Kaufman County is already a model of mental health and juvenile justice interagency collaboration, it is helpful to refer to best practices in this regard. For instance, a goal of interagency collaboration is to learn from each juvenile referral, through data analysis and dialogue, to develop innovative approaches to prevent future juvenile referral for at-risk youth. Some principles of effective collaboration may include:

1. Commit to Formalized, Sustained, Integrated Approaches and Cross-System Collaboration Between Mental Health, Juvenile Justice, School, and Youth-Serving Organizations.
    - Create a core team of multi-agency stakeholders to implement and monitor diversion efforts.
    - Develop a continuum of evidence-based and trauma-informed services for youth and families outside the juvenile justice system.
    - Bolster protective factors that strengthen family connections and individualized support for both youth families.
2. Utilize Standardized Mental Health Screening and Assessment Tools
    - Ensure that juvenile justice and mental health agencies mutually select the appropriate assessment and screening tools and provide common training on the use of these tools.
    - When screening indicates a need for further evaluation, employ an individualized assessment of the needs, strengths and barriers of both the young person as well as their family.
    - Ensure that none of the information collected for mental health screening and assessment jeopardizes the legal interests of the youth.
3. Develop a Continuum of Evidence-Based Treatment and Practices
    - View the youth's mental health needs from the lens of responsivity; when a young person is experiencing mental health symptoms, their ability to learn and change behavior is limited. Identify and treat the mental health symptoms to improve responsiveness to interventions designed to address criminogenic needs.
    - Ensure that all partners, including school staff, teachers, law enforcement, juvenile services staff, and mental health providers are all trained on how to identify mental health symptoms and signs of crisis. All partners should be trained on how to therapeutically respond and de-escalate the situation.
    - Ensure that youth who are diverted from the juvenile justice system are connected with community resources in a coordinated manner. Aim for services within the least restrictive setting.

- Continually assess the capacity of local resources across the community to provide evidence-based and trauma-informed services, including mental health and substance use. Collaborate to continually expand capacity through interagency coordination and service optimization.

4. Provide Specialized Training for Intake or Probation Officers
    - When juvenile referral is necessary, such as when youth behavior puts them at risk of harm to themselves and others, ensure that specialized officers are extensively trained on working with youth with mental health diagnoses.
    - Ensure that probation officers are experts in screening and assessments. Mental health agencies should provide continual support and training to ensure probation staff have the resources they need to effectively serve youth with mental health diagnoses.
    - Work collaboratively across systems, including juvenile services, schools, and youth-serving organizations, to improve family engagement. View family engagement as the goal and responsibility of all organizations.

BEST PRACTICE: ESTABLISH GOALS FOR YOUTH CRISIS CARE

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

- Keep youth in their home and avoid out-of-home placement as much as possible. The YES Waiver Program, which provides a highly individualized set of services that are tailored to specific youth and family needs, is a good example of wraparound care that prevents out-of-home placement.
- Integrate family and youth peer support, ensuring that caregivers are paired with Certified Family Partners and youth receive youth peer support.
- Communities should also ensure that everyone who plays a role in youth crisis response, from law enforcement to mental health authorities are trained appropriately and help to design the tailored response by the community.

BEST PRACTICE: IMPLEMENT EVIDENCE-BASED YOUTH MENTOR PROGRAMMING

There is strong evidence that mentoring programs contribute to positive outcomes for youth at higher risk juvenile justice involvement. Research from the National Institute of Justice and the Office of Juvenile Justice and Delinquency Prevention indicates that mentoring can reduce delinquent behavior, improve academic outcomes, and strengthen a youth's sense of connection

and belonging. When consistent and well supported, mentoring relationships help youth feel that they matter, which is a critical protective factor. Some models, such as deep mentoring, extend beyond relationship building to include advocacy in school, court, and community settings. Mentoring has also been linked to improved mental health, especially when youth are paired with trained mentors following release from psychiatric or residential treatment. Programs that are locally developed and those that engage credible messengers with similar lived experience often show stronger engagement and impact.

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

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

- **Strong Program Design**
  Programs define their target population and goals to guide implementation.

- **Intentional Recruitment and Screening**
  Mentors and participants are carefully recruited and screened to ensure safety, fit, and commitment.

- **Comprehensive Training**
  Mentors (and often youth/caregivers) receive training in relationship-building, youth development, and relevant competencies such as trauma-informed care

- **Thoughtful Matching and Relationship Initiation**
  Matches are made based on needs, interests, and context (school, church, probation, etc.) to promote strong, lasting relationships.

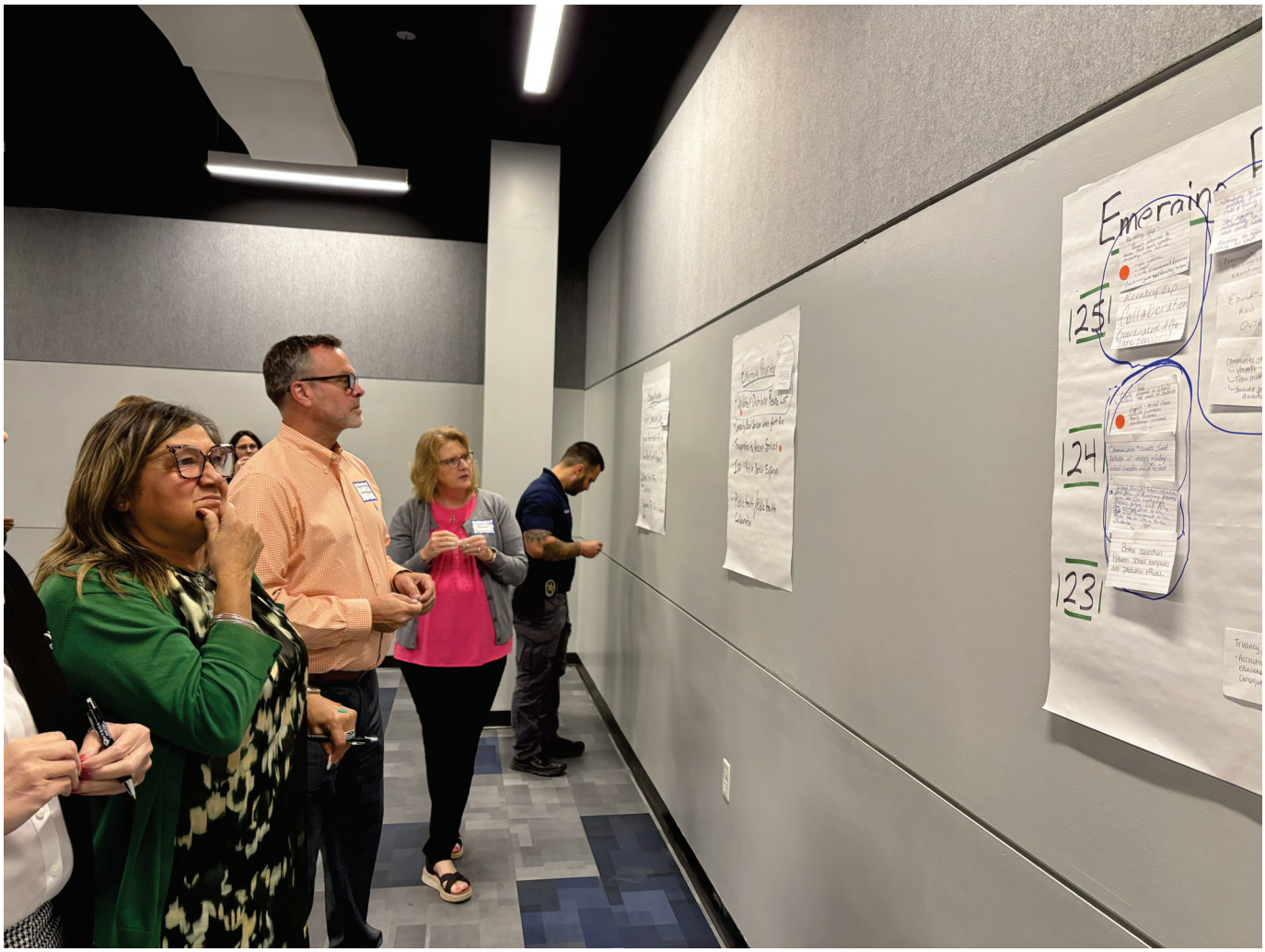
- **Ongoing Support and Supervision**
  Programs provide continuous monitoring, coaching, and problem-solving to sustain relationships.

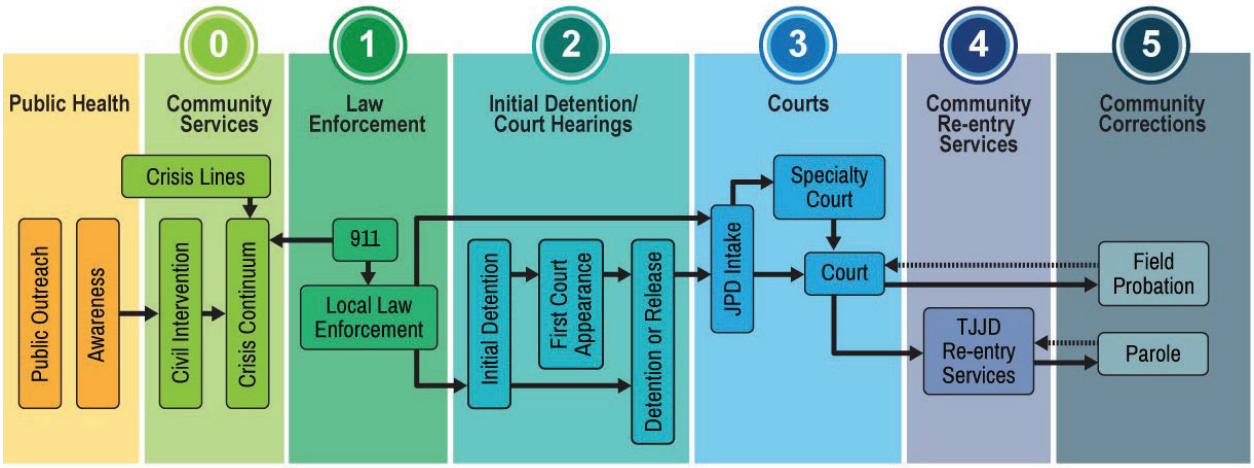
- **Engagement of Caregivers and Community**
  Families and broader supports are engaged to strengthen outcomes and alignment.

- **Clear Expectations for Duration and Contact**
  Programs establish consistent expectations around frequency and length of mentoring relationships.

- **Structured yet Flexible Activities**
  Programming supports skill-building, connection, and positive youth development.

- **Continuous Evaluation and Improvement**
  Programs collect data and feedback to assess impact and refine practice.





INTERCEPT 1

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

INTERCEPT 1 RESOURCES

Intercept 1 Law Enforcement	
Kaufman County Sheriff's Department (MH Officer)	Kaufman PD
Terrell PD	Forney PD, PCT 1: Diversion Program (MH Officer)
Crandall PD (MH Officer)	Mabank PD
Kemp PD	Combine PD
Talty PD	Trinity Valley Community College PD
Kaufman County Constables	
ISD Police Departments	
Kaufman	Forney
Terrell	Kemp
Mabank	Scurry-Rosser

Crandall

INTERCEPT 1 GAPS AND OPPORTUNITIES

At Intercept 1, Kaufman County draws on a network of municipal police departments, ISD police departments, the Kaufman County Sheriff's Department, county constables, and the Trinity Valley Community College PD. Several departments have a designated mental health officer, including Forney PD (which also operates PCT 1's Diversion Program), Crandall PD, and the Kaufman County Sheriff's Department. Stakeholders noted, however, that mental health officer coverage is not consistent across all jurisdictions, and that response capacity varies depending on where a call originates.

Participants also identified gaps upstream of police response: stigma and community fear around mental illness, language barriers in interactions with law enforcement, the need for trauma-informed approaches, and limited prevention and family education before crises escalate. Opportunities focused on building co-response capacity with behavioral health clinicians, training school resource officers in mental health and crisis response and using a Youth Crisis Intervention Team for emergencies.

A more comprehensive list of gaps and related opportunities follows:

Inconsistent mental health officer coverage across jurisdictions

- Add mental health officers in remaining jurisdictions, including Kemp, Kaufman PD, and Scurry-Rosser.
- Train ISD officers in mental health and adolescent crisis response.
- Provide Mental Health First Aid certification for ISD police departments.

Limited 24/7 diversion and crisis access for officers in the field

- Develop an extended-hours, ideally 24/7/365, diversion center accessible to law enforcement countywide.
- Stand up a co-response model so behavioral health clinicians can deploy alongside officers.
- Strengthen partnerships with the Southern Area Behavioral Healthcare team for clinician availability.

Adolescent-specific assessment and training gaps

- Provide training certification for officers handling adolescent mental health crises.
- Equip officers with tablets or laptops to perform behavioral health assessments virtually in the field.
- Use a Youth Crisis Intervention Team for emergencies involving youth.

Stigma, community fear, and language barriers in police interactions

- Increase trauma-informed training for officers across the county.
- Expand bilingual capacity in law enforcement communications and outreach.
- Build community education that addresses stigma and explains how officers respond to mental health calls.

Limited prevention work upstream of police involvement

- Invest in family-level supports that address Adverse Childhood Experiences and build protective factors.
- Expand peer support resources connected to law enforcement contact points.
- Decrease risk factors and increase protective factors through targeted community prevention work.

Access to medications during law enforcement contact

- Develop protocols and partnerships that ensure youth in police custody can continue prescribed medications without interruption.

INTERCEPT 1 BEST PRACTICES

BEST PRACTICE: CO-RESPONDER APPROACH

In a Co-Responder Team Model, at least one law enforcement officer and one mental health professional jointly respond to situations that likely involve a behavioral health crisis. A co-responder team can de-escalate situations and promote diversion to services. Some communities, such as Douglas County, Colorado, have created youth-specific co-responder teams with special training in responding to youth behavioral health crises. Their Youth Community Response Team partners with law enforcement, Fire/EMS, and mental health providers, and they cover all public, private, and charter schools in the areas.

BEST PRACTICE: DEVELOP COMPREHENSIVE DELINQUENCY PREVENTION

Strategies that are aimed at reducing the risk of juvenile referral focus on protective factors that keep youth safe, mentally healthy, and on track in school. It is important to recognize that delinquency arises when youth are exposed to a multitude of risk factors in their families and environments.

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

BEST PRACTICE: DISABILITY AWARENESS TRAINING FOR LAW ENFORCEMENT

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

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

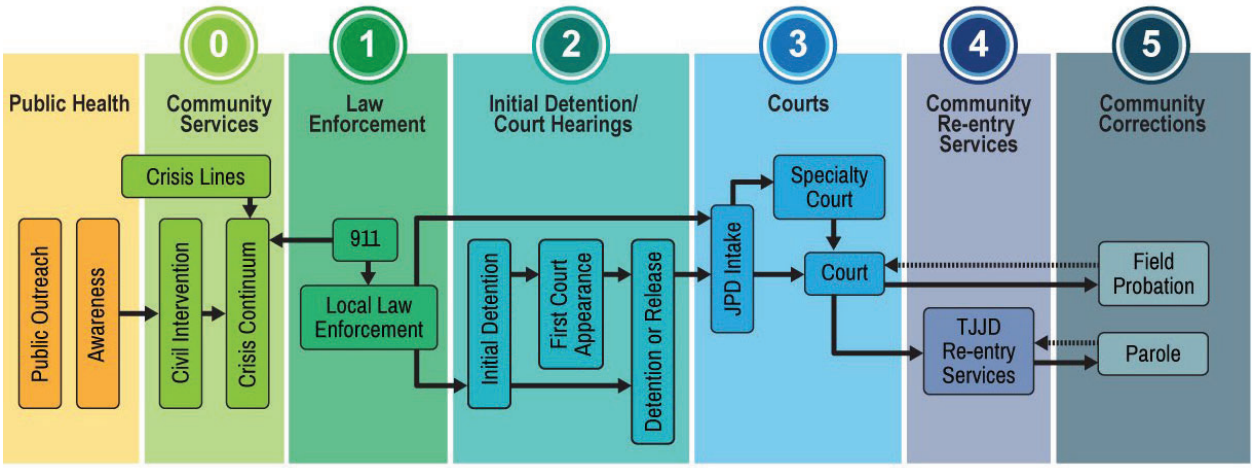
Often people with IDD will not understand the officer and, out of fear, pretend to understand or quickly admit to committing a crime. Also, when the person with IDD has been the victim of a crime, their interactions with police cause them increased fear and distress, making them hesitant or unclear in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

Some of the techniques recommended by The Arc include:

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

BEST PRACTICE: FIRST OFFENDER PROGRAMS

The Judicial Commission on Mental Health's Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book" (2025 – 2027), p. 58, describes law enforcement's statutory discretion to divert youth from juvenile justice referral and instead address law violations through First Offender Programs.



INTERCEPT 2

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

INTERCEPT 2 RESOURCES

At Intercept 2, participants described several Kaufman County structures that support youth during detention and initial court involvement. These include behavioral health assessments conducted by NTBHA using standardized tools such as CANS, PHQ-9, and CSSRS; defense attorneys appointed within 48 hours through the Indigent Defense Coordinator; and initial hearings that include the on-call probation officer, juvenile judge, the youth's attorney, and a parent or guardian. Participants also noted medication coordination between families and probation, along with facility-based programming that may include counseling through regional providers, substance use disorder support, trauma-informed counseling, family therapy, enrichment activities, and recreational time.

Intercept 2 Pretrial/Detention	
Behavioral assessments are conducted by NTBHA (when requested). QMHP-CS certification (or higher) and training on standardized assessment tools (e.g. CANS, PHQ-9, CSSRS).	Defense attorneys are typically appointed through the Indigent Defense Coordinator within 48 hours of being detained.

Initial hearings conducted by County Court at Law Judge Joseph Russell and Judge Amy Tarno (Youth Diversion Court).	On-call probation officer, juvenile judge, juvenile's attorney, and their parent/guardian are present at initial hearings.
Medication: If a child is currently on medication, the family will either send the medication with the child, or a probation officer will take it to the detention centers. If a child needs medication, an appointment will be made, and probation officers will transport the youth to and from the appointment.	Programming: Substance use disorder counseling; trauma-informed counseling; recreational time.

Investing in Juveniles: Kaufman County Juvenile Probation

Trenis Ramsey serves as Chief Juvenile Probation Officer for Kaufman County, and Jay Snyder as Deputy Chief, overseeing day-to-day operations, field officers, and court officers. Both bring long histories of working with young people, and both are drawn to juvenile work because of what is still possible when kids are still kids. Ramsey, the son of two schoolteachers, has spent his career steering kids back onto the right track. Snyder recognize the importance of making a difference with justice-involved youth before they become adults.

Ramsey and Snyder pointed to the county's investment in services as the foundation of what works in Kaufman County. The probation department contracts with psychiatrists for monthly medication evaluations, ensures every youth heading to court receives a psychological evaluation, and helps pay for medications when families cannot. As Ramsey put it, "the county has been very gracious to support our budget to where we can provide counseling services."

They also described a wide referral network for treatment, including the North Texas Behavioral Health Authority (NTBHA), the multi-systemic therapy (MST) program, Higher Hopes, and area psychiatrists and psychologists. The presence of NTBHA on the square has been particularly important. Before it was there, the department had to build much of its assessment and treatment infrastructure in-house through direct contracts with counselors.

Snyder emphasized the strength of the department's referral and screening practices: "I think we're doing a good job in steering those kids in the right directions and getting them to the people that they need to see." He pointed to MST as a particularly powerful resource because counselors meet families in their homes and work with the people around the child, not just the child.

The constraints are real. The biggest is access to medication for youth whose families cannot afford it, as well as the logistics of coordinating appointments and transportation. For a small county, both leaders acknowledged, the local infrastructure goes only so far. Expanding the array of services that families can actually reach remains an ongoing challenge.

Ramsey hopes the SIM process delivers something simple and overdue: mutual familiarity. "A

INTERCEPT 2 GAPS AND OPPORTUNITIES

At Intercept 2, stakeholders identified several gaps that affect how youth and families experience the pretrial and detention phase. Communication and shared knowledge across agencies emerged as a recurring concern. Community members also identified the need for trauma-

informed training for officers, court etiquette preparation for youth and families, culturally responsive evaluation processes for neurodivergent youth, and stronger prevention work around substance use, suicide, and overdose.

A more comprehensive list of gaps and related opportunities follows:

Communication and shared resource knowledge gaps across entities

- Build cross-entity communication channels so providers, probation, defense, and courts share a current picture of resources.
- Expand community education so families know what to expect when a youth enters pretrial and detention.

Trauma-informed training for officers

- Provide trauma-informed care training to detention and pretrial officers.

Court etiquette and orientation for youth and families

- Develop a clothes closet of donated court attire so families have access to court-appropriate clothing.
- Create a prep binder explaining what to expect at hearings and the roles of court personnel.
- Provide peer support for youth and families navigating court for the first time.

Evaluation gaps for autism and neurodivergent youth

- Build evaluation pathways that include screening and accommodation for autism and other neurodivergence.

Language barriers in pretrial communication

- Expand bilingual capacity at intake and in initial-hearing communications.

Substance use, suicide, and overdose prevention upstream of detention

- Provide Mental Health First Aid training for youth-serving staff.
- Offer suicide prevention training and screening for staff who interact with youth in custody.
- Provide fentanyl awareness training and ensure Narcan is accessible to staff and partners.
- Stand up an Overdose Response Team to coordinate after-care referrals to treatment.

INTERCEPT 2 BEST PRACTICES

BEST PRACTICE: COLLABORATION BETWEEN LOCAL SCHOOLS AND JUVENILE DETENTION

Collaboration between schools and juvenile services is essential to maintain educational continuity and support academic progress of youth. Some key best practices include:

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

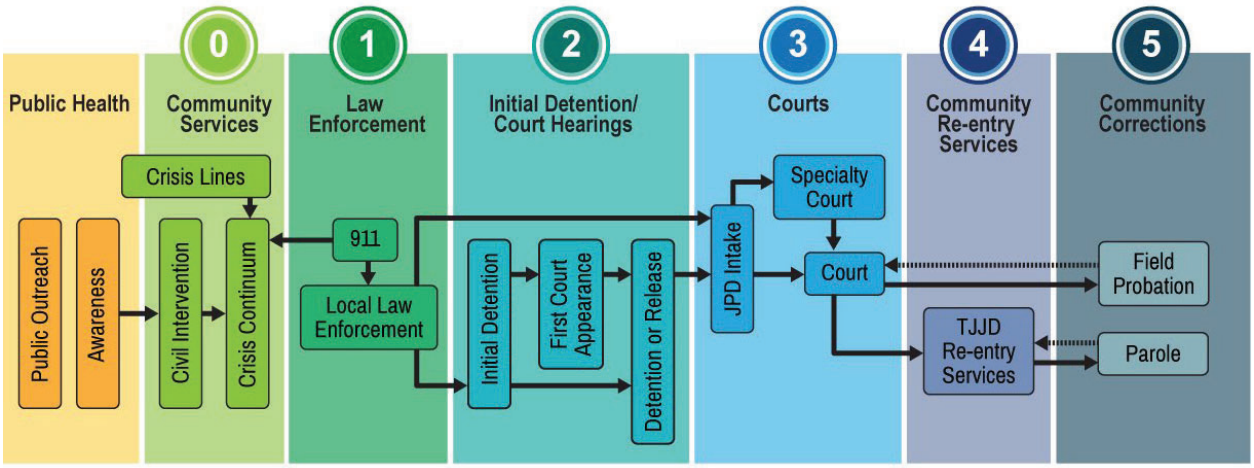
BEST PRACTICE: ENSURE PRESUMPTION OF RELEASE

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

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

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

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



INTERCEPT 3

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

INTERCEPT 3 RESOURCES

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

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

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

Intercept 3 Courts	
Judge Joseph Russell, County Court at Law	Judge Amy Tarno, Justice of the Peace, PCT 2

A Commitment to Rehabilitation: Youth Justice in Kaufman County

Judge Joseph Russell presides over juvenile cases, along with adult misdemeanors, some felony matters, civil cases, and child protective cases. A former criminal defense attorney in the county, he brings a long view of how the local system has changed and where it still needs to grow.

Russell described Kaufman County's juvenile justice approach as "rehabilitation first," crediting the Juvenile Probation Department and District Attorney's Office for their commitment to helping young people avoid deeper system involvement. He pointed to promising resources, including CASA volunteers supporting some juvenile cases, the North Texas Behavioral Health Authority's MST program, and Judge Amy Tarno's Youth Diversion Court, which helps youth resolve Class C matters without a criminal charge on their record.

At the same time, Russell named serious concerns. Juvenile cases are becoming more severe, including murder and gun-related charges involving youth as young as 14 to 16. With no local juvenile detention facility yet, limited bed space can force difficult decisions about who remains detained and who must be released. He anticipates that the new trauma-informed detention center, expected in 2028, will allow the county to provide more immediate assessment, connect youth to medications and other supports, facilitate continuity in mental health services, and strengthen coordination with local schools.

For Russell, the SIM mapping process is an opportunity for Kaufman County partners to better understand one another's resources and redirect youth more effectively. His central message was clear: most youth in his courtroom are still children making poor choices, and the goal is to keep those choices from defining the rest of their lives.

INTERCEPT 3 GAPS AND OPPORTUNITIES

Kaufman County's Intercept 3 currently centers on Judge Joseph Russell at the County Court at Law, who handles juvenile cases and child protective matters, and Judge Amy Tarno at Justice of the Peace PCT 2, who runs a Youth Diversion Court for Class C offenses. Stakeholders praised the rehabilitative orientation of both courts and identified a small but high-leverage set of gaps that, if addressed, could significantly expand the county's diversion and treatment options.

The most prominent gap is the absence of a youth-focused drug court or mental health court, alongside limited access to youth-focused mental health and substance use groups outside the existing structures. Stakeholders also pointed to the need for a youth respite house in Kaufman and continued transportation challenges. Opportunities include partnering with NTBHA and other providers to run youth groups through the Kaufman Living Room and developing a dedicated Youth Drug Court or Mental Health Court.

A more comprehensive list of gaps and related opportunities follows:

No dedicated youth drug court or mental health court

- Develop a Youth Drug Court or Mental Health Court to provide structured, treatment-focused alternatives to traditional case processing.

Limited access to youth-focused MH and SU groups

- Stand up NTBHA and provider-led groups at or through the Kaufman Living Room.
- Expand the availability of youth-focused mental health and substance use groups across the county.

Absence of a youth respite house in Kaufman County

- Establish a youth respite option locally so families have a stabilizing resource before crisis escalates.

Transportation barriers for court-involved youth

- Identify transportation supports so court-involved youth can reach treatment and groups consistently.

INTERCEPT 3 BEST PRACTICES

BEST PRACTICE: FAMILY ENGAGEMENT IN JUVENILE COURT

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

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

Courts might consider shaping their family engagement strategies as follows:

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

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

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

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

BEST PRACTICE: STREAMLINED FITNESS RESTORATION PROCESS

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

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

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

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

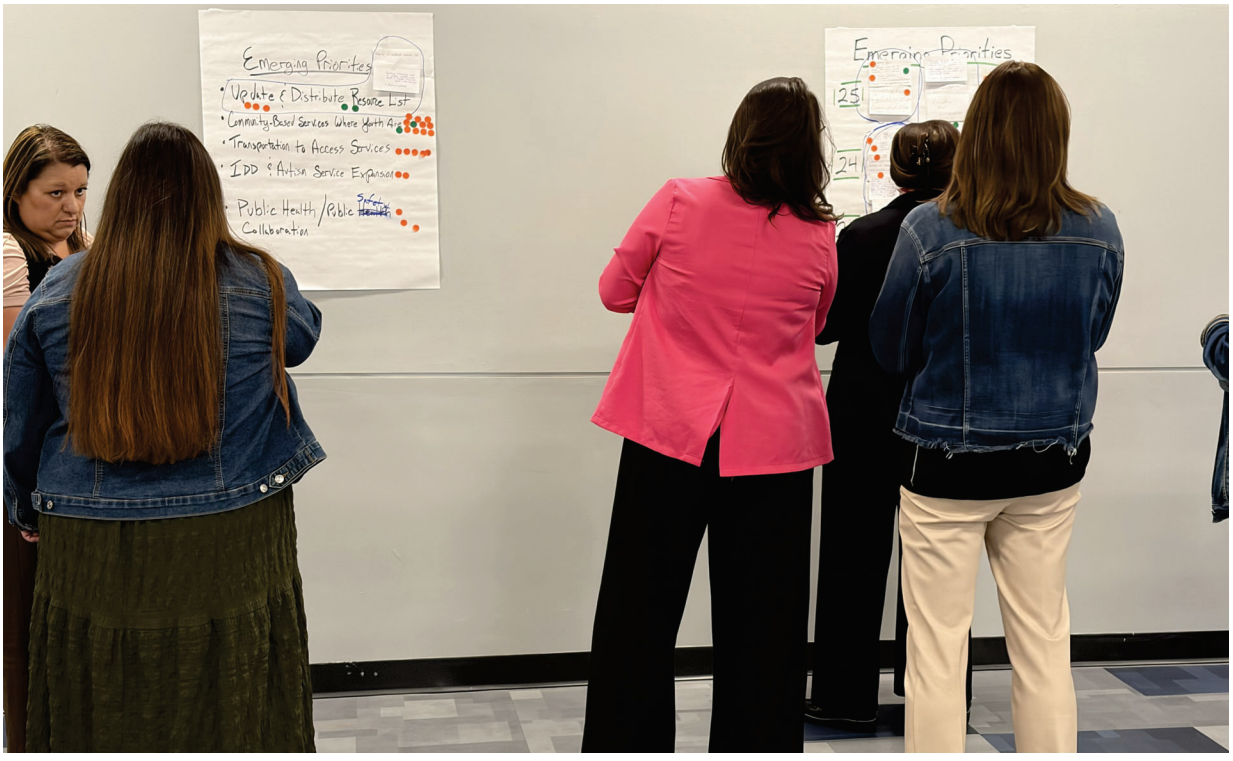
- Ensure that attorneys who receive the child's fitness report understand it and determine whether it is an accurate portrayal of the child.
- Question whether the language attributed to the child matches the attorney's own observations.
- Be aware of descriptions such as those listed below, which may indicate that the child is not currently fit to proceed, even if fitness reports might say otherwise:
    - "The child appears at least marginally fit to proceed at this time."
    - "The child's cognitive functioning is within the borderline range, but their adaptive behavioral functioning is noticeably below expectation."
    - "The child was partially oriented to time."
    - "The child did not know the name of the home where they were living."
    - "The child's communication was rated within the severely impaired range."
- Understand that children are either fit to proceed or not, there is no "sliding scale" of fitness. It might be necessary for attorneys to object to fitness determinations that are based on a "partially fit" assessment.
- Speak to the child at least by phone prior to determining whether to object to the report, and to request additional time.

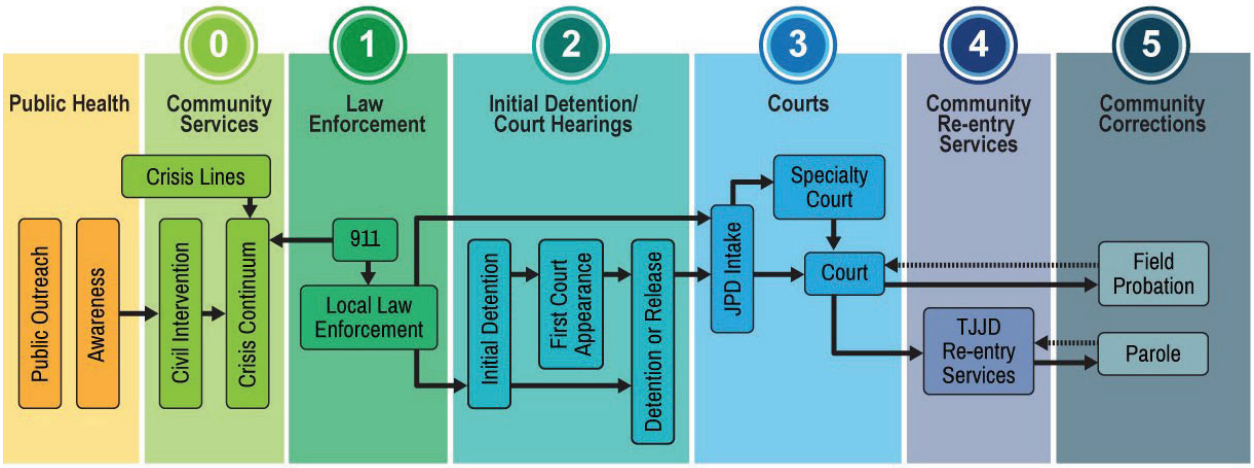
BEST PRACTICE: TRAUMA-INFORMED JUVENILE COURT SYSTEMS

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

Some of the applicable principles include:

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





INTERCEPT 4

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

INTERCEPT 4 RESOURCES

The Community Resource Coordination Group (CRCG) plays a key role in supporting reentry back home, school, and community, supporting the child and family in accessing services. For some youth, the North Texas Behavioral Health Authority provides intensive care coordination, and the multisystemic therapy program provides in-home, whole-family support.

Intercept 4 Reentry	
Community Resource Coordination Group (CRCG)	Department of Family & Protective Services (DFPS)
NTBHA Care Coordination	Workforce Solutions North Central Texas
Multi-Systemic Therapy	

INTERCEPT 4 GAPS AND OPPORTUNITIES

At Intercept 4, community members were concerned about what happens after juvenile justice involvement, and whether services actually reach the youth who need them. Two related gaps stood out:

Insufficient community service opportunities for youth needing them

- Build and maintain a list of agencies willing to host youth for school or court community service requirements.
- Engage faith communities, nonprofits, and small businesses as community service partners.

Need for services delivered where issues are located

- Expand in-home, in-school, and in-community services so youth and families do not have to travel to multiple agencies.

INTERCEPT 4 BEST PRACTICES

BEST PRACTICE: START REENTRY PLANNING UPON JUVENILE REFERRAL

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

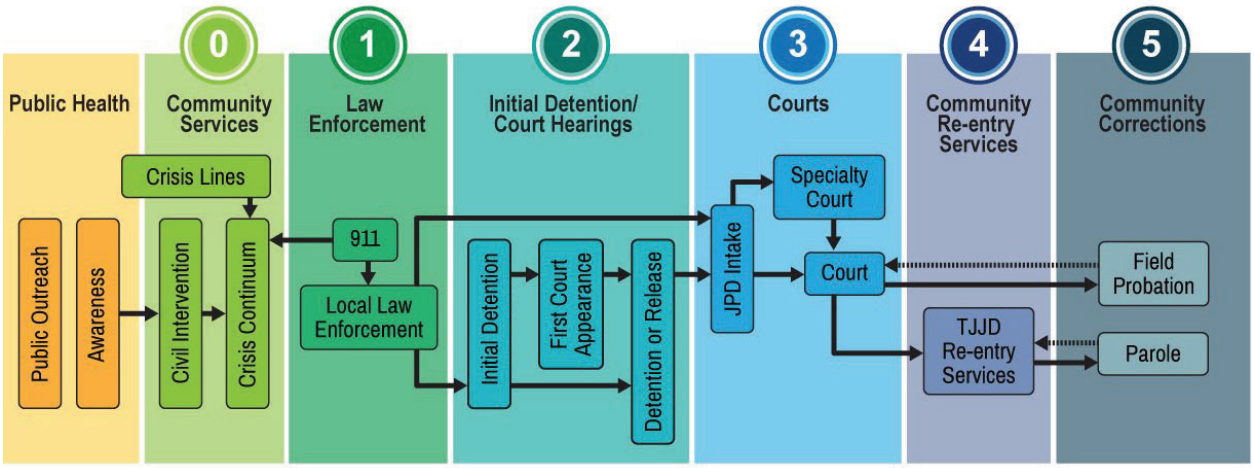
BEST PRACTICE: SCHOOL TRANSITION

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

section 54.021 to the Texas Family Code to ensure that youth in detention facilities receive education and services while detained. By the 21st day of a youth's detention, the detention facility must assess the child and develop a written plan to reach rehabilitation goals and provide a status report every 90 days.

Recommendations for improving transition planning include:

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



INTERCEPT 5

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

INTERCEPT 5 RESOURCES

Participants identified several resources that support youth while on juvenile probation. A central element of this work is ongoing supervision and case planning through the Kaufman County Juvenile Probation Department, which works with youth and families to support progress toward individualized goals following court involvement. The following resources were identified by community members as crucial supports for youth supervised by juvenile probation.

Kaufman County Juvenile Probation	Casey's Place
Child and Family Guidance Center	Jake E's Roundup
Lakes Regional Community Center	Lone Star CASA
North Texas Behavioral Health Authority (NTBHA)	Southern Area Behavioral Healthcare Services
Texas Juvenile Justice Division Parole	Valiant Behavioral Healthcare Services
Workforce Solutions North Central Texas	Aadhar Behavioral Healthcare

INTERCEPT 5 GAPS AND OPPORTUNITIES

The stakeholders identified several gaps that affect youth and families during community supervision. The most pressing concerns included wait lists for counseling and the overall volume of need for both mental health and substance use services for youth and families. Participants also noted that when youth and families are formally referred to local organizations, communication gaps and lack of coordination can cause delays and create undue pressure. Stakeholders also flagged transportation barriers, limited housing and community resources, and gaps in IDD and autism services in the area.

A more comprehensive list of gaps and related opportunities follows:

Wait lists and counseling capacity for youth and families

- Expand counseling capacity through additional providers, grant-funded slots, or telehealth options.
- Increase funding to expand mental health and substance use services for youth in Kaufman County.

Communication and linkage gaps between referral sources and families

- Build a warm-handoff protocol so the referring agency stays connected with the family during transition to the new provider.
- Develop shared case-management practices that decrease issues connecting families with new services.

Transportation barriers in Kaufman County

- Increase transportation services available to youth on supervision and their families.

Gaps in IDD and autism services in the area

- Increase IDD and autism services available locally to families on community supervision.

Speedy access to services for juveniles in detention

- Develop expedited service-access pathways so treatment begins promptly for youth in detention.

Housing and other community resources for reentry success

- Identify and coordinate housing supports and other community resources critical to successful reentry.

- Pursue grant-based programs that can expand the available array of community resources.

INTERCEPT 5 BEST PRACTICES

BEST PRACTICE: DEVELOP A COMMUNITY APPROACH TO JUVENILE PROBATION

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

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

Juvenile probation departments in smaller areas might also consider using certified peers with relevant lived experience to work alongside youth with mental and emotional health challenges and certified family partners to work with families. Departments could also recruit mentors and other volunteers to assist with positive youth development.

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

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

BEST PRACTICE: FAMILY ENGAGEMENT IN JUVENILE SERVICES AND PROBATION

Kaufman County Juvenile Justice Department dedicates officers to family engagement and youth transition back to home and the community. As the community works toward implementing its family engagement strategy, team leaders might benefit from considering how family engagement approaches are changing. The Annie E. Casey Foundation offers strategies for shifting practices and thinking around family engagement:

1. Make youth and family partnerships a key priority
2. Ensure that the term "family" encompass parents as well as other family caregivers,
3. Simplify language that juvenile professionals use,
4. Involve youth and families in case planning,
5. Look broadly at the needs of youth and families, encompassing everything from reducing transportation barriers to connecting youth with recreational activities,
6. Provide ongoing training to probation staff and partners, ensuring that they are always on the leading edge of emerging best practices, and
7. Engage youth and families in efforts to improve the overall juvenile system for everyone, including future clients.

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

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

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

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

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

PRIORITIES FOR CHANGE

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

5 = Idea would have tremendous impact, and we should work on it immediately
1= Might be a good idea, but not a high priority at this time

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

Kaufman County Youth SIM Priorities	
High/Immediate	Youth Specialty Court
	Mental Health Officers in All Jurisdictions
	Education and Outreach
	Community-Based Services Where Youth Are
Moderate/Near Future	Youth Voice: Focus Groups and Surveys
	Update and Distribute Resource List
	Cross-Intercept Communication and School-Probation Connection
	Public Health and Public Safety Collaboration
	Transportation to Access Services
	Youth Mental Health First Aid
Priorities for Later	Programming for Justice-Involved Youth
	Youth Peer Support Expansion
	IDD and Autism Service Expansion
	Reentry Gap and Coordinated Aftercare Services
	Truancy in Schools: Accountability and Education

Participants were given three adhesive dots to vote for their top priorities. They wrote their initials on the ideas that they were willing to give their time and effort to make a reality in Kaufman County. At the end of this process, four key priorities emerged.

Priority 1: Youth Specialty Court

Priority 2: Mental Health Officers in All Jurisdictions

Priority 3: Education and Outreach

Priority 4: Community-Based Services Where Youth Are

ACTION PLANS

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

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

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

PRIORITY 1: YOUTH SPECIALTY COURT

Our priority is to develop a youth specialty court serving juveniles with mental health issues and/or substance use disorder.

Priority champions: Andre Merritt, Judge Joseph Russell, and Tahj Walker

OBJECTIVES:

- Assess resources that can be brought to the table
  - NTBHA as dedicated stakeholder
- Identify variety of funding sources
  - Grants
  - What resources do we already have?
- Identify main point of contact or coordinator within court
  - Judge dedicated time or docket (e.g., Navarro)
- Form committee to plan phases of the programming
- Explore connections to, and integration of, ISD resources and stakeholders, including school admin., counselors, ARD committees, and CRCGs (late June or July)
- Contact existing specialty courts for resources

TASKS:

- Form committee to plan phases of development and programming
- Review and identify time that will not interfere with school
- Resources to review: JCMH Summit; the Transformative Justice Program (Judge Matthews, Williamson County); government-funded specialty courts and other grants; National Drug Court DOJ grants

FEEDBACK:

- Childcare for siblings while parent or family are in programs
- Family therapy as a mandatory component
- Service hours in lieu of fees or consequences
- Paid mentor program (grant funded)
- Mental Health First Aid and Narcan trainings
- Mock court program for at-risk youth (e.g., truancy issues already displayed)
- Family programming built-in (same time as youth programming)
- Data on prevalence and need
- Insurance for coverage of services
- Step-down as next step after court and/or inpatient
- Incorporate peer support into transition or step-down
- Probation already has assessments for pre-disposition report
- New charges vs. certification vs. eligibility to provide services
  - Could work around with supervision
- Forney ISD primary referrals

Next meeting: Wednesday, May 20, 2026 at 1:00 PM via Zoom

RESEARCH AND PRACTICES RELATED TO PRIORITY ONE

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

- Intensive Care Coordination
- Mental Health and Juvenile Justice Interagency Collaboration
- Establish Goals for Youth Crisis Care
- Family Engagement in Juvenile Court
- Trauma-Informed Juvenile Court Systems

PRIORITY 2: MENTAL HEALTH OFFICERS IN ALL JURISDICTIONS

Our priority is to ensure that each jurisdiction has mental health support and expertise by making CIT or co-responders available county-wide and giving officers the tools and education to navigate situations.

Priority champions: Matthew Delgado, Jennifer Russell, and Reagan Teel

OBJECTIVES:

- Encourage electronic APOWWs (Apprehension by Peace Officer Without Warrant)
  - Create email address for TSH to receive
  - Provide state form as fillable document
  - Share samples with chiefs
- Offer training to chiefs
  - Identify TCOLE representative to certify (chris.cogan@tcole.texas.gov; Region 7)
  - TSH and NTBHA to partner as subject matter experts
  - Invite chiefs to access training
- Talk with smallest jurisdictions about options
  - MOUs with adjacent departments
  - Eminence-county provides services
  - Backstops available: MCOT or YCOT

TASKS:

- Stand up the electronic APOWW workflow (TSH email, fillable state form, sample packet for chiefs)
- Identify the TCOLE certifier and confirm TSH and NTBHA as subject matter experts for chief training
- Convene smallest jurisdictions to discuss MOUs, eminence-county coverage, and MCOT or YCOT backstops

FEEDBACK:

- Personnel training and funding are barriers to CIT adoption.
- Bilingual capacity needed in Spanish and other languages.
- Include school-based law enforcement (SBLE) in training; they have dedicated training days.
- Include municipal law enforcement.
- Mental Health First Aid is TCOLE certified and includes a version specific to law enforcement.
- For the small-jurisdictions objective, look at peer counties for examples (e.g., Grand Prairie has co-responders and will come share information).
- MCOT is dispatched only when requested.

Next meeting: Monday, June 22, 2026 at 2:00 PM via MS Teams (Tiffany will send the link)

RESEARCH AND PRACTICES RELATED TO PRIORITY TWO

Earlier sections of this report discuss best practices along the SIM continuum. With respect to Priority 2, the priority planning team might benefit from considering these relevant best practices:

- Co-Responder Approach
- Develop Comprehensive Delinquency Prevention
- Mental Health and Juvenile Justice Interagency Collaboration

PRIORITY 3: EDUCATION AND OUTREACH

Our priority is to educate Kaufman County residents about mental health and substance use and inform them of available resources.

Priority champions: Pam Corder and June Deibel

OBJECTIVES:

- Build awareness of resources available in Kaufman County
- Determine gaps in resources in Kaufman County
- Gather data
    - Surveys
    - Focus groups
    - Needs assessments
    - Statistics from other sources
- Provide factual education to youth, adults, community, and leaders
    - Mental health
    - Substance use
    - In-school or juvenile justice curriculum
    - Parenting
    - Other topics, including how to get participants to attend (e.g., a Kaufman County coupon book as incentive)
- Facilitate peer education
    - Youth clubs
    - Peer-to-peer trainings and support
    - Peer Support Specialists
    - Teen Mental Health First Aid

TASKS:

- Map existing Kaufman County resources and identify gaps
- Design and field a community needs survey, coordinated with Priority 4 to combine instruments
- Develop factual education content tailored to youth, adults, community members, and leaders, with attendance incentives
- Stand up peer-education pathways: youth clubs, peer-to-peer trainings, Peer Support Specialists, and Teen Mental Health First Aid

FEEDBACK:

- Work with Priority 4 to combine survey instruments.

Next meeting: To be determined, week of June 8, 2026

RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

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

- Foster Early Mental Health Identification and Intervention
- Develop Comprehensive Delinquency Prevention
- Implement Evidence-Based Youth Mentor Programming
- Early Intervention and Trauma-Informed Systems
- Certified Family Partners Supporting Families

PRIORITY 4: COMMUNITY-BASED SERVICES WHERE YOUTH ARE

Our priority is to build a multilingual, multicultural, accessible, youth-informed array of services that families actively trust and engage in.

Priority champions: Wendy Adams and Cynthia Stanley

OBJECTIVES:

- Build a voucher program with STAR Transit
- Collaborate with and raise awareness of existing, underutilized resources and programs (e.g., Guiding Good Choices)
- Create continuity through a network of collaborating providers
- Build partnership relationships that reduce defensiveness, bridge communication, and stay judgment-free. Make engagement feel worthwhile and answer the question, what is in it for me?
- Provide engaging services in locations that are accessible to families

TASKS:

- Create videos and social media content (e.g., ”Mental health near me”) to reduce stigma, improve understanding, and make services more appealing (example: Ellis County and the ”See Me” video, Amy Sanders)
- Conduct surveys to learn what families need and what unique challenges each city or ISD faces. Use what we learn to create a discount book for services.
- Bring existing resources to Welcome Back to School days
- Collaborate with the courts to link conditions to services and add accountability for parents (e.g., engagement in MST). Find ways to improve engagement.
- Transportation: explore church collaboration
- Talk to STAR Transit to start the conversation about a Family Voucher
- Build partnerships with kids

FEEDBACK:

- We are siloed.
- Create formal MOUs.
- ”We Want to Hear from You, Kaufman” community listening sessions.
- Lakes Regional is seeking a grant to do this (Melanie).
- Back to School Days are not held in all districts; City of Forney and Kaufman City participate.
- City of Forney PD and Parks work together to improve and include programs.
- Send out survey through ISDs, the homeschool coalition, social media, churches, The Center, and similar venues.
- Work with Priority 3 to combine survey instruments.
- Get parents to the table with gift cards and similar incentives.
- Tommy Hendrix, STAR Transit, 832-496-2916

Next meeting: Monday, June 15, 2026, 1:00-4:00 PM, at TVCC

RESEARCH AND PRACTICES RELATED TO PRIORITY FOUR

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

- Implement Evidence-Based Youth Mentor Programming
- Develop a Community Approach to Juvenile Probation
- Family Engagement in Juvenile Services and Probation
- School Transition
- Establish Goals for Youth Crisis Care

RECOMMENDED NEXT STEPS

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

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

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

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

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

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

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

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

PRIORITIZE IMPLEMENTATION OF CURRENT STATUTES

Many statutes are difficult to implement as they require coordination between multiple agencies, and the statutes do not designate the lead agency. Further, the laws require cross-sector planning and resource allocation. The formal and informal structures of cross-system collaboration in Kaufman County are ideal venues to assess the extent to which the systems of youth mental health and juvenile justice are aligned with current statutes.

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

REMAIN CURRENT WITH THE LATEST RESEARCH AND BEST PRACTICES

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

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

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

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

Using a tool like this can help the community:

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

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

APPENDICES

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

APPENDIX 1| COMMONLY USED ACRONYMS

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

FUNDING RESOURCES

Council of State Governments Justice Center https://csgjusticecenter.org/projects/justice-and-mental-health-collaboration-program-jmhcp/funding-resources/	DOJ Office of Justice Programs https://www.ojp.gov/funding/explore/current-funding-opportunities
Humanities Texas https://www.humanitiestexas.org/grants/apply	The Meadows Foundation https://www.mfi.org/
Office of the Texas Governor https://gov.texas.gov/organization/financial-services/grants	Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/grants
Texas Health & Human Services Commission https://www.hhs.texas.gov/business/grants	Texas Indigent Defense Commission http://www.tidc.texas.gov/funding/
U.S. Department of the Treasury: Assistance for State, Local, and Tribal Governments https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments	U.S. Grants https://www.usgrants.org/texas/personal-grants

GRANT WRITING RESOURCES

Grants.gov https://www.grants.gov	HHSC Grant Information https://www.hhs.texas.gov/business/grants
University of Texas Grants Resource Center https://diversity.utexas.edu/tgrc/	Nonprofit Ready https://www.nonprofitready.org/grant-writing-classes
Texas Specialty Court Resource Center https://www.txspecialtycourts.org/resources/grants.html	

MENTAL HEALTH COURT PROGRAM RESOURCES

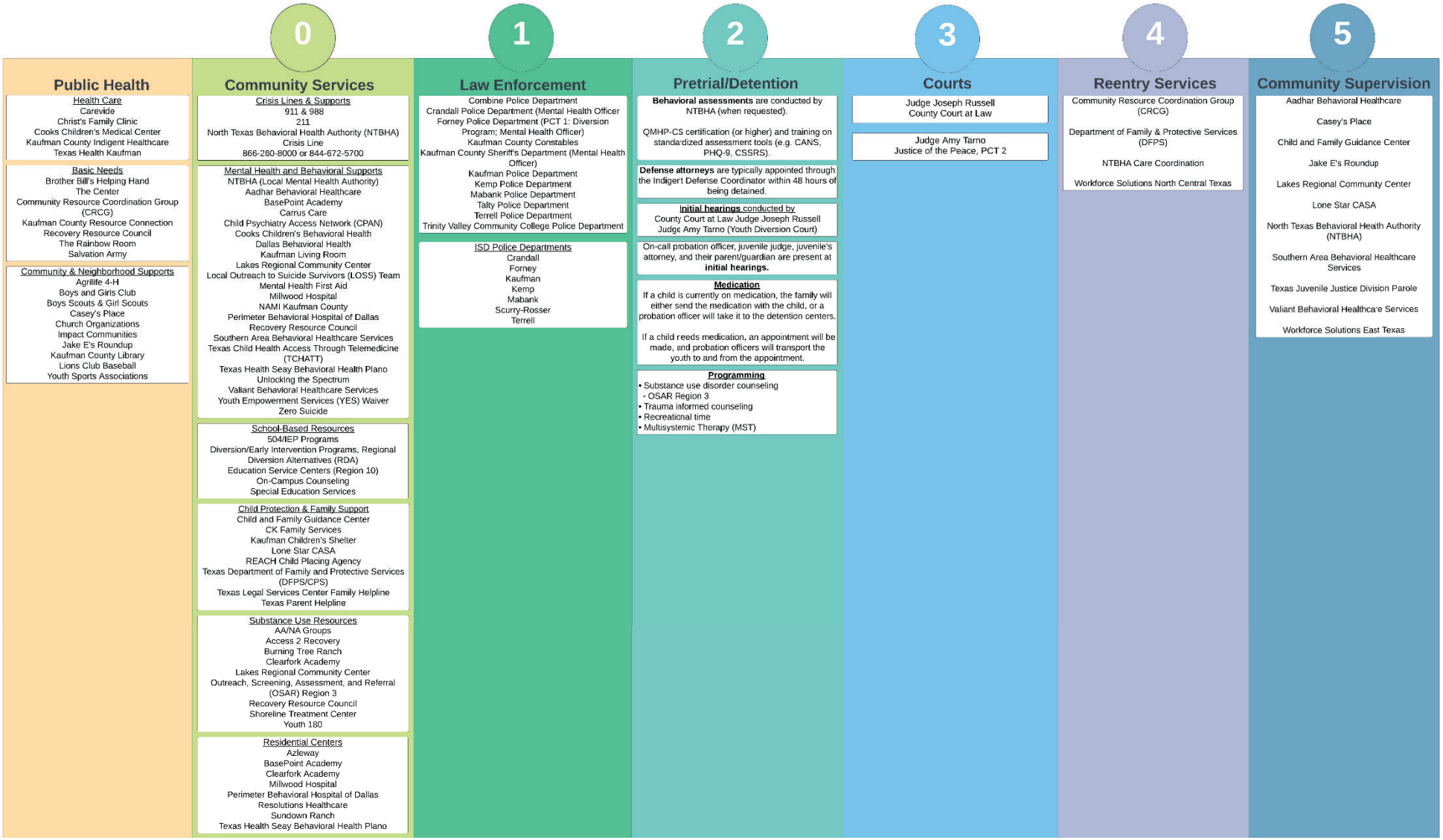
Council of State Governments Justice Center – *Developing a Mental Health Court: An Interdisciplinary Curriculum* https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf	Council of State Governments Justice Center – *A Guide to Collecting Mental Health Court Outcome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

TECHNICAL ASSISTANCE RESOURCES

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

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

APPENDIX 3| KAUFMAN COUNTY YOUTH SIM MAP



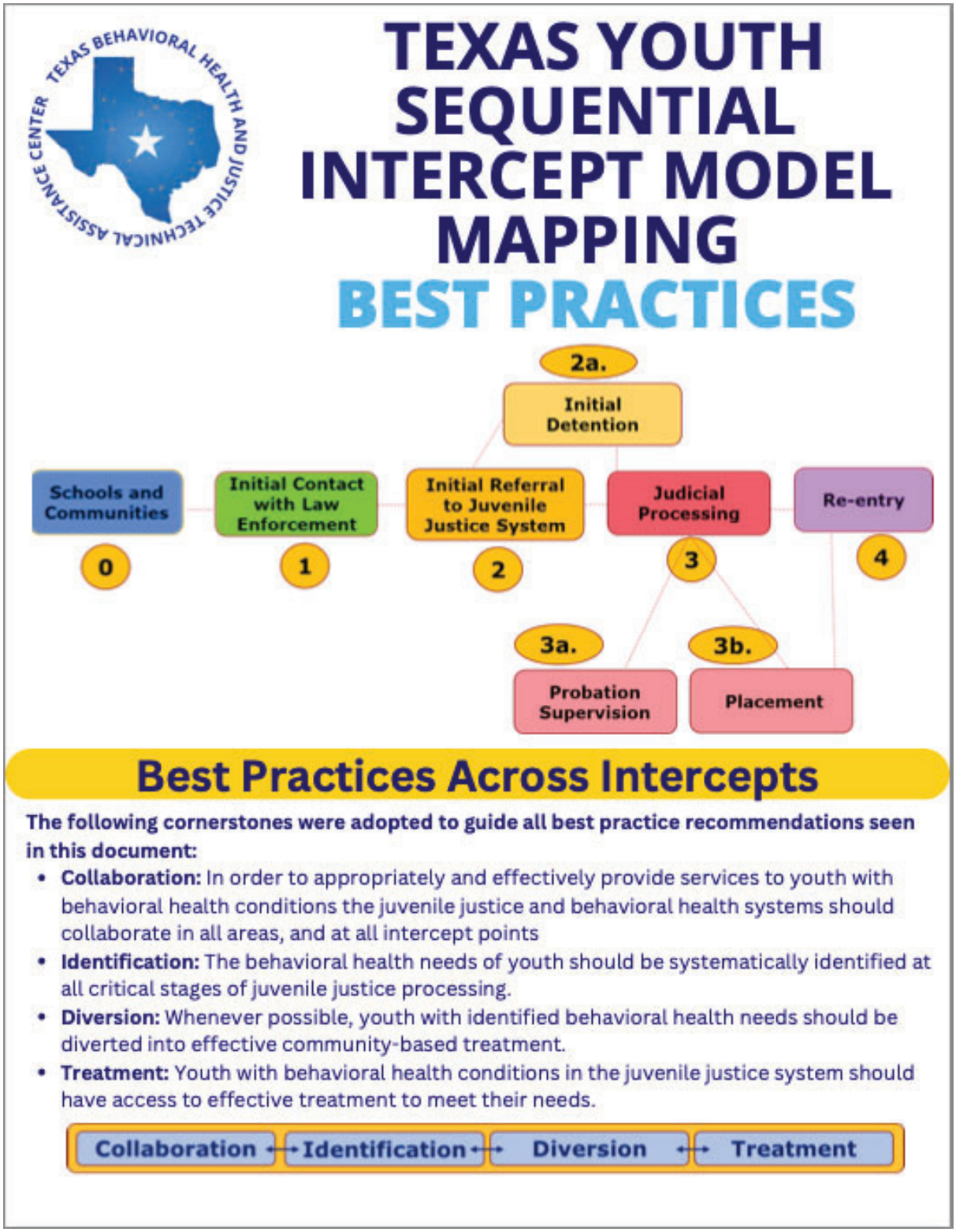
APPENDIX 4| PARTICIPANT LIST

First Name	Last Name	Title/Role	Organization
Wendy	Adams	Professional School Counselor	Crandall ISD
Jakie	Allen	County Judge	Kaufman County
Lyndy	Ashford	Director	NTBHA
Mary	Bardin	Justice of Peace	Kaufman County
Nancy	Blum	Chief Behavioral Health	NTBHA
Janet	Buchanan	Senior Director OSAR and MST	NTBHA
Hope	Campbell	Director of Counseling	Kaufman ISD
Lizette	Carrasco	Parent Education Intern	Forney Independent School District
Pam	Corder	Project Manager	Kaufman County
Tiffani	Curtis	Counselor	Forney ISD
Lydia	Davis	OSAR Counselor	NTBHA
June	Deibel	Director of Community Engagement	Recovery Resource Council
Matthew	Delgado	Mental Health Officer	Forney Police Department
Tana	Dowd	Kaufman County Coalition Coord./THRIVES	Recovery Resource Council
Richard	Dunn	Executive Director	The Center
Les	Edwards	Chief	Kaufman Police Department
Tina	Enderle	Navigator	Kaufman County Resource Connection
Melanie	Farley	Behavior Specialist	Scurry Rosser ISD
Gloria	Fobbs	MST Program Manager	NTBHA
Melanie	Gann	Child and Adolescent Director	Lakes Regional Community Center
Kimberly	Gardner	Community Engagement Coordinator	Lone Star CASA
Trellis	Grant	Mental Health Specialist	DFPS
Mark	Guthrie	Assistant Criminal District Attorney	Kaufman County
Barbara	Henderson	Volunteer Specialist	Lone Star CASA
Alaina	Horton	Admin Assistant	NTBHA
Craig	Howell	OSAR Program Manager	NTBHA
Toni Koleszar	Hughes	Medical Services Program Coord	Lakes Regional Community Center

Lawanda	Jackson	Coordinator of Parent Education	Forney ISD
Larissa	Keeton	Wellness and Prevention Coordinator	Impact Communities
Reanna	Liversage	Chief Program Officer	Impact Communities
Priscilla	Mejia	FBSS Caseworker	DFPS
Andre	Merritt	Juvenile Probation Officer	Kaufman County Juvenile Probation
Traci	Mitchell	Counselor	Kaufman High School
Viviana	Morales	Juvenile Probation Officer	Kaufman County Juvenile Probation
Deshandra	Oneal	School Counselor	Forney ISD
Melanie	Quinlan-Farley	Behavior Specialist	Scurry Rosser ISD
Trenis	Ramsey	Chief JPO	Kaufman County Juvenile Probation
Diana	Roman	Instructional Coach/Non-Profit Founder	Crandall ISD/Kaufman Co. Comm. United
Joseph	Russell	Judge	County Court at Law Kaufman County
Jennifer	Russell	Mental Health Coordinator	NTBHA, Kaufman County Justice Center
Amy	Sanders	Director, Zero Suicide & MH First Aid	NTBHA
Jason	Saunders	Chief	Forney ISD Police Department
DeAnn	Smith	Counselor	Gary Campbell High School, KISD
Jay	Snyder	Deputy Chief	Kaufman County Juvenile Probation
Tina	Spain	Dir. of Guidance and Behavior Supports	Forney ISD
Cynthia	Stanley	Community Engagement Specialist	Recovery Resource Council
Jason	Stastny	Captain	Kaufman Police Department
Reagan	Teel	Assistant Superintendent	Terrell State Hospital
Didi	Thurman	Associate CEO/Behavioral Health Director	Lakes Regional Community Center
Jocelyn	Torres	Director of Mental Health and Counseling	Terrell Independent School District
Melissa	Truly	Counselor	Scurry-Rosser MS
Wayne	Vaughn	CEO	Lakes Regional MHMR Center
Tahj	Walker	Juvenile Empowerment Specialist	Lone Star CASA
Adam	Wall	Police Officer	Kaufman Police Department
Erleigh	Wiley	Criminal District Attorney	District Attorney's Office
David	Williams	Program Manager	NTBHA

APPENDIX 5| WORKSHOP AGENDA

APPENDIX 6| BEST PRACTICES AT EACH INTERCEPT



INTERCEPT 0: SCHOOLS AND COMMUNITY BASED SERVICES BEST PRACTICES

EARLY IDENTIFICATION AND PREVENTION

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

SCHOOL-BASED DIVERSION AND BEHAVIORAL HEALTH SUPPORTS

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

SOMEONE TO CALL

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

SOMEONE TO RESPOND

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

A PLACE TO GO

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

INTERCEPT 0: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 1: LAW ENFORCEMENT & EMERGENCY HEALTH SERVICES BEST PRACTICES

LAW ENFORCEMENT MENTAL HEALTH TRAINING

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

POLICE DIVERSION PROGRAMS

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

LAW ENFORCEMENT AND MENTAL HEALTH PROVIDER COLLABORATION

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

INTERCEPT 1: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 2: INITIAL REFERRAL AND INITIAL DETENTION BEST PRACTICES

JUVENILE PROBATION BEHAVIORAL HEALTH ASSESSMENT, TREATMENT, AND INTERVENTION

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

COURT DIVERSION AND PREVENTION PROGRAMS

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

JUVENILE JUSTICE STAKEHOLDER COLLABORATION

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

INTERCEPT 2: BEST PRACTICE HIGHLIGHTS

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

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

SPECIALIZED COURT INTERVENTIONS

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

PRE-TRIAL INTERVENTIONS

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

STREAMLINED FITNESS RESTORATION PROCESSES

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

INTERCEPT 3: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 4: RE-ENTRY BEST PRACTICES

TRANSITION PLANNING

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

TRAUMA-INFORMED SUPERVISION PRACTICES

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

COORDINATED AFTER-CARE SERVICES

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

INTERCEPT 4: BEST PRACTICE HIGHLIGHTS

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

APPENDIX 7| KEY REFERENCES

1	JUDICIAL COMMISSION ON MENTAL HEALTH, *TEXAS JUVENILE MENTAL HEALTH AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LAW BENCH BOOK* (4th Ed. 2025-2027), https://texasjcmh.gov/media/qocc0rch/jbb-digital-9-26-25.pdf
2	THE JUSTICE CENTER, COUNCIL OF STATE GOVERNMENTS, HOW TO USE AN INTEGRATED APPROACH TO ADDRESS MENTAL HEALTH NEEDS OF YOUTH IN THE JUSTICE SYSTEM (2022), https://csgjusticecenter.org/publications/how-to-use-an-integrated-approach-to-address-the-mental-health-needs-of-youth-in-the-justice-system-2/?mc_cid=473739da81&mc_eid=eadd5775fa
3	NATIONAL CENTER FOR STATE COURTS, *JUVENILE JUSTICE MENTAL HEALTH DIVERSION GUIDELINES AND PRINCIPLES*, (2022), https://www.ncsc.org/__data/assets/pdf_file/0029/74495/Juvenile-Justice-Mental-Health-Diversion-Final.pdf
4	NATIONAL CENTER FOR STATE COURTS, FAIR JUSTICE FOR PERSONS WITH MENTAL ILLNESS: IMPROVING THE COURT'S RESPONSE 19 (2018), https://www.neomed.edu/wp-content/uploads/CJCCOE_10-Dave-Byers-COURT-RESOURCES-Mental-Health-Protocols-Oct-2018.pdf. *See also*, https://www.ncsc.org/behavioralhealth.
5	POLICY RESEARCH ASSOCIATES, THE SEQUENTIAL INTERCEPT MODEL: NEXT STEPS (HOW TO MAXIMIZE YOUR SIM MAPPING WORKSHOP), https://express.adobe.com/page/dSrgsE34zIea9/. *See also*, https://www.prainc.com/im/.
6	SAMHSA GAINS CENTER, DEVELOPING A COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH AND CRIMINAL JUSTICE COLLABORATION: THE SEQUENTIAL INTERCEPT MODEL (3rd ed., 2013); Mark R. Munetz & Patricia A. Griffin, *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*, 57 PSYCH. SERVICES 544, 544-49 (2006), https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544. The Youth 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, TRUST-BASED RELATIONAL INTERVENTION (TBRI): A SYSTEMIC APPROACH TO COMPLEX DEVELOPMENTAL TRAUMA, December 2013, Child Youth Serv. 34(4): 360-386. Https://pmc.ncbi.nlm.nih.gov/articles/PMC3877861/