

Youth Mental Health and Juvenile Justice Mapping Workshop

Report for:

Hidalgo County

Prepared by:

The Texas Judicial Commission on Mental
Health

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

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Youth Mental Health and Juvenile Justice Mapping Report for Hidalgo County, TX

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

Mission

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



RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, YOUTH MENTAL HEALTH AND JUVENILE JUSTICE MAPPING REPORT FOR HIDALGO COUNTY (2023).

ACKNOWLEDGEMENTS

The Judicial Commission on Mental Health wishes to recognize Judge Renee Rodriguez Betancourt and praise the work she has done to bring JCMH's support to Hidalgo County. The JCMH is thankful for the assistance of the Hidalgo County planning team: Traci Evans, Melissa Flores, Joel Garcia, Adrian Garza, Rick Guerrero, Luis Heredia, Amy Ortega, Terry Palacios, Dr. Erica Ann Perez, Olga Reyes, Judge Eliud Rubio, Jessica Salazar, Mike Taylor, Andrea Valdez, and Judge Carlos Villalon, Jr.

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A NOTE ON LANGUAGE

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

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

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

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

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

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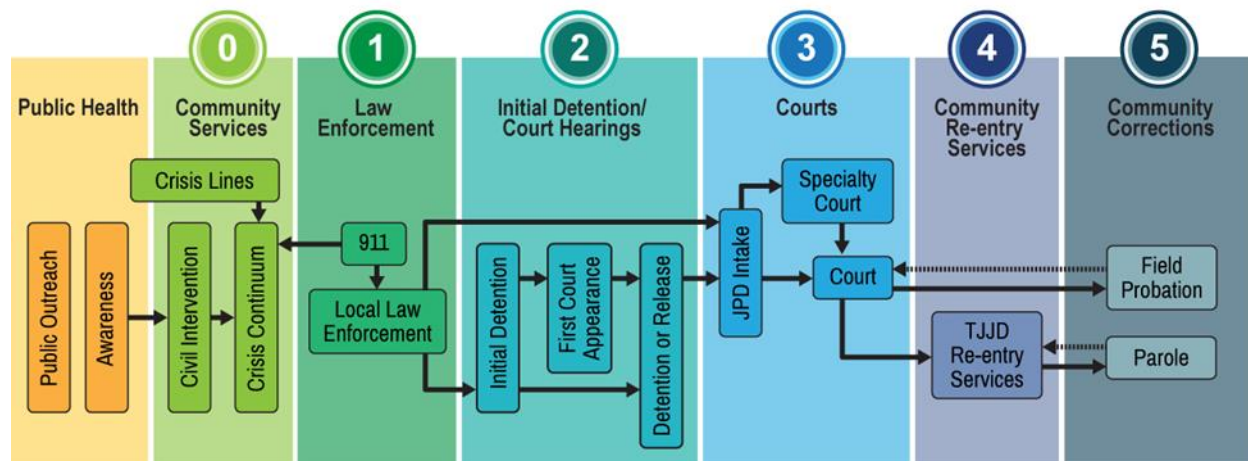
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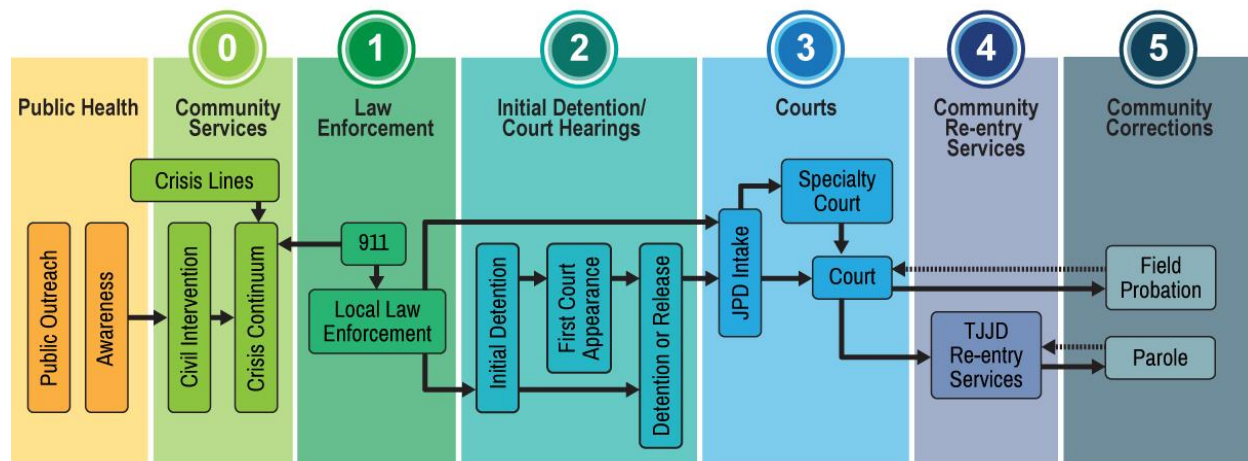
EXECUTIVE SUMMARY

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 mental health challenges who become involved with the juvenile justice system. It draws on the [Sequential Intercept Model](#), which has traditionally focused on the adult criminal justice system. The workshops brought together over 130 stakeholders from across systems, including mental health, schools, courts, and law enforcement to map resources, gaps, and opportunities at each point a child 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:

1. Establish a Hidalgo Youth Behavioral Health Leadership Team for continued cross-system collaboration.
2. Improve the process for returning to school from residential treatment or detention.
3. Provide training and coordination for school resource officers and school police.
4. Boost family outreach, support, and navigation of resources.

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



BACKGROUND

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

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

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

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

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

YOUTH MENTAL HEALTH AND JUVENILE JUSTICE 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 mental and behavioral challenges. By design, participants engage with people who work in unfamiliar systems. Juvenile court judges work alongside mental health providers or school superintendents. Parents brainstorm possibilities with police and probation officers. People with lived experience of juvenile justice involvement help to frame the discussion.

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

The Judicial Commission on Mental Health process includes a series of virtual mapping workshops followed by a full-day in-person planning workshop. During the virtual sessions, 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 often 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.

In Hidalgo County, the virtual mapping process unfolded in three parts:

- Virtual Session – Juvenile Detention, Courts, and Probation (*August 16, 2023*)
- Virtual Session – Police and School Resource Officers (*August 30, 2023*)
- Virtual Session – Community-Based Supports for Youth Health/Mental Health and Reentry (*September 6, 2023*)

Following the virtual sessions, 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 top 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 in Hidalgo County took place September 26, 2023. Following the workshop, the community continues to work on their priority action plans. They also meet virtually with JCMH to review and edit 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 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 juvenile 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 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 intercept with the adult or juvenile justice system.

Several organizations and resources provide helpful guidance:

- [Via Hope](#) is a Texas nonprofit organization that provides training, technical assistance and consultations related to the peer workforce. The organization also trains and certifies reentry peer support specialists.
- [PeerForce](#) serves as a hub for peers and family partners in Texas, collaborating with communities and organizations to advance and broaden the peer career field. They provide assistance to prospective employers on how to implement peer services and provide training for prospective peers.
- [Texas Certification Board](#) certifies various types of peer specialists.

- [SAMHSA](#) is the federal agency that for decades has worked to promote peers in leadership roles.
- [National Association of Peer Supporters](#)
- Philadelphia’s DBHIDS [Peer Support Toolkit](#)

CONTINUED CROSS-SYSTEM COLLABORATION

Experience shows that the counties generating enduring results in their system change efforts are those that create formal coordinating groups such as Behavioral Health Leadership Teams or other coordinating bodies that facilitate and guide countywide justice and behavioral health cross-systems stakeholder planning. This is a recommendation of the National Center for State Courts, which issued a set of [Juvenile Justice Mental Health Diversion Guideline 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.
- Provide specialized training for intake or probation officers.
- Measure program integrity and diversion outcomes.

EFFECTIVE USE OF DATA

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

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

UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

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

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



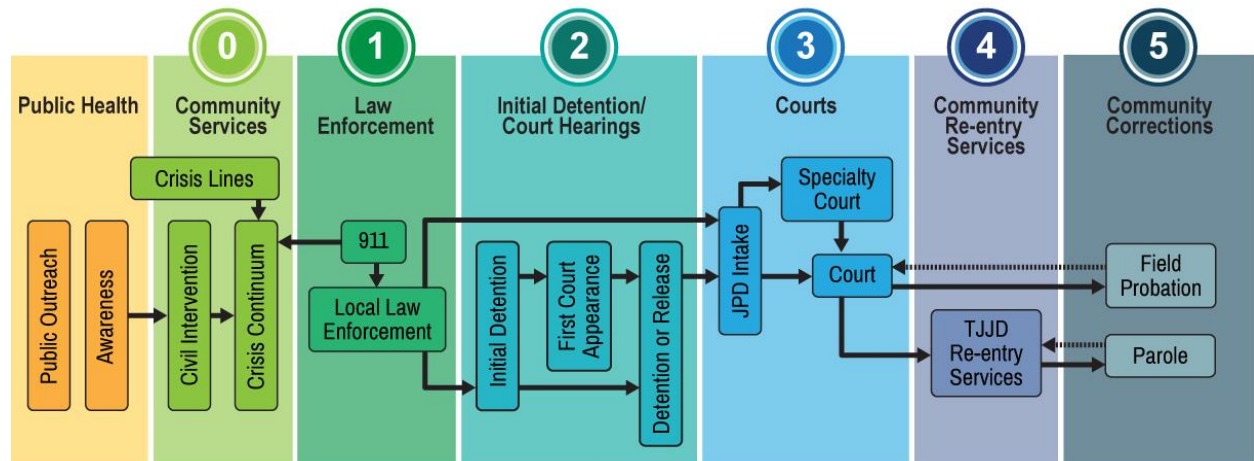


RESOURCES AND CHALLENGES AT EACH INTERCEPT

An important objective of the workshop is to create a map of resources at each point at which a child intersects or is at risk of intersecting with the juvenile justice system. The workshop's facilitators work with the participants to identify resources and gaps. 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 Hidalgo County leaders identified specific community goals:

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



INTERCEPT 0

Intercept 0 encompasses the public health foundations that help youth and families through early identification of and response to 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 mental health, behavioral health, and crisis response services designed to connect youth with appropriate services as rapidly as possible.

RESOURCES

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

<u>Intercept 0 (Public Health, School, Community Mental and Social Supports)</u>	
<u>Mental and Behavioral Health</u>	
Tropical Texas Behavioral Health	YES Waiver Supports (Tropical Texas Behavioral Health) https://www.ttbh.org/
Certified Family Partners (Tropical Texas Behavioral Health)	National Runaway Safeline 1-800-621-4000
988 Suicide and Crisis Lifeline	Children's Bereavement Center RGV

Crisis Text Line Text START to 741-741	Behavioral Health Solutions of South Texas
UTRGV Counseling Training Clinic for Community Counseling	988 Suicide and Crisis Lifeline Call Text: 9-8-8Chat: 988lifeline.org
Palmer Drug Abuse Program	Region One Education Service Center Department of Counseling & Mental Health
Behavioral Health Solutions of South Texas	Mesquite Treatment Center
Buckner Family Hope Center	McAllen ISD Family Treatment Program
ChildFund International	Substance Use Outreach, Screening, Assessment and Referral
Hope Family Health Center	Texas Child Health Access Through Telemedicine (TCHAT)
Empowering Communities- Behavioral Health Solutions	
Public Health	
Hidalgo County Indigent Health Care Program	Texas Child Health Access Through Telemedicine (TCHAT)
Food, Housing, and Basic Needs	
The Salvation Army - Hidalgo County	Food Bank of Rio Grande Valley
Catholic Charities Humanitarian Respite Center	ChildFund International
Child Protection and Foster Care	
Children's Advocacy Center of Hidalgo County	Safe Haven for Kids
CASA of Hidalgo County	A World for Children
The Children's Center, Inc.	
Community and Neighborhood Supports for Youth	
Big Brothers Big Sisters of the Rio Grande Valley	Boys and Girls Club of McAllen

Boys and Girls Club of Pharr	
Early Childhood	
Su Casa De Esperanza, Inc.	
Services for Youth with Intellectual/Developmental Disabilities	
Team Mario (Services for Youth with Autism)	Disability Rights Texas
Easter Seals Rio Grande Valley	Bebo's Angels (Educational Supports for Youth with Autism)
Vocational & Career Supports	
Workforce Solutions Second Chance Program	

GAPS AND OPPORTUNITIES

During the workshop, stakeholders identified several gaps or insufficiencies in the continuum of care services for youth mental and behavioral health challenges as well as IDD that may be contributing to significant impacts on the juvenile justice system in intercepts 0 and 1. Stakeholders then shared ideas for opportunities to address these concerns.

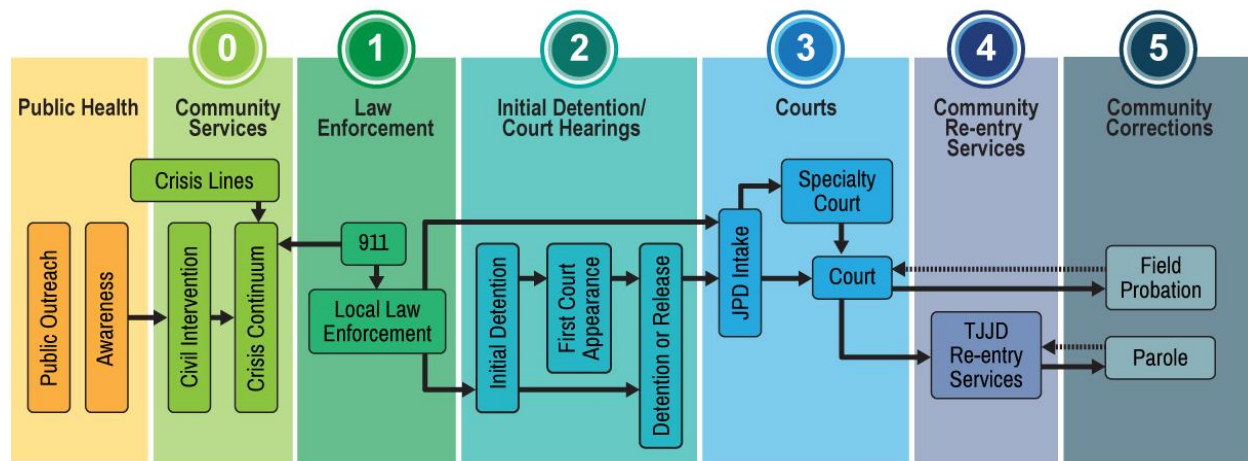
Gaps

- Some school districts lack adequate training on the rules and regulations associated with probation.
- They indicated that school resources such as counseling and assessment should be the initial set of services to identify and respond to mental and behavioral challenges; yet resource gaps at schools contribute to future youth juvenile justice involvement. Many stakeholders indicated that school counseling resources are strained.
- This is complicated by gaps in community-based counseling services, too, as well as a lack of awareness of the full array of services that are available and may be helpful. Where services do exist, many of them operate without a culturally competent approach to mental healthcare. The community saw this as an opportunity to identify and seek federal funding more intentionally and strategically. They suggested using these funds to

augment services on campus as well as community-based services. They also saw this as an important moment to connect, leverage, and optimize existing services. Finally, they suggested better training on culturally competent health and mental healthcare.

- Further, gaps in parental engagement and involvement in addressing youth behavior challenges leaves schools, parents, guardians, and youth attempting to address these challenges in isolation from each other. The stakeholders emphasized the need to meet families where they are: at home, work, and school. They suggested making family engagement supports more accessible. They also saw this as an opportunity to provide better education to parents about mental and behavioral health, IDD, and resources and approaches to address these challenges.
- Finally, the community recognized that the most innovative approaches would still be out of reach for many families absent a strategic effort to improve transportation.





INTERCEPT 1

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

RESOURCES

Hidalgo County stakeholders identified several law enforcement resources available to respond to youth mental health crisis and possible delinquent behavior in a manner that prevents juvenile justice involvement. For instance, Tropical Texas Behavioral Health partnered with the Pharr, Mission, and Edinburg Police Departments to create Mental Health Crisis Response Units, which deploy both mental health professionals along with law enforcement when responding to mental health crises.

Additionally, faculty from the University of Texas Rio Grande Valley helped launch a cross-agency initiative called "[Handle with Care](#)," wherein police who respond to traumatic events outside of school where children are present notify school district personnel of the child's exposure to the event. Ideally the school district will ensure appropriate counseling supports are available to child.

Within Hidalgo County school districts, community members identified several Intercept 1 supports and initiatives including:

- South Texas ISD - School Safety and Security Committee (Mercedes, San Benito, Rancho Viejo, Edinburg Police Departments)

- Mercedes ISD - Safe Schools, Truancy Officers, Campus Behavior Coordinators (works closely with Mercedes PD); Educational Resource Officer assigned from Mercedes PD.
- School resource officers trained in both mental health and assisting individuals with IDD diagnosis.
- Police officers participating in Admission, Review, and Dismissal (ARD) processes to better understand and support the various accommodations and efforts to support youth with mental, emotional, development, and learning needs.
- [Bebo's Angels](#), which provides autism training to officers to avoid punitive consequences for behavior.
- First offender programs for youth engaged in low-level criminal offenses in schools.
- Therapy dogs within schools.



GAPS AND OPPORTUNITIES

The community worked collaboratively to determine the gaps in resources and approaches that contribute to juvenile arrest and opportunities to fill these gaps.

For instance, participants noted a lack of specialized training for law enforcement with respect to mental illness and IDD. They suggested expanded and ongoing training on topics such as recognizing and responding appropriately to behavior among youth with autism.

The community noted that parents and caregivers of youth with mental and behavioral challenges and IDD often do not know their rights and responsibilities when their children come into contact with law enforcement. The participants emphasized the need to better educate parents about how to respond when law enforcement has to get involved in their children's behavior.

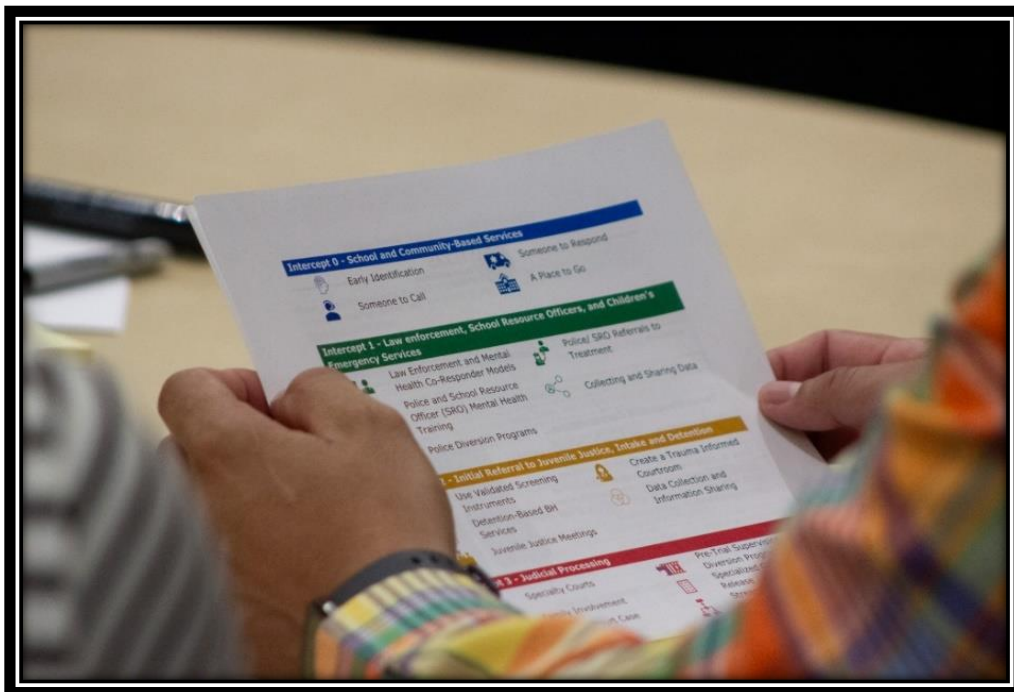
The participants also suggested that schools and police become better informed about legal mandates and protocols such as the discretion to keep kids in school and divert them from juvenile justice referral. They indicated that, before bringing a youth to juvenile detention for criminal violation, schools and police should consider other situational factors as is allowed by statute. See [Tex. Fam. Code § 52.02](#).

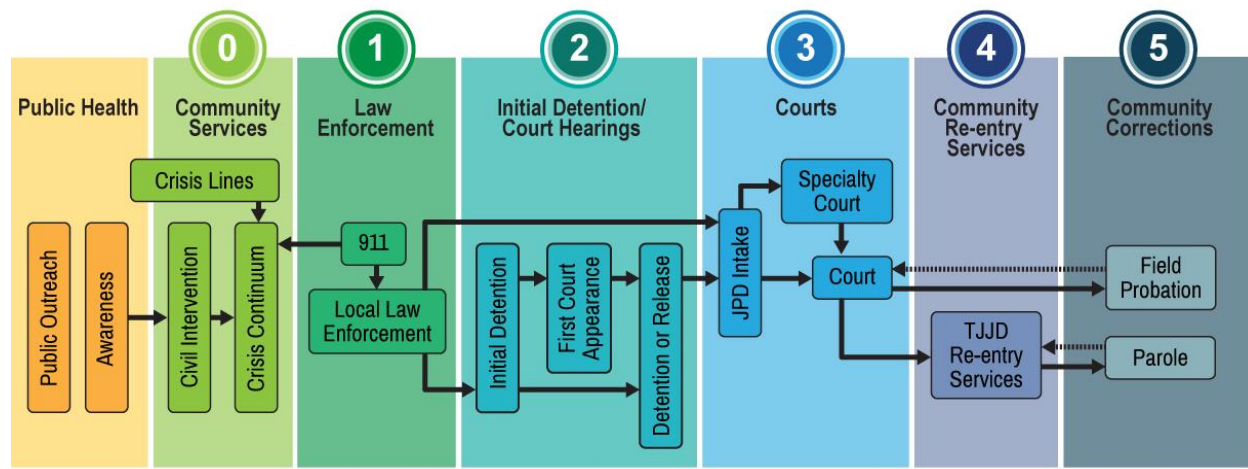
They also suggested that all county school districts improve information sharing, resource sharing, and joint training. For instance, some programs that are working in certain school districts may be worth trying in other schools. They offered as examples “So, Now You’re 10” presentations in McAllen ISD, where officers train 5th graders on anti-bullying and violence prevention, as well as the Handle With Care initiative, where local police inform schools when they respond to traumatic situations where youth are present.

The community members also noted that police and school resource officers rotate between schools and other assignments. They suggested that schools and law enforcement better coordinate to ensure officers remain assigned to the same school or schools, allowing them to build rapport and become a familiar face to students.

The community also expressed a desire to see more opportunities for youth to get support from others with similar life experiences. They indicated that one-on-one support from someone who has similar experiences would help youth who are at risk of juvenile justice involvement.

The participants were also very happy with therapy dog programs but felt that there were not enough of them. They saw this as an opportunity to expand the use of therapy dogs throughout Hidalgo County schools.





INTERCEPT 2

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

RESOURCES

The Judge Mario E. Ramirez, Jr. Juvenile Justice Center is the Hidalgo County Department that serves under the authority of the Hidalgo County Juvenile Board of Judges, and operates the Juvenile Probation Department, the Juvenile Detention Facility, and the Juvenile Boot Camp Facility. The Center also houses the 449th District Court, which specializes in processing juvenile cases.

Youth in juvenile detention receive psychiatric evaluations and appropriate medications. Intake officers meet with parents to discuss their children’s mental health history, and they prepare a written detention hearing form and provide the court with a diagnosis and recommendation.

Tropical Texas Behavioral Health has case managers in juvenile detention at least 20 hours per week, providing crisis assessments and case management.

The Texas Correctional Office on Medical and Mental Impairments (TCOOMMI) provides continuity of care coordination to ensure youth receive appropriate mental health services following detention and through the juvenile probation process.

GAPS AND OPPORTUNITIES

The participants considered the gaps at Intercept 2 as well as the opportunities to address these gaps.

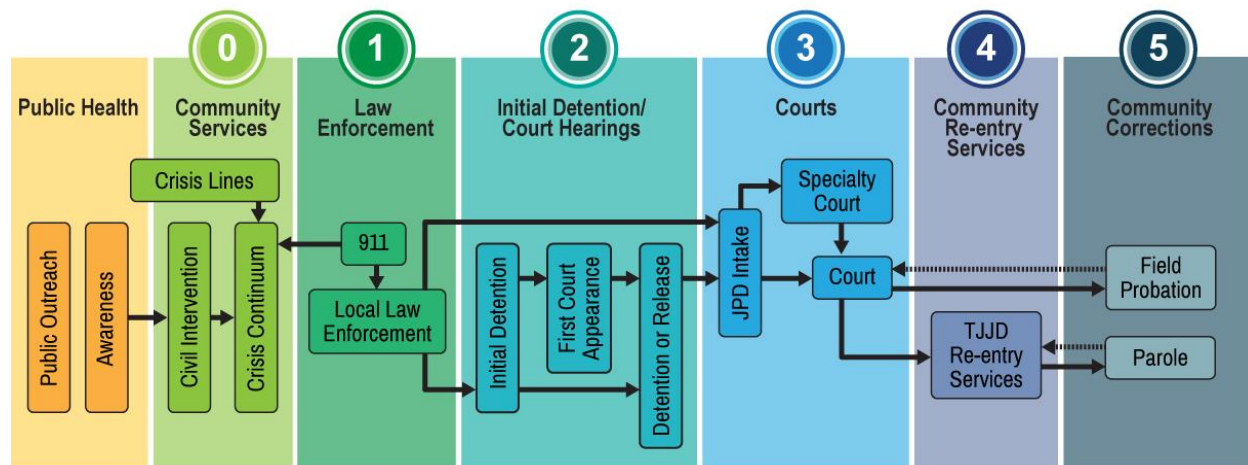
For instance, they saw that youth referred to detention are often in mental health crisis. They saw this as an opportunity to augment crisis response resources before and within detention.

The community saw gaps in school involvement. They saw an opportunity to increase school involvement and information sharing, providing greater educational continuity. For instance, schools and juvenile detention educators could coordinate to share important information about individualized accommodations and special learning supports.

Community participants also saw gaps in pre-release service coordination. It is difficult to find timely appointments with mental health providers. They suggested better coordination with Tropical Texas Behavioral Health in scheduling appointments with providers.

Participants indicated that families are often not present at the initial detention hearing. They saw several opportunities for better communication with families. They also recognized that many families need additional support and guidance so that they can best advocate for the needs of their children. They suggested greater use of Certified Family Partners and Certified Peers, so that parents and youth can better navigate a complex system to find the help they need.

The community also saw an opportunity to expand the use of Texas Child Health Access Through Telemedicine (TCHATT) to address gaps in services.



INTERCEPT 3

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

RESOURCES

The juvenile justice system in Hidalgo County is governed by a Juvenile Board of Judges, with Judge Mario E. Ramirez, Jr. serving as Overseer. As Overseer, Judge Ramirez, Jr. meets directly with the Chief of Juvenile Probation to address issues related to juvenile probation, detention, and programming.

Hidalgo County Juvenile Board of Judges	
Judge Mario E. Ramirez, Jr. 332nd District Court (Overseer)	Judge Richard F. Cortez County Judge
Judge Luis M. Singleterry 92nd District Court	Judge Fernando Mancias 93rd District Court
Judge J.R. "Bobby" Flores 139th District Court	Judge Rose Guerra Reyna 206th District Court
Judge Marla Cuellar	Judge Noe Gonzalez

275th District Court	370th District Court
Judge Letty Lopez 389th District Court	Judge Keno Vasquez 398th District Court
Judge Israel Ramon Jr. 430th District Court	Judge Renee R. Betancourt 449th District Court

The Texas Legislature created the 449th District Court to specialize in processing juvenile cases. The court expedites the processing of cases efficiently for youth and families. Judge Renee Betancourt currently presides over the court.

Judge Betancourt recently created two juvenile specialty courts:

- Hidalgo County Juvenile Drug Court Program
- Hidalgo County LIFELINES Girls Juvenile Mental Health Court Program

Both specialty Courts were created and became fully operational in 2023 after Judge Betancourt secured grant funding for each program through the Office of the Governor - Criminal Justice Division (OOG-CJD).

One notable resource within Hidalgo County is the Juvenile Court Conference Committee Volunteer Program, which pairs justice-involved youth and their families with community volunteers. The program is designed to divert youth from further involvement with the juvenile system and prevent future delinquent behavior. The program also helps to educate families about resolving behavioral issues, accessing community resources, and encouraging neighborhood collaboration.

GAPS AND OPPORTUNITIES

One of the gaps identified in the mapping process was communication between schools, the court, and probation. Without education records from the school, it is difficult to set educational conditions for youth placed on probation, especially for youth with learning and developmental disabilities. The mapping team saw this as an opportunity to create better communication between the courts and schools, and to do case coordination in partnership with educators.

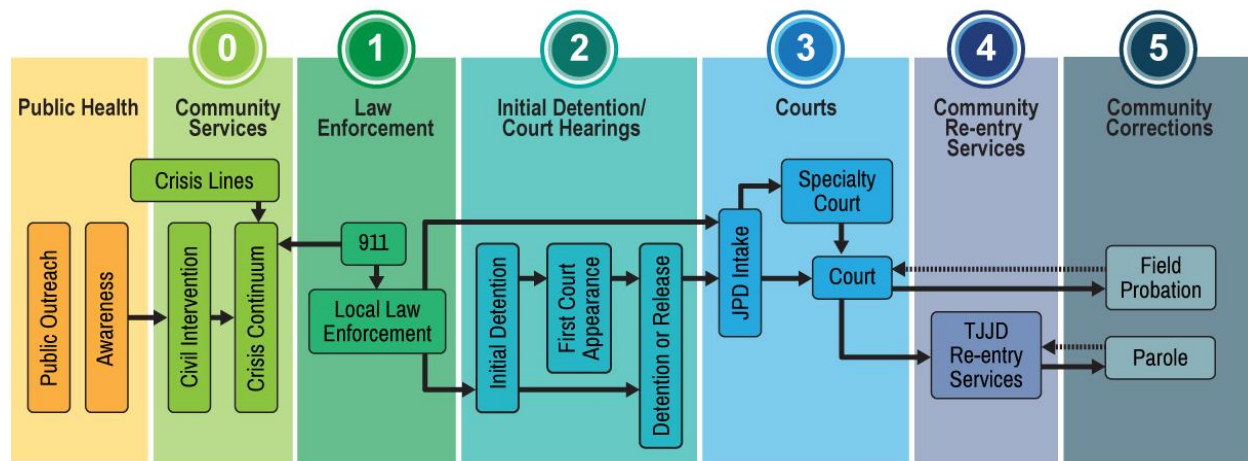
The 449th District Court has a specialty court for girls with mental health challenges. The team saw an opportunity to expand specialty court offerings to boys. They also suggested ways of incorporating sports into the specialty court programming.

Other major challenges include the lack of services for youth who have complex mental health needs, including those who are dually diagnosed with mental illness and substance use disorder. They suggested better coordination between agencies in the area to optimize existing services.

Another gap related to specialized training for defense and prosecuting attorneys. The team suggested augmenting training requirements and offerings for attorneys working on juvenile cases. The [Juvenile Law Section](#) of the State Bar offers an annual [Juvenile Law Conference](#), and the [Juvenile Justice Training Academy](#) also offers training and continuing education opportunities.

The community also expressed concerns about limitations regarding residential placement. There are few residential treatment centers and there are age limits that preclude placement for some children. It is important to recognize that removing a child from their home can be a traumatic event and should only be used as a last resort. There is an opportunity to explore alternatives to residential placement such as services coordinated through the Community Resource Coordination Group ([CRCG](#)), the [Youth Empowerment Services \(YES\) Waiver](#), or kinship care as a kind of informal respite for caregivers.





INTERCEPT 4

Intercept 4 encompasses youth who are transitioning from juvenile detention or state custody. Services in this intercept include strong protective factors for justice-involved people with mental illness, substance use disorder, or intellectual and developmental disabilities re-entering a community. These services should include detailed, workable plans with seamless access to medications, treatment, housing, and healthcare coverage.

RESOURCES

Intercept 4 (Reentry Resources)	
Juvenile Court Conference Committee Volunteer Program	Southwest Key - Un Puente al Hogar / A Bridge Home
Special Needs Diversionary Program (SNDP/TCOOMMI)	Journey Forward Program through Workforce Solutions provides employment and training opportunities for youth on probation.
Discharge readiness and planning from Hidalgo County Juvenile Probation .	The Juvenile Probation Department provides family engagement and counseling services during the period that youth are in longer-term detention.

GAPS AND OPPORTUNITIES

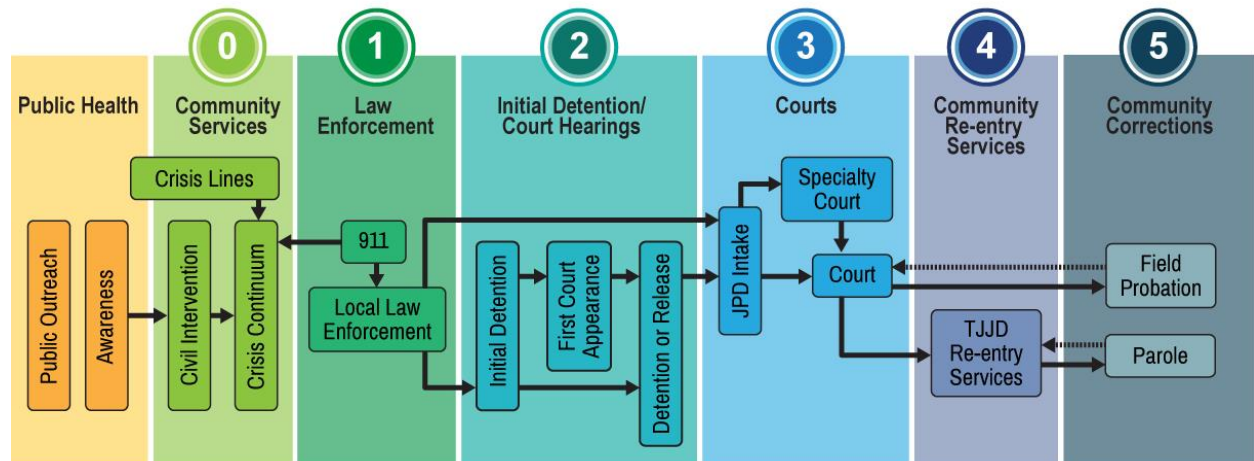
Oftentimes, schools place youth who are re-enrolling in school following a period of detention directly into Disciplinary Alternative Education Programs. They are also likely to label these children and adolescents according to their past delinquent behaviors. Moreover, the community noted that schools are often not fully trained on mental health and IDD diagnoses and the associated accommodations, thereby damaging the educational environment for youth with past juvenile justice involvement. The community present for the virtual mapping sessions saw this as an opportunity to better inform educators and school districts about the rights of children, their role in successful reentry, and their responsibilities with respect to youth with past juvenile justice involvement. They also emphasized the need to augment school-based mental health and counseling services.

The stakeholders identified gaps in case management and care coordination follow up to ensure interventions are provided following release from detention. The community agreed that this was an important opportunity to expand [Multisystemic Therapy](#) (MST), which helps youth and families learn coping skills and positive reinforcement behaviors. MST is a key prevention resource and it is also helpful during the reentry process. Due to the success of Tropical Texas Behavioral Health's existing MST program, the state is increasing funding to double the size of the program and extend its reach across the RGV.

Further, the community emphasized the need for a mental health support navigator for youth in reentry. Additionally, the community recognized that comprehensive reentry planning must also address basic needs such as housing, food, transportation, and health care.

The lack of school-based services during the summer months is highly problematic for youth in reentry. Working parents are not able to monitor and reinforce positive behavior, and anti-social peer groups are influential during these months. The community emphasized the need to partner with organizations and providers to offer additional programming and supports to youth during periods when school is not in session.

There is no transitional residential program to support youth and families through reentry. For youth coming from families and neighborhoods where they have experienced trauma and/or been involved with anti-social peer groups, having community-based or in-home aftercare focused on skill building for the whole family prior to reentry is crucial to help the youth to return to a more supportive and positive environment with additional coping skills.



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 mental and behavioral health needs succeed.

RESOURCES

The [Hidalgo County Juvenile Probation Department](#) oversees the detention center, intake, counseling, boot camp, and other programming. The current Director is Maryann Denner, MSCJ. Some of the probation related resources include:

Intercept 5 (Juvenile Probation)	
<p>Special Needs Diversionary Program (SNDP/TCOOMMI), a collaborative program between probation and Tropical Texas Behavioral Health to prevent removal of youth with mental health and medical needs from their homes and prevent further involvement with the juvenile justice system.</p>	<p>Juvenile Justice Alternative Education Program (JJAEP), which provides educational services to youth who have been expelled from school, violate probation, or exhibit criminal behavior. The JJAEP is currently operated by Southwest Key Program.</p>
<p>Juvenile Probation/Southwest Key Wrap Around Program provides intensive case management to youth who are at high risk of repeated offenses and/or out-of-home placement. Youth and</p>	<p>Juvenile Probation also provides skills training for families of youth on juvenile probation or in detention. The Department also has a transitional officer and placement officer to provide discharge</p>

families are served by this program for up to six months, and they receive a comprehensive set of services and interventions.	readiness programming.
Internal Mental Health Unit and Substance Use Department both provide individual and family counseling to youth on probation with mental health and substance use needs.	Residential Placement Unit , which can be used only when the child cannot be provided the needed quality of care and level of support and supervision while in the home. See Tex. Fam. Code § 54.04(c) .
Juvenile Probation Intensive Supervision Program	

GAPS AND OPPORTUNITIES

Throughout the mapping process, community stakeholders emphasized the need for additional family support for youth on juvenile probation. Families with juvenile-justice involved youth with mental and behavioral health needs are often at a loss for how to address behavior and access the right supports for their children and for themselves. This makes successfully navigating juvenile probation a difficult challenge which does not go away once the youth discharges from probation. The stakeholders agreed that additional family supports, training, and skill building is essential. Additionally, the community recognized that the neighborhoods where youth live present additional challenges for youth and families, pointing to the need for additional multi-systemic therapy for youth and families.

Additionally, the stakeholders recognized that youth transitioning from juvenile detention or Texas Juvenile Justice Department (TJJD) commitment are at especially high risk when returning to families and neighborhoods that themselves have contributed to delinquent conduct. The community saw this as an opportunity to invest in a transitional living facility, sober living, or other housing supports. They also recommended legislation to restore court supervision for youth leaving custody.

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 ranging from early identification/referral to counseling to improved communication between schools, law enforcement, and courts. Other suggestions included:

- Training and intervention related to suicide ideation,
- Reduction of wait times for psychiatric beds,
- Developing an all-inclusive list of community resources for parents of youth with mental and behavioral challenges & ensuring people know how to access these services,
- Required mental health training for all youth-serving organizations,
- Better education for parents on creating healthy and supportive relationships, especially with children with mental and behavioral health challenges,
- Easier access to mental health specialists or social workers at schools,
- Family outreach and mobilization of free supports and resource connections,
- Regular multi-agency meetings (schools, police, juvenile probation, youth serving organizations, etc.),
- Increase service availability in rural areas of the county,
- Increased availability of mental health services within schools,
- Free legal aid, and
- Creating different approaches to critical incident calls for law enforcement (“if it’s predictable, it’s preventable”).

The group was then invited to rate the priorities and to identify those priorities on which they were willing to invest their own time and organizational resources. Four priorities rose to the top:

- **Priority 1:** Establish a Behavioral Health Leadership Team
- **Priority 2:** Improve the Process of Returning to School from Residential Treatment
- **Priority 3:** Provide Training and Coordination for School Resource Officers/ISD Police
- **Priority 4:** Boost Family Outreach, Support, and Navigation

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 generated during the first day of 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 as of the publication date of this report. Readers should contact team members for the most current information on these action priorities.



PRIORITY 1: HIDALGO YOUTH BEHAVIORAL HEALTH LEADERSHIP TEAM

Participants (*=Champion): Judge Renee Betancourt*, Mike Taylor*, Esteban Alcantar, Dr. Diana Almaguer, Alex Aguirre, Allison Brenner, Adrian Garza, Miguel Garza, Myra Gonzalez, Luis Heredia, Orlando Noyola, Amy Ortega, Dr. Erica Perez, Laura Guerra Ramirez, Virginia Saenz, Belinda Salinas, Maura Torres, Dr. Lilia Varela, Mark A. Vasquez, Dawn Villarreal

Next Meeting: Third Friday of every month, starting October 27 at 1:30 pm via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Identify and invite our stakeholders	Research stakeholders - Dr. Nancy Razo Invite - Judge Betancourt, Terry Crocker			
Hold first meeting		Help with meeting logistics - Mark Vasquez, Alex Aguirre, Allison Brenner		
Establish Bylaws / Mission / Vision / Scope of Work		Mike Taylor & Dr. Perez		
Goal and priority setting			Behavioral Health Leadership Team	

NOTES:

Include data from Judge’s office regarding stats on juveniles to drive goals. Identify local drug trends. Do community needs assessments (CNAs). Survey youth returning to school after detention - what lacked. Holding them accountable for attendance between agencies. Stakeholders to include re-entry services, family partner coordinators, workforce development. Survey stakeholders. Identify data of outcomes, do research. How to help, specialties needed? Create multidisciplinary teams.

RESEARCH AND PRACTICES RELATED TO PRIORITY ONE

Formal and regular cross-sector collaboration will facilitate ongoing dialogue, joint planning, and assigned leadership to carry the community's goals forward. Many counties have Behavioral Health Leadership Teams, task forces, or leadership groups with varying priorities, including:

- Williamson County – [Healthy Williamson County](#)
- Grayson County – [Texoma Behavioral Health Leadership Team](#)
- Hidalgo County – [Hidalgo County Mental Health Coalition](#)
- Cameron County – [Cameron County Mental Health Task Force](#)
- Dallas County – [Behavioral Health Leadership Team](#)

Behavioral Health Leadership Teams often take on projects such as:

- **Countywide Mental Health Awareness and Education.** The Leadership Team can plan annual community behavioral health conferences and other trainings that promote behavioral health awareness, access to resources, and local initiatives that improve the administration of justice for persons with mental illness, IDD, or substance use disorders.
- **Diversion Process Education.** The Leadership Team can work together to clarify juvenile detention diversion processes, create illustrative handouts, and educate prosecutors and defense attorneys on the process. The training can be adapted for other stakeholders and the general public.
- **Utilization of National Resources.** NCSC's National Judicial [Task Force to Examine State Courts' Response to Mental Illness](#) develops tools, resources, best practices, and policy recommendations for the state courts. The Leadership Team has several resources that can be implemented locally, including the recently released set of [Juvenile Justice Mental Health Diversion Guidelines and Principles](#) created to assist courts and service providers in addressing the growing mental health crisis.
- **Grant Writing.** The Leadership Team can invest in training selected individuals to learn effective grant writing skills. See [grant writing](#) resources in the appendices for information on grant writing educational opportunities.
- **Review Cross-Systems Processes.** Challenges often arise in cross-systems processes. The Leadership Team can review these processes and make recommendations for improvements to streamline and maximize efficiency within these procedures.

PRIORITY 2: RETURN TO SCHOOL FROM DETENTION OR RTC

Participants (*=Champion): Judge Renee Betancourt*, Javier Aguilar, Dr. Diana Almaguer, Melissa Alviar, Michael Avila, Allison Brenner, Sgt. Antonio Carrizales, Cynthia Cash, Selina Cavazos, Miguel Chacon, Crystal Chiu, Christopher Delacruz, Maria Elizondo, Marcus Flores, Ruben Garcia, Adrian Garza, Dr. Anthony Garza, Carmen Gaytan, Inv. Christina Gonzalez, Myra Gonzalez, Sgt. Deyanira Hernandez, Sofia Hinojosa, Ignacio Lopez, Inv. Jose Lopez, Jose Marmolejo, Angelica Meza, Dr. Orlando Noyola, Brenda Ramirez, Nancy Razo, Miguel Reyes, Monica Lisa Rodriguez, Priscilla Rodriguez, Yovann Salinas, Sgt. Maria Sepulveda, Laura Soule, Maura Torres, Jesse Treviño, Ashley Valdez, Dr. Lilia Varela, Mark Vasquez, Dawn Villarreal

Next Meeting: Wednesday, October 25 at 2:00 pm via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Work with Regional Education Service Center to create trainings for school districts and juvenile justice department to learn about the different systems	Work with Region 1 to establish modules to prepare for training event.	Implementing those modules (intervention team) into a training model	Host and put together major training for school districts and JJ system	
Establish intervention teams in every school district to work closely with the juvenile probation department and TJJD				
Data sharing				
NOTES:				

RESEARCH AND PRACTICES RELATED TO PRIORITY TWO

Some research-based practices are emerging for reintegrating students with mental and behavioral health challenges from juvenile detention and residential treatment. Within the first 30 days of return, schools and teachers can:

- Develop awareness and knowledge about the juvenile justice system from which the youth is transitioning,
- Meet with the transition team from juvenile justice, the youth, and the family or primary caregiver,
- Expedite transfer of records, check credits earned, and review the Individualized Education Program and Individual Transition Plan,
- Provide evidence-based strategies and supports
 - Academic – caring teachers and positive school environment
 - Social/emotional – Positive Behavioral Supports and other trauma-informed practices
 - Vocational competence – helping the student to develop new skills, building a sense of accomplishment,
- Monitor youth progress,
- Engage in reflective practice – adapt and refine practice.



PRIORITY 3: TRAINING AND COORDINATION FOR SROS/ISD POLICE

Participants (*=Champion): Susan Cortez*, Dr. Diana Almaguer, Jose Amaro, Mike Avila, Sandra Y. Cabrera, Max O. Cantu, Miguel Chacon, Chief Rolando Garcia, Marina Garza, Rick Gonzalez, Roxana Hinojosa, J. Omar Jasso, Robert Rodriguez, Jose Silva Jr., Maura Torres, Salvador Treviño

Next Meeting: November 8, 9:00 am, McAllen ISD, 2100 Navarro, Rm 16

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6-12 months)	Far (2 nd year)
Coordination between school, law enforcement, SROs, counselors, and administration	Provide training to everyone involved with the youth, so that police/SROs know the students. Also fostering improved communication. Working with a first offense program.	Workshops with students Team building Incorporating therapy dogs	Keeping up with numbers and data	Conduct survey
SRO/LE training, including de-escalation, crisis intervention, mental health officer certification	Notify agencies about training, meetings, and available instructors.	Recruiting different instructors to train and facilitate		
Coordination between SRO's/ISD Police and Youth	Establish boundaries. Build rapport.	Provide trainings and open communication	Know your limits	repeat

NOTES:

Coordination: Improve screening and assessment to reduce unnecessary “sections,” distinguish between ISD police departments, SROs, municipal police departments, and Sheriff.

Training: Include training on 504 special education, mental health first aid training, crisis intervention training, and suicide screening. Coordinate with Region I, which provides training and can assist in this effort. Cross train with school-based police and other police departments on diversion options. Leverage existing training offered in other police departments.

Coordination with Youth: Include the Boys and Girls Club, include kids in boot camp. Provide internship opportunities for high schoolers interested in learning more about law enforcement. Edinburg has a Police Explorers program, allowing students to work with police during special events doing crowd control or other tasks.

RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

Clearly Outlining the Role of Law Enforcement

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

Schools that prioritize diversion have found success by:

- Clearly outlining the limited parameters of officers' duties on campus and specifically outlining the limits on interactions with students to adhere to state law, preventing unnecessary student legal involvement, and protecting marginalized students from disproportionate police exposure, criminalization, and use of force.
- Teaching students their civil rights in interactions with law enforcement and ensuring guardians are notified and present for any interviews with police; wherever possible, prohibiting interviews from occurring without guardian or attorney representation.

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

First Offender Program

The Judicial Commission on Mental Health’s [“Texas Juvenile Mental Health and Intellectual Disabilities Law Bench Book”](#) (2023 – 2025), p. 60, describes law enforcement’s statutory discretion to divert youth from juvenile justice referral and instead address law violations through First Offender Programs.

PRIORITY 4: FAMILY OUTREACH, SUPPORT, AND NAVIGATION

Participants (*=Champion): Melissa Alviar*, Edna Cantu*, Jasmine Hernandez*, Elizabeth Meza*, Nadia Ochoa*, Maurice Alleyne, Dr. Diana Almaguer, Alexis Arguelles, Roger Arredondo, Allison Brenner, Daniel Camacho, Jose Cano, Christopher Cantu, Erica Cantu, Cynthia Cash, Christopher Delacruz, Maria Luisa Elizondo, Alyssa Garcia, Norma Garza, Marisol Gonzalez, Lenny Longoria, Monica Lisa Rodriguez, Priscilla Rodriguez, Eliud Rubio, David Salinas, Juan Sifuentes, Sandra Tapia, Johnny Tijerina, Maura Torres, Diana Tova, Jesse R. Treviño, Dr. Lilia Varela, Mark Vasquez

Next Meeting: October 12 at 10am via Zoom (resource fair); October 20 at 9:30 in person (youth voice)

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	Near (3-6 months)	Next (6- 12 months)	Far (2 nd year)
Develop a comprehensive resource list for families with a QR code for law enforcement and others to share. Include existing lists and parent-to-parent resources.	Nadia Ochoa and Edna Cantu will work together and share a draft with the action team by email. They'll also coordinate with Doug Smith about the resource map for the workshop report.			
Identify new resources and ways to publicize annual resource fair by parent liaisons at Region 1.	Jasmine Hernandez and Elizabeth Meza will coordinate a planning meeting via Zoom on Thurs., Oct. 12 at 10:00am.			
Explore ways to elevate youth voice and youth involvement, including youth ambassadors, youth clubs, service learning, J-ROTC; include youth at alternative schools.	Melissa Alviar will host an in-person meeting to refine this objective on Friday, October 20 at 9:30 am (location to be determined).			

NOTES:

Resource list: should be in English and Spanish; have multiple ways to access since some families don't have phones or stable internet; get resources to youth leadership to share with peers; Hidalgo County Mental Health Coalition and Region 1 have a county resource list; Christopher Delacruz from Southwest Key has a national online resource list accessible by zip code. **Youth voice:** McAllen ISD is working on a podcast that will feature youth voices; will send a link when ready; J-ROTC work focuses on vaping and takes a youth-to-youth approach; Workforce Solutions uses youth ambassadors. **General:** This work may overlap with other action items, especially priority 2; need flexible funding for things like getting youth an ID card or to support / incentivize parent in participating; some youth are in kinship care, so language should reflect broad caregiving contexts; financial support for kinship care would be very helpful; multigenerational factors.

RELATED RESEARCH AND PRACTICES RELATED TO PRIORITY FOUR

Shifting the Culture of Family Engagement

An awareness that families are often disconnected from or unaware of the comprehensive set of resources necessary to address problematic behavior arising from mental health challenges is an essential starting point. Had the services been available or mobilized prior to juvenile referral, it might have been avoided. Moreover, family members themselves may have mental health conditions that are also unaddressed, yet the double stigma of both mental illness and juvenile justice involvement alienates many families who are most in need of support.

Many states and localities are radically shifting their approach to family involvement when youth are presently or at risk of future juvenile justice involvement. The [Council of State Governments Justice Center](#) has outlined the key components of a family-centered approach to engagement.

The engagement must be:

- **Empowering:** Enables families to shape and drive system decisions, including through family/team meetings, about court decisions, case plans, supervision terms, appointments and services, incentives and sanctions, and who counts as family.
- **Supportive:** Treats families as partners in the decision-making process, starting with what families want and need to help support their child's success. Troubleshoots engagement challenges with families together and focuses less on blame than on mutual buy-in and support.
- **Comprehensive:** Develops an agencywide commitment to family engagement inseparable from the overall case planning, supervision, and service approach. This commitment is reflected in all aspects of policy and practice.
- **Individualized:** Meets the needs of individual families and ensures cultural alignment by allowing youth and families to define whom they consider family and using native languages and aligning engagement activities with cultural norms and practices.
- **Accountable:** Increases transparency and accountability for systems by sharing clear and frequent communication on system decisions and processes. Establishes performance measures on family engagement, evaluates progress—including through feedback from families—and shares the results with stakeholders and families.
- **Sustained:** Invests in family engagement by building organizational capacity through establishing positions focused on family engagement, collecting data, developing performance measures, and providing staff training and evaluations.

RECOMMENDED NEXT STEPS

The Youth Mental Health and Juvenile Justice Mapping process serves as a springboard to continued and enduring collaboration between stakeholders across all intercepts. To create the systemic changes outlined in the Hidalgo County goals, a whole community approach is required. To ensure that the community stays engaged, here are some recommended next steps:

STRENGTHEN ACTION TEAM PLANNING

The most effective way to make progress and increase community-wide motivation is through action planning. During the in-person workshop, Hidalgo 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 to 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's 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:** Hidalgo County created four priority action plans, one of which involved the creation of a Behavioral Health Leadership. It is important for each team to be participate in the Leadership Team and to provide regular updates. This allows the full community to engage with the work of all teams, which is essential as the Leadership Seeks to obtain funding, develop data sharing agreements, and respond to emerging priorities.

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

PRIORITIZE IMPLEMENTATION OF CURRENT STATUTES

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

As stated in the background section of this report, the Judicial Commission on Mental Health recently released the [Third Edition of the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), which provides community and juvenile justice stakeholders with a comprehensive overview of best practices and existing laws at each point at which children intersect or are at risk of intersecting with the juvenile justice system. For a comprehensive overview of the Texas juvenile justice system, statutes and case law, refer to [Texas Juvenile Law, 9th Edition](#), by Dr. 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 Hidalgo brings together stakeholders from across systems to create systemic change for youth, these communities develop their own unique approaches to common problems. Remaining current on the latest research is key. Of equal importance is connecting with other communities across Texas who have also completed their own youth mental health and juvenile justice mapping.

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

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

APPENDICES

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

APPENDIX 1 | COMMONLY USED ACRONYMS

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

APPENDIX 2 | GENERAL RESOURCES

FUNDING RESOURCES

Council of State Governments Justice Center

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

DOJ Office of Justice Programs

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

Humanities Texas

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

The Meadows Foundation

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

Office of the Texas Governor

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

Substance Abuse and Mental Health Services Administration

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

Texas Health & Human Services Commission

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

Texas Indigent Defense Commission

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

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

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

U.S. Grants

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

GRANT WRITING RESOURCES

Grants.gov

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

HHSC Funding Information Center

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

Nonprofit Guides

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

Nonprofit Ready

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

Texas Specialty Court Resource Center

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

University of Texas Grants Resource Center

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

MENTAL HEALTH COURT PROGRAM RESOURCES

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

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

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

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

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

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

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

https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf

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

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

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

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

Judicial Commission on Mental Health

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

Texas Association of Specialty Courts

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

Texas Specialty Court Resource Center

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

TECHNICAL ASSISTANCE RESOURCES

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

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

Correctional Management Institute of Texas

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

Doors to Wellbeing: National Consumer Technical
Assistance Center

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

HHSC's Technical Assistance Center

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

Judicial Commission on Mental Health

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

Justice Center: The Council of State Governments

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

National Center for State Courts

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

National 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://nttamentalhealth.org/trainings-ta/>

NPC Research

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

Opioid Response Network

<https://opioidresponsernetwork.org/>

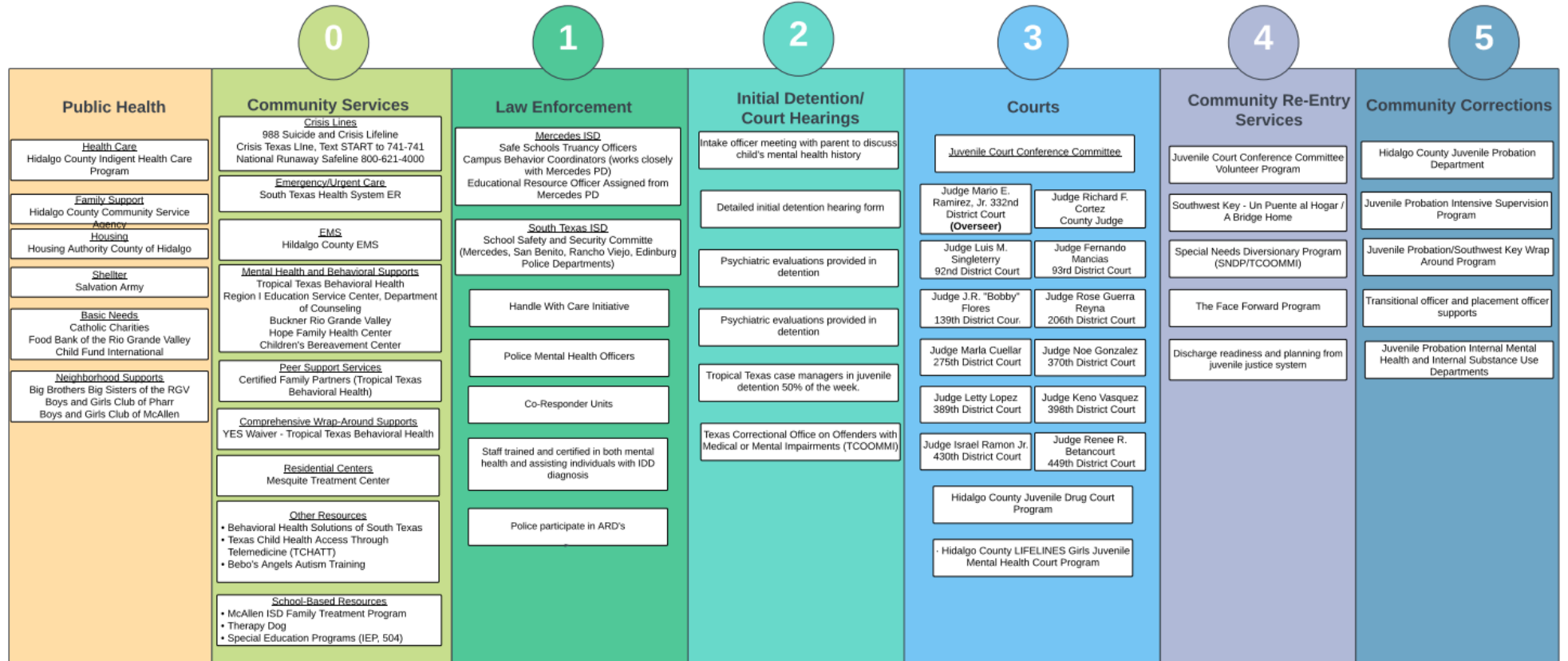
Technical Assistance Collaborative

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

Texas Specialty Court Resource Center

http://www.txspecialtycourts.org/tta_bureau.html

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



APPENDIX 4 | PARTICIPANT LIST

First Name	Last Name	Role	Agency
Javier	Aguilar	South Region Program Administrator for TJJD	Texas Juvenile Justice Department
Maurice	Allenyna	Mental Health Officer	Edinburg Police Department
Diana	Almaguer	Regional Director	BCFS HHS HT Common Thread
Melissa	Alviar	Volunteer	PATH (Prevention Awareness Team of Hidalgo County)
Jose	Amaro	Investigator	Mission Police Department
Alexis	Arguelles	Social Service Specialist Intern	Boy & Girls Club of Pharr-San Juan
Roger	Arredondo	Community Relations Coordinator	Hidalgo County Juvenile Probation
Michael	Avila	Crime Prevention Specialist	McAllen ISD Police Department
Allison	Brenner	Coalition Coordinator (UNIDAD)	Behavioral Health Solutions of South Texas
Jose	Cabeza de Vaca	Assistant Chief of Staff	Hidalgo County Pct 1
Sandra	Cabrera	Director of School Climate & Leadership	Vanguard Academy
Daniel	Camacho	Detective	Palmview P.D.
Evelyn	Cano	Disability Chamber of Commerce RGV	Nonprofit
Jose	Cano	Patrol	Penitas P.D.
Edna	Cantu	Prevention Specialist	McAllen ISD
Max	Cantu	Lieutenant	Hidalgo County Sheriff's Office
Christopher	Cantu	Licensed Professional Counselor	Mission CISD
Antonio	Carrizales	Sergeant Detective	Edinburg CISD Police Department
Martin	Castaneda	Director -Safety/ Security/Maintenance Emergencies	Mission CISD
Miguel	Chacon	Safe Schools Director	Mercedes ISD
Crystal	Chiu	Director of Behavioral Health	Nuestra Clinica Del Valle
Susan	Cortez	Prevention Intervention Specialist	McAllen ISD
Terry	Crocker	CEO	Tropical Texas Behavioral Health
Maria	Elizondo	School Psychologist	Vanguard Academy
Marcos	Flores	Executive Director for Student Support Services	South Texas ISD
Ester Betancourt	Fuentes	Service Line Manager	DHR Health
Brenda	Fuentes	Victim Assistance Coordinator	Hidalgo County District Attorney's Office
Carmen	Gaitan	Social Service Specialist	Boy & Girls Club of Pharr-San Juan

Alyssa	Garcia	Executive Assistant II	Hidalgo County Judge's Office
Joel H	Garcia Jr.	Chief Juvenile Prosecutors Hidalgo County	Hidalgo County DAs Office
Anthony	Garza	Assistant Superintendent for Support Services	Edinburg CISD
Miguel	Garza	Divisional Director	Behavioral Health Solutions
Adrian	Garza	Family Treatment Program Manager	McAllen Independent School District
Marina	Garza	Social Worker	Boys & Girls Club of McAllen
Dulce	Garza	Community organizer	The Garza Project
Cristina	Gonzalez	Investigator	Mercedes PD
Marisol	Gonzalez	LIFELINES Case Manager	Lifelines
Myra	Gonzalez	MAPC	Growing Generations
Laura	Guerra Ramirez	Special Prosecutor	Special Prosecution Unit
David	Gutierrez	Education Relations Manager	Workforce Solutions
Pearl	Guzman	Coordinator	Hidalgo County Criminal District Attorney's Office
Luis	Heredia	Coordinator/C.MRG	Hidalgo County Juvenile Drug Court Program
Rosa	Hernandez	Forensic Nurse Manager	DHR Health
Noe	Hernandez	Mental Health Police Officer	Mission Police Department
Deyanira	Hernandez	Detective Sergeant	Edinburg CISD Police Department
Jasmine	Hernandez	Student HireAbility Navigator	Workforce Solutions
Sofia	Hinojosa	Director of Student and Social Services	Edinburg CISD
Roxanna	Hinojosa	Coalition Specialist	Behavioral Health Solutions of South Texas
Javier	Ibarra	Executive Director	AMIKids Rio Grande Valley
Omar	Jasso	Captain	Hidalgo County Sheriff's Office
Lenny	Longoria	Sergeant	Pharr Police Department
Jose	Lopez	Investigator	Mercedes PD
Faustino	Lopez, III	Director	Hidalgo County CSCD
Andre	Maldonado	Judge	Justice of the Peace Pct 4 Pl 2
Jose	Marmolejo	Training Officer	Judge Mario E. Ramirez, Jr. Juvenile Justice Center
Rosie	Martinez	Victims Unit Director	Hidalgo County Criminal District Attorney's Office
Yvette	Martinez	Investigator	Mission Police Department
Dr. Jennifer	Mendoza Culbertson	Chief of Staff for Internal Affairs	Hidalgo County Precinct 4

Angelica	Meza	Juvenile Court Advocate	Hidalgo County District Attorney Office
Elizabeth	Meza	Student HireAbility Navigator	Workforce Solutions
Orlando	Noyola	Assistant Superintendent of Student Services	Pharr-San Juan-Alamo ISD
Nadia	Ochoa	Executive Director	Palmer Drug Abuse Program
Sandra	Ochoa, PhD	Executive Director for Social Services	EEISD
Terry	Palacios	Criminal District Attorney	Hidalgo County District Attorney's Office
Sally	Peña	Forensic Nurse	DHR-Health
Ruben	Pequeño Jr	Criminal Investigator	Hidalgo County Criminal District Attorney's Office
Ricardo	Perez, Jr.	Chief of Police	Edinburg CISD Police Department
Brenda	Ramirez	Case Manager	SW Key
Nancy	Razo	School Psychologist & School Psych. Prog. Coordina	UTRGV
Miguel	Reyes	Clinical Director	Texas Juvenile Justice Department
Robert	Rodriguez	Police Officer	Mission Police Department
Christina	Rodriguez	Juvenile probation officer	Judge Mario Ramirez juvenile justice center
Priscilla	Rodriguez	Human Services Coordinator III	Hidalgo County Health & Human Services
Monica Lisa	Rodriguez	Senior Manager Children's Specialty Programs	Tropical Texas Behavioral Health
Teodoro	Rodriguez	Asst. Chief of Police	Mission Police
Renee	Rodriguez Betancourt	Judge	State of Texas
Eliud	Rubio	Detention Facility Administrator	Judge Mario E. Ramirez Jr. Juvenile Justice Center
Vanessa	Saenz	Vice President	DHR Health
David	Salinas	SGT. DETECTIVE	Palmview Police Department
Carlos	Sanchez	Director	Hidalgo County Public Affairs
Maria	Sepulveda	Detective Sergeant	Edinburg C.I.S.D. Police Department
Leandro	Sifuentes	Chief of Police	San Juan Police
Juan	Sifuentes	HIDTA Commander / PATH Chair	Hidalgo County DA HIDTA Task Force
Jose	Silva Jr	Chief of Police	McAllen ISD Police Department
Laura	Soule	Senior Manager- Crisis & Forensics	Tropical Texas Behavioral Health
Sandra	Tapia	Detective Sergeant	Edinburg Police Department
Mike	Taylor	Deputy CEO, COO	Tropical Texas Behavioral Health
Johnny	Tijerina	Probation Officer Supervisor	Hidalgo County Juvenile Probation

Maura	Torres	Program Specialist	Mothers Against Drunk Driving
Jesse	Trevino	Director Of Guidance Counseling	Mission CISD
Jesse	Trevino	Director of Guidance & Counseling	Mission CISD
Ashley	Valdez	Juvenile Probation Officer	Judge Mario E. Ramirez Jr. Juvenile Justice Center
Lilia	Varela	CEO	Growing Generations of South Texas
Mark Anthony	Vasquez	Steering Committee Member	Statewide Leadership Council
Zaira	Villarreal	Director of Behavioral Health and Support Services	Boys & Girls Club of Pharr-San Juan
Dawn	Villarreal	Clinical Program Director	Non-profit organization-Southwest key
Rose	McBride	Communications Manager	Judicial Commission on Mental Health
Molly	Davis	Staff Attorney	Judicial Commission on Mental Health
Andy	Perkins	Staff Attorney	Judicial Commission on Mental Health
Doug	Smith	Facilitator	D-Degree Coaching & Training
Lynda	Frost	Facilitator	Lynfro Consulting

Youth Sequential Intercept Model Mapping Workshop

**Hidalgo County
September 26, 2023
Mission Event Center, 200 N Shary Rd**

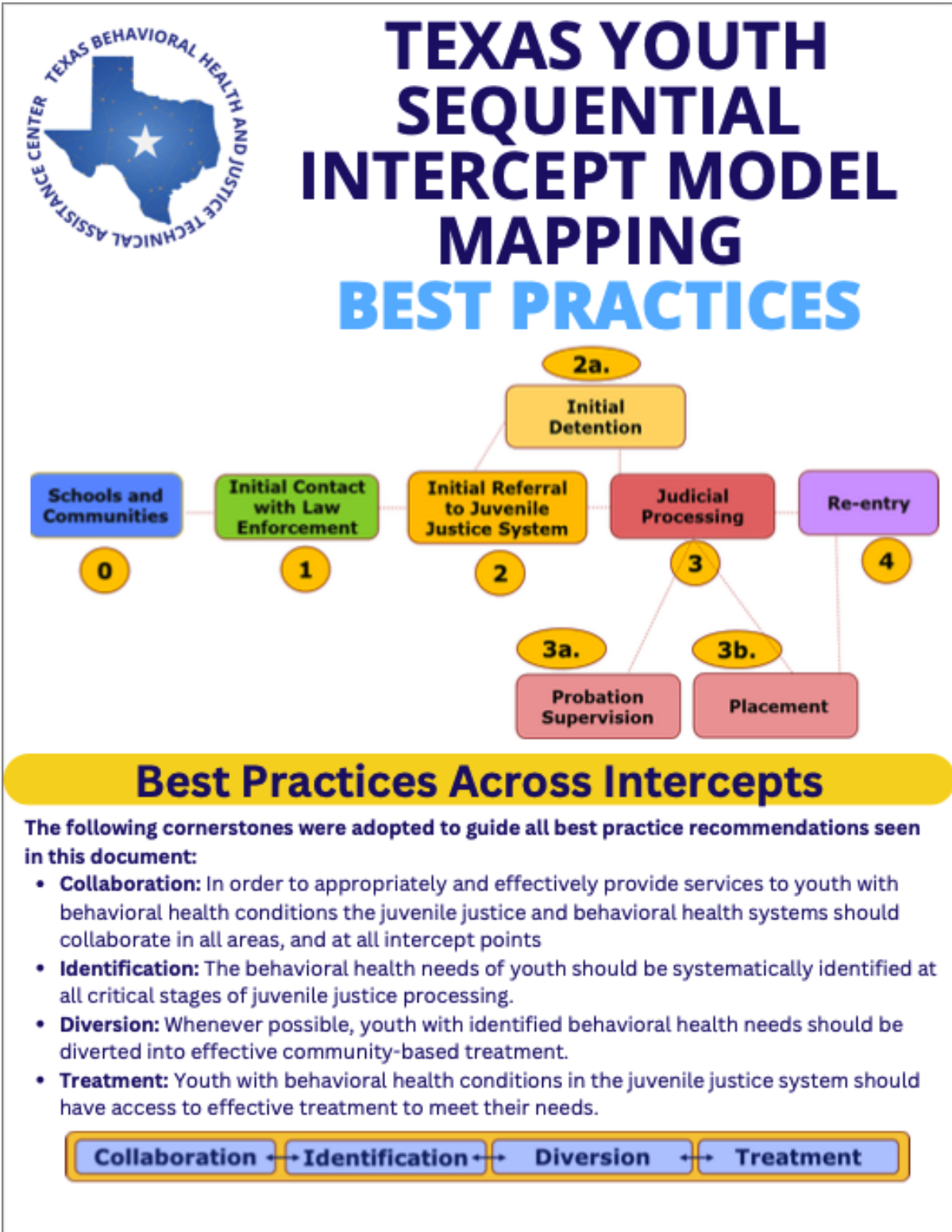
Purpose and Goals:

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

AGENDA

8:30 am	Registration & Networking	
9:00 am	Opening Remarks Judge Renee Rodriguez-Betancourt Terry Crocker	Welcome & Community Goals
9:20 am	Orienting to This Work Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:40 am	Overview of Judicial Commission Molly Davis	
9:45 am	Overview of SIM Mapping Doug Smith Dieter Cantu Cynthia Cash Erica Cantu	Overview of Model Importance of Lived Experience
10:30 am	Break	
10:45 am	Establishing Priorities Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
11:45 am	Lunch	
12:20 pm	Action Planning Doug Smith	Group Work Presentation to Full Group
1:40 pm	Break	
1:55 pm	Refining the Action Plan Doug Smith	Gallery Walk Group Work

2:35 pm	Next Steps & Summary Lynda Frost Molly Davis DA Terry Palacios	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
3:00 pm	Adjourn	



INTERCEPT 0: SCHOOLS AND COMMUNITY BASED SERVICES BEST PRACTICES



EARLY IDENTIFICATION AND PREVENTION

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

SCHOOL-BASED DIVERSION AND BEHAVIORAL HEALTH SUPPORTS

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

SOMEONE TO CALL

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

SOMEONE TO RESPOND

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

A PLACE TO GO

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

INTERCEPT 0: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 1: LAW ENFORCEMENT & EMERGENCY HEALTH SERVICES BEST PRACTICES



LAW ENFORCEMENT MENTAL HEALTH TRAINING

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

POLICE DIVERSION PROGRAMS

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

LAW ENFORCEMENT AND MENTAL HEALTH PROVIDER COLLABORATION

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

INTERCEPT 1: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 2: INITIAL REFERRAL AND INITIAL DETENTION BEST PRACTICES



JUVENILE PROBATION BEHAVIORAL HEALTH ASSESSMENT, TREATMENT, AND INTERVENTION

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

COURT DIVERSION AND PREVENTION PROGRAMS

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

JUVENILE JUSTICE STAKEHOLDER COLLABORATION

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

INTERCEPT 2: BEST PRACTICE HIGHLIGHTS

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

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



SPECIALIZED COURT INTERVENTIONS

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

PRE-TRIAL INTERVENTIONS

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

STREAMLINED FITNESS RESTORATION PROCESSES

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

INTERCEPT 3: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 4: RE-ENTRY BEST PRACTICES



TRANSITION PLANNING

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

COORDINATED AFTER-CARE SERVICES

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

TRAUMA-INFORMED SUPERVISION PRACTICES

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

INTERCEPT 4: BEST PRACTICE HIGHLIGHTS

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

APPENDIX 7 | KEY REFERENCES

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