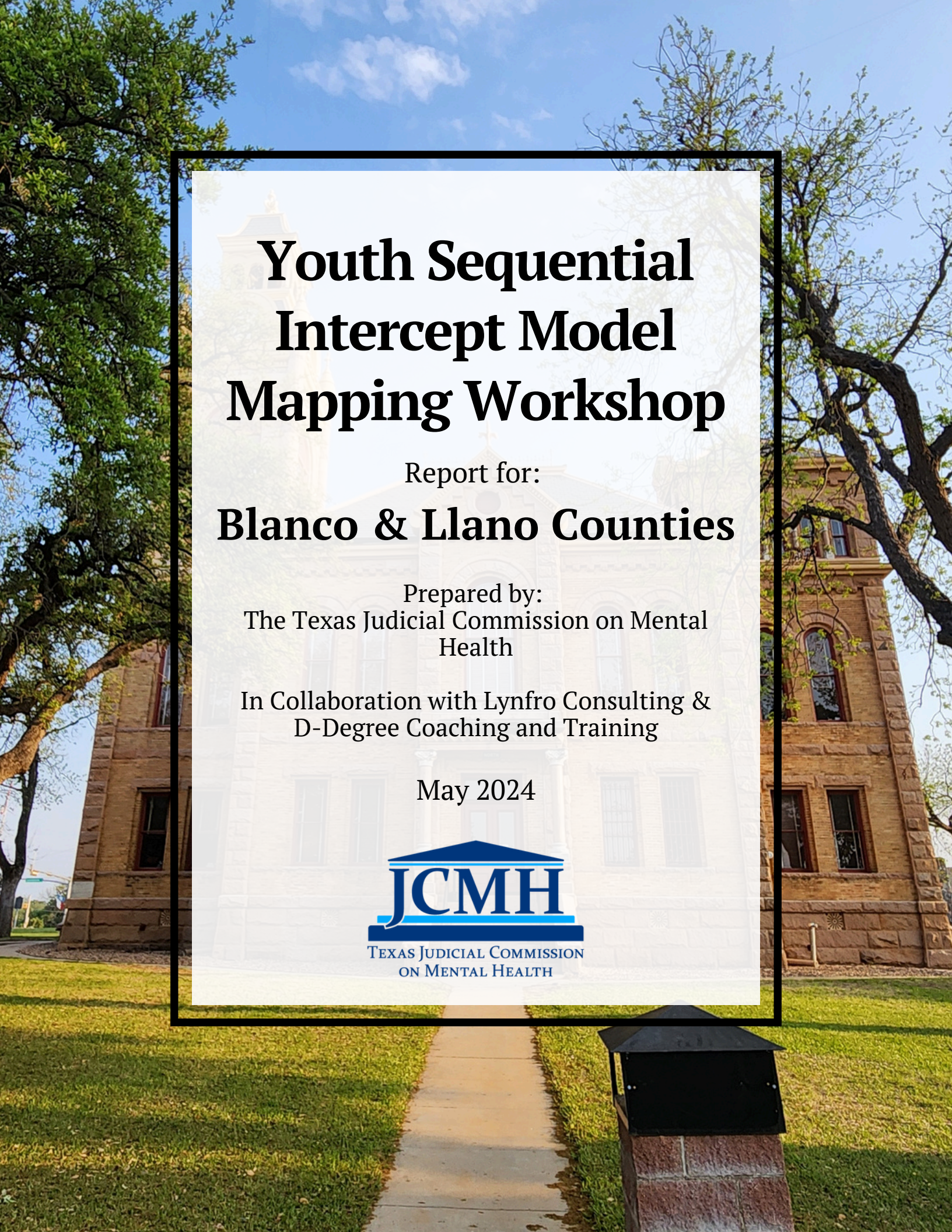

Youth Sequential Intercept Model Mapping Workshop

Report for:

Blanco & Llano Counties

Prepared by:
The Texas Judicial Commission on Mental Health

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

May 2024

JCMH
Texas Judicial Commission on Mental Health

Youth Mental Health and Juvenile Justice Mapping Report for Blanco and Llano Counties, TX

Workshops Held:

Virtual Session:
March 19, 2024

In-Person:
April 2, 2024

Final Report:

May 2024

Workshop Facilitated and Report Drafted By:

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

Mission

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

RECOMMENDED CITATION

TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH, YOUTH SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR BLANCO AND LLANO COUNTIES (2024).

ACKNOWLEDGEMENTS

The JCMH is thankful for the assistance of the Blanco and Llano County planning team: Marc Bitner, Dawn Capra, Amber Corder, Chris Sanders, and Bobby Vidler.

FACILITATOR BIOS

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

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

JCMH STAFF CONTRIBUTORS

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A NOTE ON LANGUAGE

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

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

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

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

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

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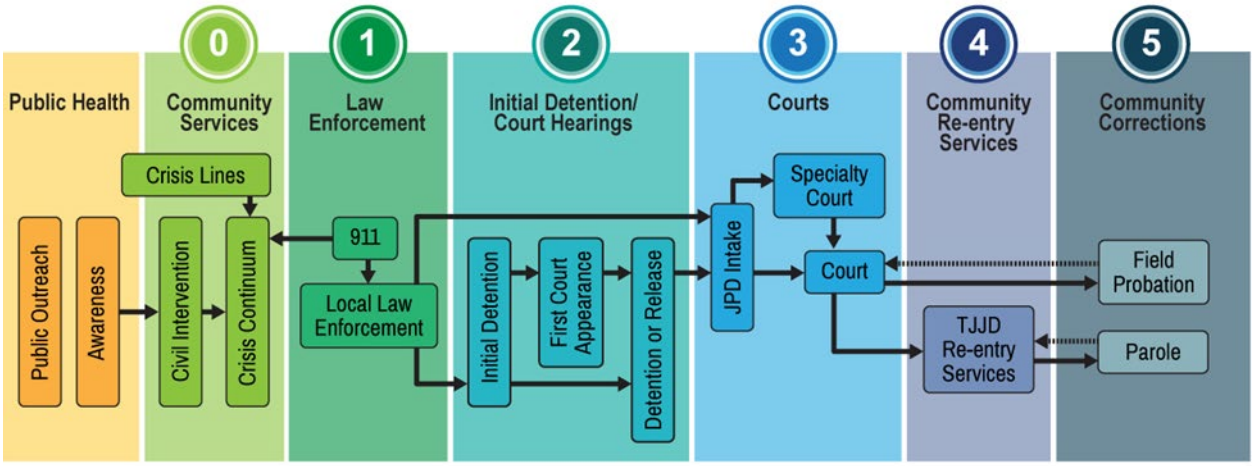


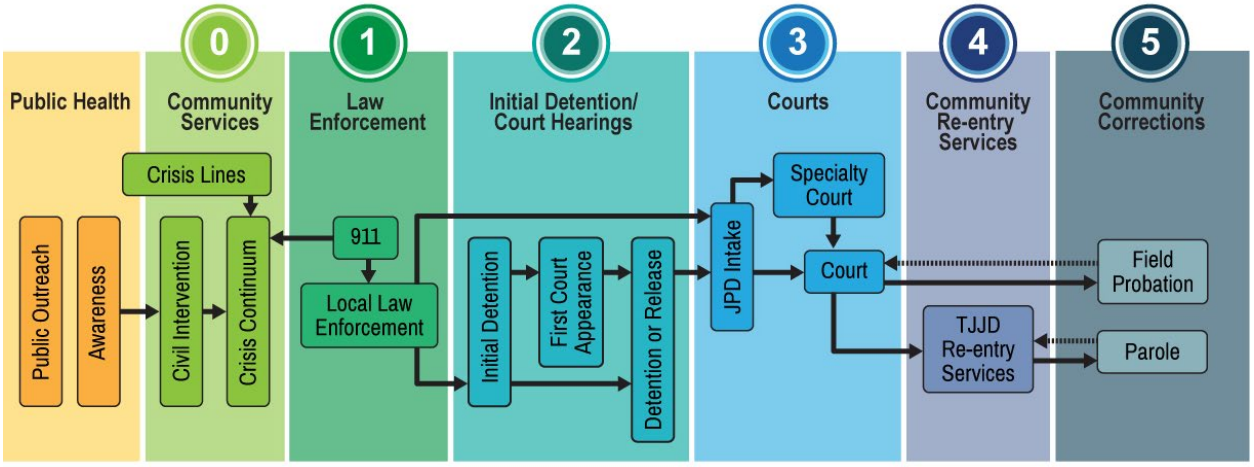
EXECUTIVE SUMMARY

This report was created through a series of online and in-person workshops hosted by the Texas Judicial Commission on Mental Health to address the needs of youth with behavioral health challenges who become involved with the juvenile justice system. It draws on the Sequential Intercept Model to support communities in identifying strategies to divert youth from the justice system and into treatment. The workshops brought together over 60 stakeholders from across systems, including mental health, substance use, schools, juvenile probation, courts, and law enforcement to map resources, gaps, and opportunities at each point a youth intersects with the justice system.

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

Priority 1: Behavioral Health Leadership Team
Priority 2: Community Paramedic Expansion
Priority 3: Early Identification and Intervention
Priority 4: Community Mental Health Awareness

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



BACKGROUND

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

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

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

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

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

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

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

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

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

The process began in Blanco and Llano counties with a virtual session on March 19, 2024 through which community members identified resources, gaps, and opportunities to address those gaps. In preparation for the virtual session, a survey and interviews with key experts in the community helped to identify the resources and processes they use to address youth mental and behavioral health challenges. Recordings of interviews with key community informants were shared with other participants to help orient them to each intercept.

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

The in-person workshop for Blanco and Llano Counties took place April 2, 2024. Following the workshop, the community has continued to work on their priority action plans. They also met virtually with JCMH to review and edit a draft of this report and again three months following the in-person workshop to check in on progress. Throughout this process and thereafter, the community may request free-of-charge technical assistance from JCMH.

KEY FACTORS THAT SUPPORT THE EFFECTIVENESS OF THIS PROCESS

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

THE POWER OF LIVED EXPERIENCE

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

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

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

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

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

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

Several organizations and resources provide helpful guidance:

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

CONTINUED CROSS-SYSTEM COLLABORATION

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

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

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

- Employ standardized mental health screeners and assessments.

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

EFFECTIVE USE OF DATA

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

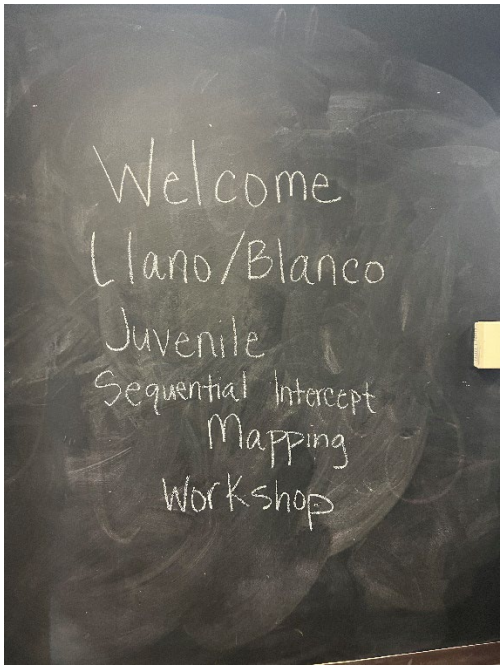
The Office of Juvenile Justice and Delinquency Prevention funded the Juvenile Justice Model Data Project, which gathered input from a broad spectrum of juvenile justice organizations and practitioners to articulate, research, and refine Fundamental Measures for juvenile justice data collection and analysis.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

UNDERSTANDING CURRENT STATUTES AND BEST PRACTICES

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

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

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

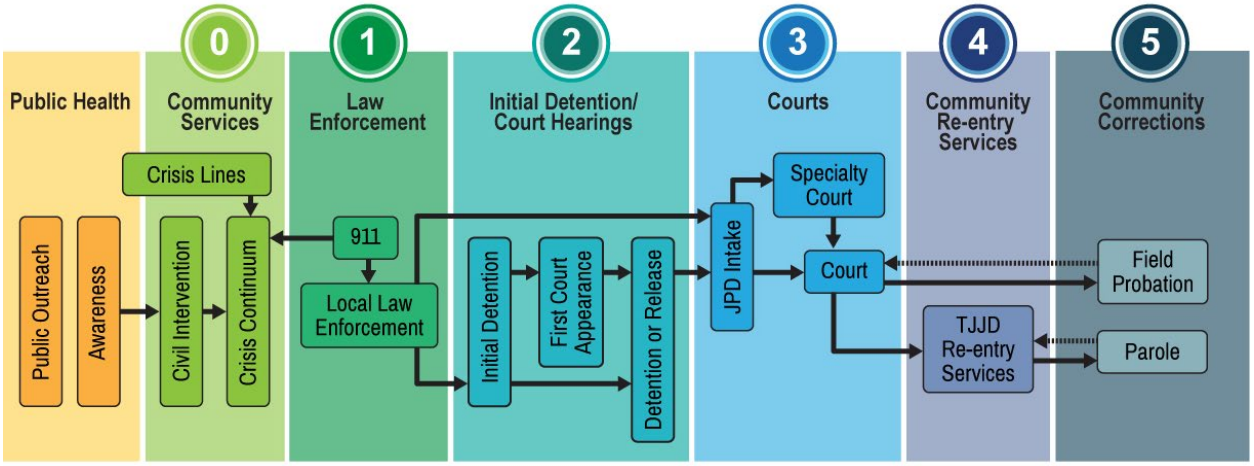


RESOURCES AND CHALLENGES AT EACH INTERCEPT

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

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

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



INTERCEPT 0

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

INTERCEPT 0 RESOURCES

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

Intercept 0 **Community Services | Behavioral Health | Schools**	
Mental Health Resources (in Blanco and Llano Counties or Accessible to County Residents)	
Hill Country MHDD	MHDD Crisis Hotline 1-877-466-0660 Suicide and Crisis Lifeline 988

MHDD Youth Crisis Respite Center	MHDD Mobile Crisis Outreach Team
Scheib Youth Crisis Respite Center	Austin Oaks
Georgetown Behavioral Health Institute	Charlie Health (Virtual)
MHDD Family Partner Services and Family Training	Rock Springs Psychiatric (Georgetown)
San Antonio Behavioral Healthcare Hospital	Clarity Child Guidance Center
The Ecumenical Center for Education, Counseling, Health	Blanco County Community Paramedic Wesley Patton
Phoenix Center	National Child Traumatic Stress Network
Community Resource Coordination Group	DSHS Specialize Health & Social Services Public Health Region 7
Substance Use Resources	
Bluebonnet Trails Outpatient Substance Use Counseling and PADRE Program (Parenting Awareness and Drug Risk Education)	Hill Country Mental Health Co-Occurring Psychiatric and Substance Use Disorder Treatment
Blanco Coalition on Awareness, Prevention, and Treatment of Substance Abuse	
Basic Needs	
Hill Country Community Resource Center	Hill Country Community Action
Baylor Scott and White Family Financial Assistance Program	Keeping Kids Clothed Llano ISD
Blanco Good Samaritan Center	Community Resource Centers of Texas
Transportation	
Hill Country Transit System The HOP (Llano County)	Capital Area Rural Transportation System (CARTS)

School-Based Services	
Blanco ISD Drug Free Communities (DFC) Program	Llano ISD Crossroads Alternative Education
Child Protection & Family Violence	
Hill Country Children's Advocacy Center	Casa for the Highland Lakes Area
Texas Council on Family Violence 800-799-7233	Highland Lakes Family Crisis Center
Dove Project	
Youth Recreation	
Llano Parks and Recreation	Boys and Girls Club of Kingsland

INTERCEPT 0 GAPS AND OPPORTUNITIES

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

Community-Based Mental Health and Substance Use Services

Community members identified significant gaps in mental health and substance use services in the bi-county area. When youth require inpatient services, providers have no access to inpatient beds within the two counties; youth must travel to neighboring counties. Outpatient services are also lacking in the area. There are few counselors and psychiatrists who accept Medicaid. There is also a lack of bilingual counseling options. Participants suggested increasing the number of available counselors. Similarly, they suggested that the counties seek funding from Education Service Centers for outpatient counseling for youth.

Care Coordination and Wraparound Services

The community members recognized the need to improve coordination between the various entities that serve or respond to youth with behavioral health challenges. They suggested creating a centralized database to share data between agencies and facilitate improved communication. They envisioned a regional multi-county data sharing arrangement that also

included local school districts. Additionally, the participants suggested monthly cross-system meetings to improve case coordination and service delivery.

Likewise, community members recognized that youth with mental and behavioral health diagnoses and their families experience multi-faceted challenges, yet there is a lack of wraparound case management services. Hill Country MHDD provides Youth Empowerment Services (YES Waiver) wraparound case management that can provide an array of services ranging from family education to specialized therapies. There are narrow eligibility criteria for these services such as serious functional impairment, risk of disruption in living or childcare environment, and enrollment in special education. Further, there are different levels of care dependent upon severity. Many children with serious challenges who would benefit from wraparound services may not qualify for the YES Waiver. The community saw this as an opportunity to augment care coordination between agencies and promote a wraparound approach to serving youth with behavioral health challenges.

Similarly, the community members participating in the virtual session recognized gaps in continuity of care when youth are released from inpatient hospitalization. They suggested working in collaboration with the Community Resource Coordination Group to provide transition support services to ensure continuity of care.

Youth Recreation and Prevention Services

While there are recreation centers, arts programs, parks, and sports teams in the area, socio-economic status places significant barriers on accessing these services. Lack of transportation is a major hurdle. Parents also face difficulties in participating in extracurricular and recreational programs with their children due to a lack of childcare options. Additionally, there are few mentor programs to help youth, especially youth with behavioral health challenges, find the crucial one-on-one support that might help them find positive direction. Local schools also lack pro-social prevention services.

The community saw this as an opportunity to improve transportation to recreation and after-school programming. They suggested recruiting more mentors. In addition, the community suggested more parenting programs.

Schools

The community identified a need for better cross training for teachers, equipping them with tools to address behavioral health and learning challenges. They also saw this as an opportunity provide additional counselors within public schools.

Transportation

Transportation was a major concern among participants. Youth and families face barriers going to appointments or accessing service providers. Participants suggested expanding the Hill Country Transit System's HOP rural public transportation services and making it available to families who may not currently qualify for the service. Additionally, they suggested expanding transportation options through the Capital Area Rural Transportation System. This system currently serves Blanco County, but not Llano.

Housing

There is a lack of affordable housing, which decreases family stability and impacts the mental health of children. Moreover, the housing that is available is unavailable to people with felony records, thereby causing increased housing instability for families where one member may have a criminal background.

Many Hats

Amber Corder, LMSW wears many hats. She is a clinical social worker with Blanco ISD. She also serves as the Program Coordinator for CoAPT, Blanco Coalition on Awareness, Prevention, and Treatment of Substance Abuse, which aims to prevent childhood substance misuse. It also works to prevent suicide. Amber also serves as the coordinator of the Community Resource Coordination Group.

Given all of the ways Amber serves in her community, she can see from a higher vantage point, which helps the community be more strategic in how it addresses the challenges families face before kids with behavioral health issues intersect with juvenile justice. She developed a comprehensive resource guide for the county to ensure that families and service provides know who to call when children need help. This is an important resource, in addition to the two Help and Services Guides for Blanco and Llano counties that are maintained by Community Resource Centers of Texas.

Amber is invaluable to the community where she serves and she is another example of how Blanco and Llano Counties continually find ways to do more with fewer resources.

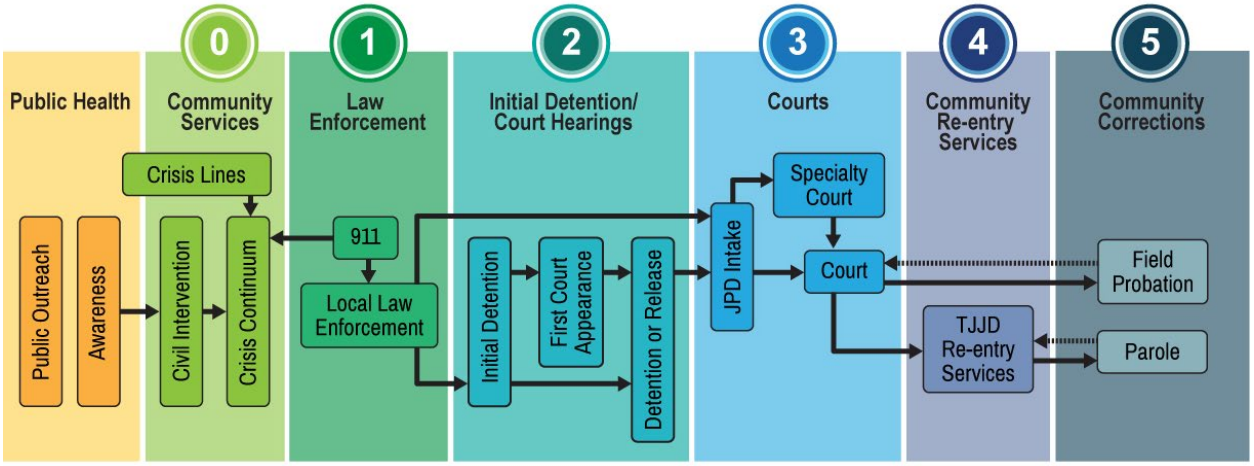
INTERCEPT 0 BEST PRACTICES

BEST PRACTICE: INTENSIVE CARE COORDINATION

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

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

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



INTERCEPT 1

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

INTERCEPT 1 RESOURCES

INTERCEPT 1 LAW ENFORCEMENT | SCHOOL RESOURCE OFFICER	
Blanco County Sheriff's Office Sheriff Don Jackson	Llano County Sheriff's Office Sheriff Bill Blackburn
Llano ISD Police Department	Blanco Police Department
Llano County Mental Health Deputy	Blanco ISD School Resource Officer Officer Ken Hopkins

INTERCEPT 1 GAPS AND OPPORTUNITIES

Expanding Options for Crisis Calls Beyond 911

Community members recognized the overreliance on law enforcement for mental health crisis. Lack of knowledge of 988 ensures that the first call during a crisis is 911. Families are uncertain who to call during a crisis, and are unaware of the services they could access before or during a

crisis. Moreover, there is a need for better communication between law enforcement and the local mental health authority, Hill Country MHDD, to ensure rapid follow up and assistance during crisis. They saw a need for follow up from EMS, especially by community paramedics, which are only available in Blanco County.

Preventing Juvenile Justice Involvement in Schools

Within schools, community members saw opportunities to promote mental wellness, address crisis, and prevent juvenile justice involvement. They suggested additional de-escalation training for School Resource Officers. Community members also saw this as an opportunity to promote mental health awareness and wellness within schools through a Teen Mental Health First Aid program.

Participants also suggested adopting a Handle with Care initiative through which first responders communicate with schools when they are aware of children who have experienced traumatic events. They suggested that parents could invite School Resource Officers to Admission, Review and Dismissal (ARD) meetings when the student has behavioral health challenges that put them at risk of juvenile referral.

INTERCEPT 1 BEST PRACTICES

BEST PRACTICE: DEVELOP COMPREHENSIVE DELINQUENCY PREVENTION

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

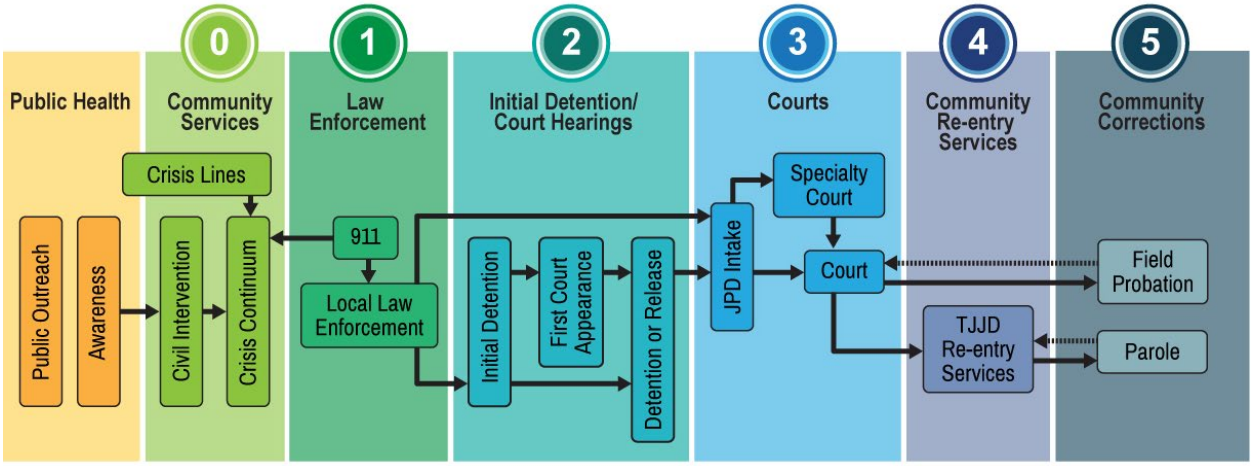
A comprehensive strategy focuses on increasing youth resilience. These strategies might include improved employment training, social skills training, and pairing youth with mentors. Years of evidence has shown that positive role models dramatically improve youth outcomes, even for youth with significant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

There is no single program that can accomplish these goals. A comprehensive prevention strategy involves multiple approaches that are tailored to individual youth. Moreover, any approach to building resilience should first consider racial, cultural, and learning differences. It is imperative

that schools, parents, and police all recognize that prevention works best in conjunction with intentional efforts to build resilience, involve youth, and see the best in them.

The Impact of Community Paramedics

During the in-person workshop, the participants recognized the crucial role that Wesley Patton, a Community Paramedic with the Blanco County Emergency Services Department, plays in the county. As a first responder, Wesley can be the first on the scene during mental health crisis; his presence can eliminate the need to dispatch police. He is trained to deescalate a crisis. Oftentimes, his training and warm demeanor helps to alleviate the crisis. He can also coordinate with medical professionals to provide immediate care or to medically clear youth in crisis. This speeds up the process of youth stabilization and inpatient hospitalization. He often provides transportation for youth in crisis, relieving the strain on law enforcement and ensuring that he can build rapport with the child until they are transferred to a higher level of care. The model works so well that the community ultimately prioritized expanding community paramedic services in both Llano and Blanco counties.



INTERCEPT 2

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

INTERCEPT 2 RESOURCES

Intercept 2 Juvenile Referral | Detention | Assessment | Pre-Adjudication	
Juvenile Probation mandatory screenings: Mental health (MAYSI-2), health and substance use	Juvenile Probation contacts county indigent healthcare for continuation of medication/health services
Public Defender's Office helps to facilitate contact between youth in detention and their family members	Hill Country MHDD provides medications to youth in juvenile detention.
Juvenile Probation contacts indigent health care upon release from detention to ensure continuation of medication and health services.	

INTERCEPT 2 GAPS AND OPPORTUNITIES

The community suggested creating more options for release from juvenile detention. Oftentimes, releasing the child back to their home is either impracticable or dangerous for the child and family. In some cases, parents are not involved in the initial hearing. They indicated that juvenile courts have authority to appoint a guardian ad litem in these instances under Tex. Fam. Code § 51.11. They also suggested creating release conditions that allow the child to receive care from the Hill Country MHDD Youth Crisis Respite Center, allowing MHDD to provide the services necessary to the youth and family before returning them home.

INTERCEPT 2 BEST PRACTICES

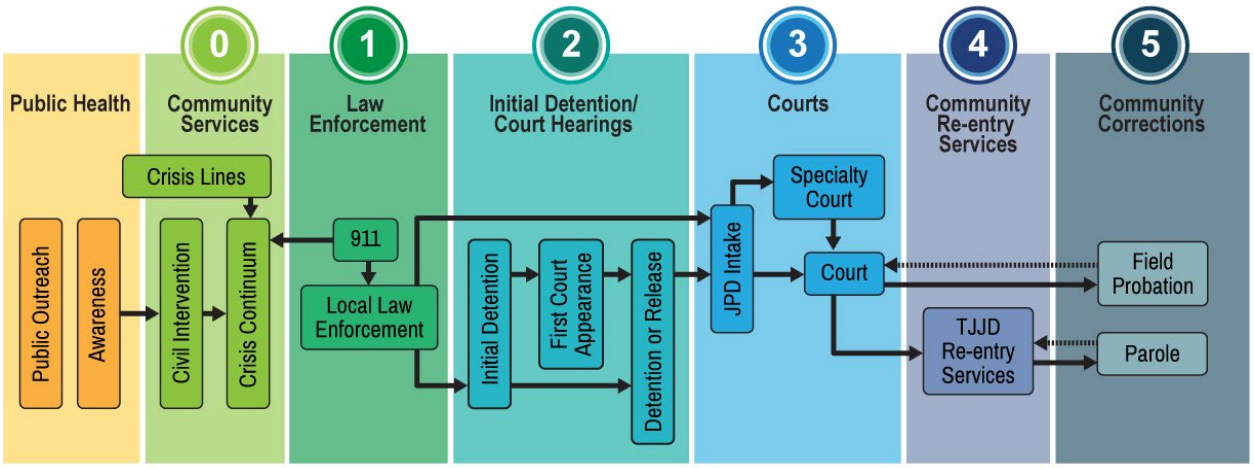
BEST PRACTICE: ENSURE PRESUMPTION OF RELEASE

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

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

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

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



INTERCEPT 3

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

INTERCEPT 3 RESOURCES

Intercept 3 Courts	
33rd District Court The Honorable J. Allan Garrett	424th District Court The Honorable Evan Stubbs
Blanco County Judge The Honorable Brett Bray	Llano County Judge The Honorable Ron Cunningham
Chief Public Defender Nathan Kight	Office of the Public Defender Mental Health Caseworker Chris Sanders

INTERCEPT 3 GAPS AND OPPORTUNITIES

The primary gaps identified by the community involved family instability and the difficulty that families encounter simply getting children to all the necessary appointments and services,

including juvenile probation office visits. Many of the participants recognized that justice-involved youth often lack what they need in the home or community, and the court is not well equipped to address these needs. The Public Defender's Office has a Mental Health Caseworker, Christina Sanders, who can help to address many of these needs, but the community also saw this as an opportunity to create a juvenile mental health court.

"What we lack in resources, we make up for in dedication."

Christina Sanders serves as the Social Worker for the Hill Country North Regional Public Defender's Office. The office serves both Llano and Blanco Counties. As a rural area with fewer outpatient options to address mental health and substance use challenges, it is invaluable to have a social worker coordinating with external agencies like Child Protective Services, Hill Country MHDD, and Juvenile Probation as youth and families navigate the juvenile justice process. She also helps families overcome transportation and financial obstacles by connecting them with services within the region.

Chris also works on a macro level with juvenile probation, county leaders, educators, elected officials, and the mental health authority to address many of the gaps in this region. Chris says, "What we lack in resources, we make up for in dedication." Working together, they are seeking ways to provide better wrap around supports for families, increase diversion options, and draw more outpatient services into the county.

When asked why she does the work she does, she said, "Jail doesn't solve it. Mental health and drug issues aren't solved inside a detention center. We need to address the roots of the problem."

If she could wave a magic wand, Chris would love to see a diversion center, more outpatient treatment options, better transportation, and more parenting options.

INTERCEPT 3 BEST PRACTICES

BEST PRACTICE: IMPROVE FAMILY ENGAGEMENT IN JUVENILE COURT

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

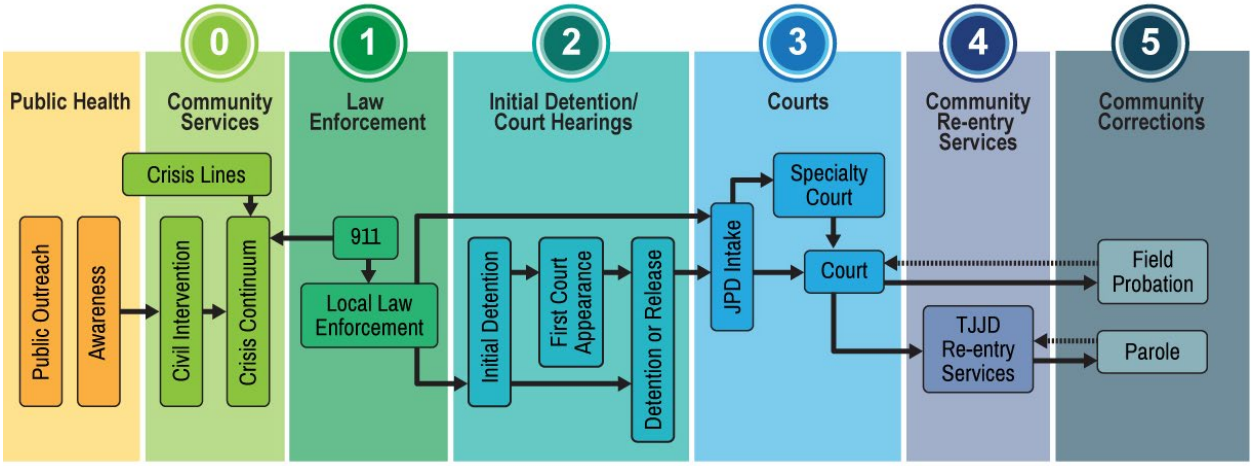
Oftentimes, however, courts see families as part of the problem rather than the solution, leading them to remove authority from the family and become more directive. Court and juvenile probation staff sometimes blame families for youth delinquency, which makes partnering with the family to create optimal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

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

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

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

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



INTERCEPT 4

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

INTERCEPT 4 RESOURCES

Intercept 4 Reentry	
Hill Country MHDD Clinical Services	Juvenile Probation Skills Training for Youth and Families

INTERCEPT 4 GAPS AND OPPORTUNITIES

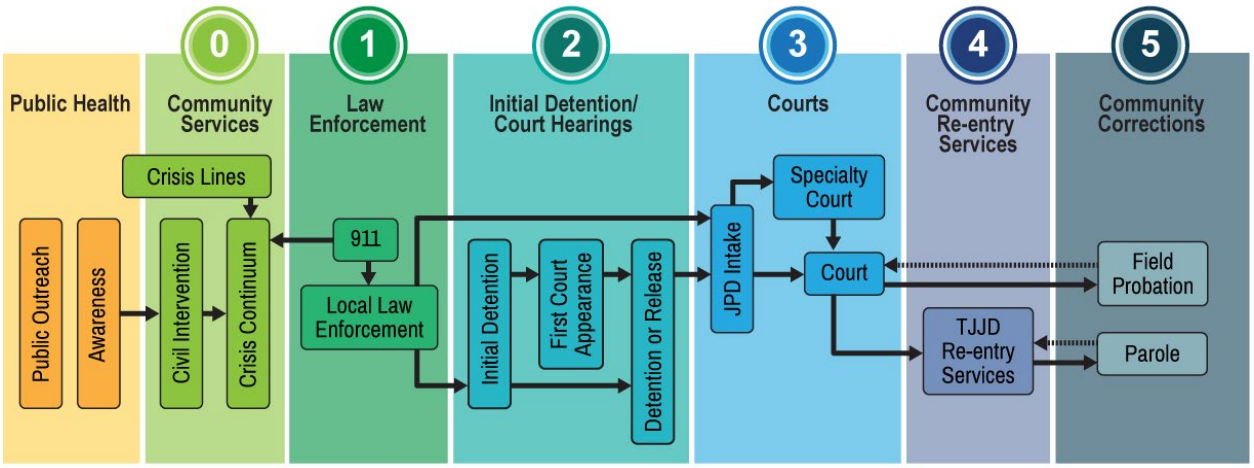
Community members indicated there are few options for youth who cannot return home to their families. Inpatient and residential treatment services are scarce or unavailable in the area. The community recognized the need to work proactively with families to ensure that children can return home. They suggested strategies to provide family education and other services to prepare them for the transition from juvenile detention back home. They also suggested creating a resource guide for families so that they will know who to call for help.

INTERCEPT 4 BEST PRACTICES

BEST PRACTICE: START REENTRY PLANNING UPON JUVENILE REFERRAL

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





INTERCEPT 5

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

INTERCEPT 5 RESOURCES

INTERCEPT 5
Juvenile Probation Department Multi-County Region, Based in Burnet County

INTERCEPT 5 GAPS AND OPPORTUNITIES

As stated previously in this report, the community members recognized that successful probation outcomes hinge on positive family engagement, but stakeholders indicated that there are gaps in the staffing and resources necessary to achieve this goal. Further, the psychoeducational programming that could serve to prevent future crises is also lacking. Also, there are few programs available to address trauma.

The community recognized the need to augment services for youth on probation. They suggested making wraparound case management more available to youth and families. They also suggested improved transition planning. Participants also saw an opportunity to boost recreational and mentoring programs for youth on probation. They suggested making more job training programs available to youth.

INTERCEPT 5 BEST PRACTICES

BEST PRACTICE: DEVELOP A COMMUNITY APPROACH TO JUVENILE PROBATION

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

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

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

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

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

PRIORITIES FOR CHANGE

Following the discussion on gaps and opportunities, the participants brainstormed priorities that might address gaps and help the community seize opportunities. They produced dozens of suggestions, including:

- Augmenting mental health and drug treatment resources closer to Blanco and Llano counties,
- Expanding transportation options,
- Hiring more school counselors,
- Improving law enforcement training, including de-escalation training,
- Establishing a diversion center,
- Increasing the use of certified family partners,
- 911 dispatcher training,
- Coordinating services and sharing data between agencies to identify and address the needs of children who most frequently intersect with crisis services and law enforcement,
- Requiring county public health offices to ask families additional questions related to high risk behaviors, histories of mental health crisis, or indicators of human trafficking,
- Identifying mental and behavioral health challenges early, especially in school,
- Creating a community resources guide and educating families about available services,
- Improving family education about mental health,
- Providing education about trauma to courts and stakeholders in the community,
- Family reentry planning,
- Integrating emotional regulation and distress tolerance training into schools, and
- Recruiting mentors.

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

Priority 1: Behavioral Health Leadership Team
Priority 2: Community Paramedic Expansion
Priority 3: Early Identification and Intervention
Priority 4: Community Mental Health Awareness

ACTION PLANS

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

The purpose of the action planning activity was to create a site-specific action plan with clearly defined, attainable, prioritized short-term and long-term steps addressing the gaps identified during the workshop. Key first steps are listed for each priority, but these steps will evolve as the action teams take an emergent approach focused on available resources and current conditions. The plans will be further adapted, refined, and implemented by each team following the workshop.

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

PRIORITY 1: BEHAVIORAL HEALTH LEADERSHIP TEAM

Participants (*=Champion): *Amber Corder, Christine Appleby, Dawn Capra, Lisa Cisneros, Julianna Cotton, Christi Lundby, Victoria McMain, Kaiia Perkins, Chris Sanders, Laura Sandoval, Chelsea Smith, Danna Smith, Samantha Stephens, Anthony Winn

Next Meeting: Thursday, May 2, 10:00 am, at the Blanco County Community Resource Center, 206 US-281, Johnson City

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Form exploratory committee	Samantha Stephens, Amber Corder, Danna Smith			
Determine 1, 2, or more counties	Victoria McMain, Amber Corder			
Determine stakeholders, find meeting space or rotating spaces		Anthony Winn, Kaiia Perkins, Amber Corder		
Identify other groups/BHLTs; write or borrow MOUs, objectives, bylaws			Anthony Vinn	
Host first meeting			January 2025	
Adjust as needed				Ongoing
NOTES: Share info with community and interagency groups. Include people with lived experience, local private providers MDs, BSW, Seton (Kingsland), Midcoast, Hill Co. Direct Care (Dr. Franklin). MOU: include addressing privacy issues (considering getting an authorization to share info (ROI) for certain situations such as crisis or identified risk population. Leadership working on collaboration with Hill Country MHDD and Bluebonnet Trails LMHA.				

RESEARCH AND PRACTICES RELATED TO PRIORITY ONE

BEST PRACTICE: CREATE A BEHAVIORAL HEALTH LEADERSHIP TEAM

Years ago, Llano County had a leadership team called the Llano Mental Health Coalition. It met for a number of years, with the work culminating in the hiring of Llano's first mental health officer. The coalition ceased operations years prior to the pandemic and has not been revived.

Formal and regular cross-sector collaboration will facilitate ongoing dialogue, joint planning, and assigned leadership to carry the community's goals forward. To be effective, a leadership team should include representation across sectors including behavioral health, schools, the judiciary, defense attorneys, and law enforcement.

Many counties have task forces or leadership groups with varying priorities, including:

- El Paso County – El Paso Behavioral Health Consortium
- 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

In addition to the four priorities identified by the community, the Behavioral Health Leadership Team should consider taking the lead on the following projects:

- **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.
- **Utilize 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: COMMUNITY PARAMEDIC EXPANSION

Participants (*=Champion): *Justice of the Peace Lisa Simpson, *Samantha Strain, Ben Ablon, Marisol Acosta, Alejandra Aguillon, Melissa Brown, Joan Cortez, Victoria McMain, Wesley Patton, Jeff Phillips, Matthew Rienstra, Chris Sanders, Anthony Winn
Next Meeting: Thursday, May 23, 2024, 3:00pm, JP 4, 2001-B North State Hwy. 16, Llano, Texas 78643

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Determine number of paramedics, mental health officers, & peer providers needed and their scope of work (Youth/Adult)	Collect data, determine staffing needs, calculate cost benefits			
Develop sustainable funding plan	Identify possible funders	Begin outreach/presentations to potential funders (cities, counties, emergency services districts, hospitals, state, grants)		
Training / Recruitment				Recruit & train community paramedics and MH officers
Agency communication			Educate community partners, create MOUs and SOPs	
NOTES: Coordinate with behavioral health leadership team. Invite a community member with lived experience who can share successes with possible funders. Get data from dispatch and involve them in the planning. Make sure that staffing model covers all shifts and is sustainable (funding, training, staffing). Use a team approach - paramedics, mental health officer, peer provider. Identify who will write the grants. Educate the community to get buy in, especially when making funding requests. Identify the primary agency that will hire and supervise community paramedic; who provides clinical supervision? Anticipate the mental strain on staff, encourage self-care. Balance mental health officers, peer providers, and community paramedics and ensure that Blanco-Llano counties have similar staffing models. Texas Tech and Central Texas College may have training. Collaborate between schools and community paramedics. Who will communicate across systems? Care coordination? Ensure that law enforcement is involved in planning.				

RESEARCH AND PRACTICES RELATED TO PRIORITY TWO

BEST PRACTICE: EXPAND THE USE OF COMMUNITY PARAMEDICS

Community paramedicine is a growing field in which EMS providers take on expanded roles linking community members to needed services and promoting appropriate use of emergency interventions. The innovation of community paramedicine is to expand the role of some EMS staff to include public health, primary healthcare, and prevention services as well as traditional emergency-related roles. Community paramedics may become certified. In addition to serving as first responders, they can teach caregivers how to deescalate crises, arrange for appointments, and provide transportation. They play a crucial role in communicating across systems. Moreover, they can check in on individuals after an initial response to ensure they are getting the help they need. As a result, community paramedics serve to prevent crises.

Community paramedics are particularly useful in rural areas, where police and EMS services are limited. The community paramedic model is an emerging best practice in remote areas. In a study on the use of community paramedics, other first responders found them to be especially useful and advocated for an increased number of these professionals.

The Paramedic Foundation created a handbook for communities to help them create a community paramedic program. The steps include:

1. Perform a needs assessment
2. Coordinate with other medical professionals such a primary care and emergency physicians
3. Discuss the feasibility of starting a community paramedic program with local EMS
4. Contact the state EMS office and ensure compliance with licensing, education, or other legal requirements
5. Address educational needs based on specific role expectations
6. Determine the staffing and equipment needs
7. Secure funding

PRIORITY 3: EARLY IDENTIFICATION AND INTERVENTION

Participants (*=Champion): *Rose Jones, *Dwain Rogers, Marisol Acosta, Amy Anderson, Christine Appleby, Stacey Calabro, Lisa Cisneros, Amber Corder, Julianna Cotton, Wanda Ferguson, Christi Lundby, Tracy Miller, Jessamyn Putnam, Melissa Ramirez, Chris Sanders, Thomas Sandoval, Danna Smith, Perry Thomas
Next Meeting: Tuesday, April 30 at 3:00pm via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Youth MHFA training	LISD release time - Christi, Stacey, Amy	Identify how to include community		
Tucker's Law substance use group in schools	See if school districts are interested - Lisa, Christi, Stacey, someone from juvenile probation			
Review juvenile probation processes and rules for referral for substance use screening	Dwain and juvenile probation			
Coordinate with Priority 4 for screening option at community health event	Stacey, Thomas, Jeff Phillips(?)			
Identify screening options and how to support people after screening	Jessamyn			

NOTES: ***Youth MHFA:*** Include your ministerial alliance, youth groups, Young Life, after school programs, Boys & Girls Clubs, Head Start, Early Head Start, ECI, etc. Community invitees: homeschooling, parents, charter schools, private schools, law enforcement. Other training opportunity: early toddler interventions. ***Tucker's Law:*** Llano Alliance for Drug Intervention has good resources. ***Juv. Prob. Screening:*** JJ screening trauma in youth (as it relates to MH and acting out and defiant or aggressive behavior). 33rd & 424th juv. prob. dept. - standard drug test upon intake; most times SU need is discovered at that time. ***Health Event:*** There's a Sept. resource fair in Blanco County; we could plan one in Llano if one isn't coming up. Make sure screening options are evidence-based. Next step after screening for connection to services? Who will do that? Create an access flow chart to refer clients to resources. How early are risk factors identified? Process for referral once factors are IDed. ***Screening Options:*** National Child Traumatic Stress Network has good resources. Hill Country MHDD serves ages 3-17.

RESEARCH AND PRACTICES RELATED TO PRIORITY THREE

BEST PRACTICE: FOSTER EARLY IDENTIFICATION AND INTERVENTION

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

While some physicians conduct early and periodic screening, diagnosis, and treatment, these are services covered only by Medicaid. A more robust strategy would involve incentivizing pediatricians and family care physicians to conduct screenings. For children covered by Medicaid, the Child Psychiatry Access Network (CPAN), a technology intervention for pediatricians, can be a useful resource. When a parent brings their child in for a routine Well Child visit (provided annually by Medicaid), the pediatrician can ask about behavioral health. If there is a need for a psychiatric screening, the CPAN software/tablet will connect the parent and child to a psychiatrist within 30 minutes, right there in the pediatrician's office. Referrals can be made and medicine can be prescribed, if needed. This capability should come at no cost to the doctor.

School-based screening can also be effective, making it crucial to involved school districts in communitywide efforts to identify and treat childhood mental illness early. Texas Child Health Access Through Telemedicine (TCHATT) is a telehealth intervention for schools. When there is a need to screen children for behavioral health needs, the screening can take place by tablet, right in the school setting, and appropriate referrals made. In 2023, it was estimated that 40% of school districts had TCHATT in place. This program should not cost the school anything.

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

PRIORITY 4: COMMUNITY MENTAL HEALTH AWARENESS

Participants (*=Champion): *Chris Sanders, *Yami Vega, Marisol Acosta, Bonita Baczewski, Dawn Capra, Lisa Cisneros, Amber Corder, Julianna Cotton, Deb Edwards, Amber Greer, Victoria McMain, Tracy Miller, Kaiia Perkins, Jeff Phillips, Jessamyn Putnam, Maureen Riggs, Thomas Sandoval, Laura Sandoval, Danna Smith, Samantha Stephens, Bobby Vidler
Next Meeting: Tuesday, July 9, at 11:00am via Zoom

Objective	Action Steps (with person assigned)			
	Now (next 3 months)	**Near** (3-6 months)	**Next** (6-12 months)	**Far** (2nd year)
Law Enforcement Education	Mental health education for officers, jail, public defenders, magistrates. Educate about IDD, autism spectrum	Meet with Laura Sandoval, Kaiia Perkins, Chris Sanders	Meet w/ police chiefs, jail leadership, sheriff to review & improve current training systems - Chris Sanders	
Parenting Education	Contact CPS and juvenile probation. Contact libraries and Phoenix Center for classes. Have classes on diversion, trauma, substance use, domestic violence, mental health, suicide, sexual assault, skills. Ways to provide: Phoenix Center, Wesley Nurse, CASA, CRC, Highland Crisis. Yamilex Vega, Bonita Baczewski, Julianna Cotton, Thomas Sandoval	Yami Vega - have classes in libraries		
NOTES: ***Law enforcement:*** MH provision / ride along with LE. CLE/CEU/TCOLE training. Stat training. Specify b/w 2. Identify autism, IDD, ADD vs. bipolar vs. trauma response. 20 hours/year shift coverage. Resources included in MH training. Include dispatch. Training: Mental Health First Aid, ASK About Suicide, CALM (Counseling on Access to Lethal Means), ASIST (Applied Suicide Intervention Skills Training). Law enforcement agencies working together, not against each other! ***Parenting:*** 504/IEP/Child Find. Childcare CRC. Education on psych meds / Wesleyan Pharmacist / Hill Country MHDD. Connect with early intervention, screenings. Regular CRCG meetings - training. Expand family partner program. Community room, Llano ISD (Christi Lundby). Defiant Child curriculum. Meeting for resources (Amber Corder to help). Parenting education: Navigating 504/IEP meetings; Ditching the Donuts; Finding your voice in school team meetings (Jessamyne Putnam to help).			

RELATED RESEARCH AND PRACTICES RELATED TO PRIORITY FOUR

BEST PRACTICE: INCREASE COMMUNITY AWARENESS

Families are often disconnected from or unaware of the resources available to address problematic behavior arising from mental health challenges. Informing families about resources and how to access them 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.

May is Mental Health Awareness Month. This is a prime opportunity to plan community events related to mental health. If there are events or social media efforts already planned, the action team can collaborate to activate these efforts. Further, the Substance Abuse and Mental Health Services Administration developed a community toolkit for Mental Health Awareness Month.

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 Blanco and Llano County goals, a whole community approach is required. To ensure that the community stays engaged, the following next steps are highly recommended.

STRENGTHEN ACTION TEAM PLANNING

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

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

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

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

4. **Chart Progress:** Every action team created a workplan, which included tasks and benchmarks at three-, six-, and twelve-month intervals. These plans may change and

evolve, but it is essential that the teams have an updated version of the plan ready at every meeting. All progress should be noted, and future benchmarks clearly identified. In this way, the community can chart progress, which builds momentum. It also facilitates learning, as the team can evaluate the factors that are contributing to plans being completed or not.

5. **Coordinate with All Teams:** Blanco and Llano Counties created four priority action plans, one of which involved the creation of a Behavioral Health Leadership Team. It is important for each action team to participate in the Leadership Team and to provide regular updates. This allows the full community to engage with the work of all teams, which is essential as the leadership seeks to obtain funding, develop data sharing agreements, and respond to emerging priorities.

It is also helpful to recognize the leadership and efforts of community members who give their time, resources, and efforts to create system change in Blanco and Llano Counties. 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 Blanco and Llano Counties achieve their goals, mobilize the Behavioral Health Leadership Team, and build momentum, they will be in a better place to implement the more complex features of state law.

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

REMAIN CURRENT WITH THE LATEST RESEARCH AND BEST PRACTICES

The field of youth justice is constantly evolving, with new research and promising innovations emerging constantly. Moreover, every time a county such as Blanco or Llano 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	Blanco-Llano Counties Youth Mental Health and Juvenile Justice Map
Appendix 4	Workshop Participant List
Appendix 5	Workshop Agenda
Appendix 6	Best Practices at Each Intercept
Appendix 7	Key References

APPENDIX 1| COMMONLY USED ACRONYMS

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

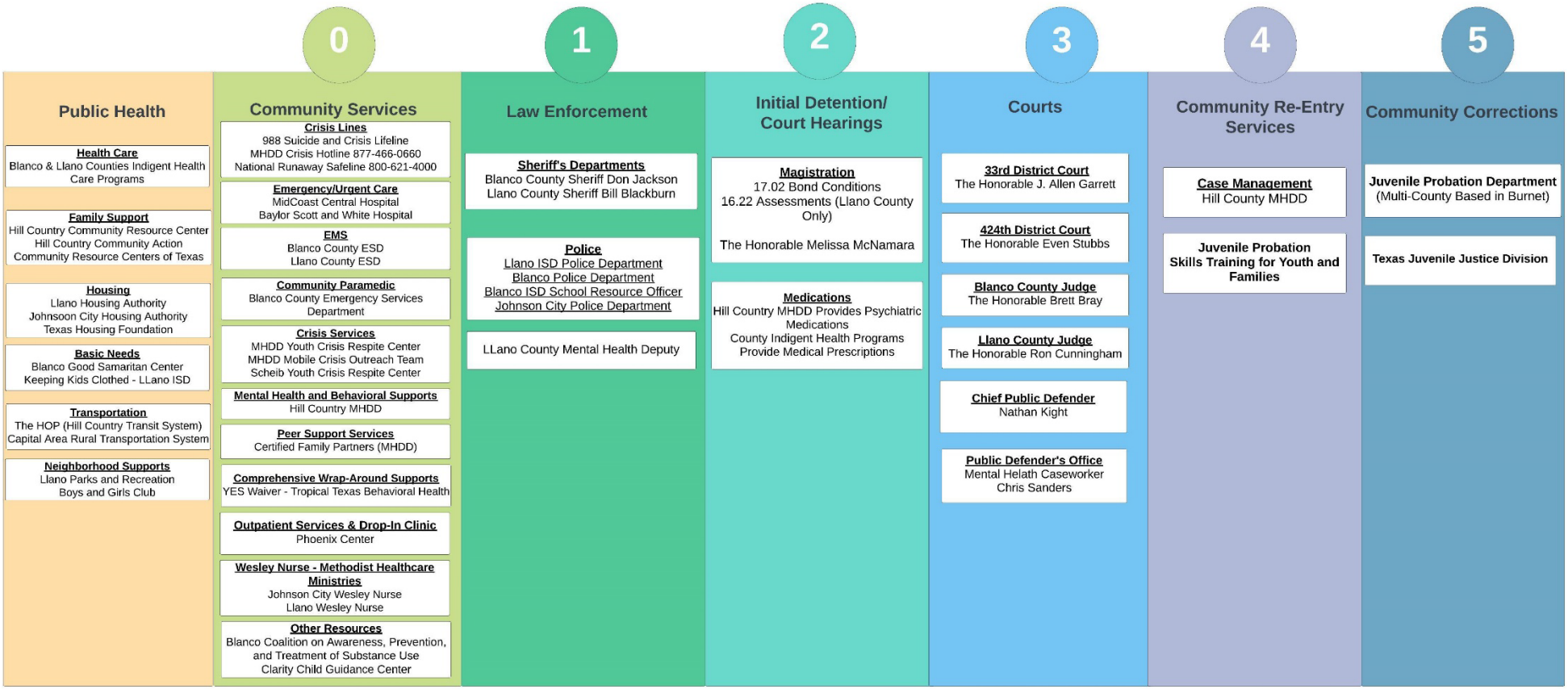
Council of State Governments Justice Center – *Developing a Mental Health Court: An Interdisciplinary Curriculum* https://www.arcourts.gov/sites/default/files/Mental%20Health%20Courts%20-%20Planning%20Guide.pdf	Council of State Governments Justice Center – *A Guide to Collecting Mental Health Court Outcome 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 Child Traumatic Stress Network https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems/justice
National Family Support Technical Assistance Center https://www.nfstac.org/request-ta	National Mental Health Consumers' Self-Help Clearinghouse https://www.mhselfhelp.org/technical-assistance
National Training & Technical Assistance Center for Child, Youth, & Family Mental Health https://nttacmentalhealth.org/trainings-ta/	NPC Research https://npcresearch.com/services-expertise/technical-assistance-and-consultation/
Opioid Response Network https://opioidresponsenetwork.org/	Technical Assistance Collaborative https://www.tacinc.org/what-we-do/customized-ta-training/
Texas Specialty Court Resource Center http://www.txspecialtycourts.org/tta_bureau.html	

APPENDIX 3| BLANCO-LLANO COUNTY YOUTH MENTAL HEALTH AND JUVENILE JUSTICE MAP



APPENDIX 4| PARTICIPANT LIST

First Name	Last Name	Title/Role	Organization
Ben	Ablon	Investigator	Blanco County Attorney's Office
Marisol	Acosta	Senior Advisor	Health & Human Services Commission
Alejandra	Aguillon	Assistant Public Defender	North Hill Country Public Defender's Office
Amy	Anderson	Director MHFA Grant Program	Hill Country MHDD Centers
Christine	Appleby	LPC-A	Llano ISD
Bonita	Baczewski	Wesley Nurse	Methodist Healthcare Ministries
Gilbert	Bennett	Emergency Mgmt Coordinator	Llano County
Jamie	Bernstein	Executive Director	Children's Commission
Marc	Bittner	Chief JPO	Juvenile Probation Department
Brett	Bray	County Judge	Blanco County
Melissa	Brown	Legal Assistant	North Hill Country Public Defender's Office
Stacey	Calabro	Public Health Nurse	DSHS
Dawn	Capra	Director of Community Impact	Community Resource Centers of Texas, Inc.
Lisa	Cisneros	Director of Clinical Services	Hill Country MHDD Centers
Tod	Citron	CEO	Hill Country MHDD
Vicky	Coffee	Director of Programs	Hogg Foundation for Mental Health
Amber	Corder	Program Director	Blanco ISD
Joan	Cortez	Director Crisis	Hill Country MHDD
Julianna	Cotton	Children's Counselor	HLFCC
Leigh	Craig	High School Counselor	LBJ High School - Johnson City
Ron	Cunningham	Llano County Judge	Llano County
Deborah	Edwards	JP	Llano County
Kim	Fehlis	Pediatrician	Baylor Scott & White Marble Falls
Wanda	Ferguson	Team Lead CFP	Hill Country MHDD
David	Fowler	CASA Supervisor/CFE	CASA for the Highland Lakes Area
Amber	Greer	Executive Director	North Hill Country Public Defender
Robin	Humphreys	Community Health Liaison	Baylor Scott & White
Rose	Jones	Legal Advocacy	Highland Lakes Family Crisis Center
Rebecca	Lange	Attorney	Brown, Lacallade & Lange, P.C.
Christi	Lundby	LPC-S	Llano ISD

Victoria	McMain	Detective	Blanco Police Department
Yvette	Meyers	Llano County Site Coordinator	Llano Community Resource Center
Tracy	Miller	Legal Assistant	Law Office of Shell and Shell
Wesley	Patton	Community Paramedic	Blanco County EMS
Shellie	Pearce	SUD SME	Bluebonnet Trails Community Services
Kaiia	Perkins	Clinic Director	Hill Country MHDD - Llano MH Clinic
Jeff	Phillips	Mental Health Deputy	Llano County
Jessamyn	Putnam	Special Education Advocate	Children Need Heroes
Melissa	Ramirez	Director of Children Services	Hill Country MHDD
Linda	Raschke	County Commissioner	Llano County
Kerry	Raymond	Director of Forensics	HIll Country MHDD
Matthew	Rienstra	Llano County First Asst. County Attorney	Llano County Attorney
Maureen	Riggs	JP 2	Llano County
Dwain	Rogers	Llano County Attorney	Llano County
Chris	Sanders	Social Worker	Public Defender
Laura	Sandoval	Clinic Director	Hill Country MHDD Centers
Thomas	Sandoval	Crisis Care Coordinator	Hill Country MHDD Centers
Austin	Shell	Attorney	Law Office of Shell and Shell
Alyce	Sierra	Site Coordinator	Blanco County Community Resource Center
Lisa	Simpson	Llano Co Justice of Peace PCT 4	Llano Co
Chelsea	Smith	LMSW-LCDC	DSHS-SHSS
Danna	Smith	LBSW-DSHS	DSHS-SHSS
Jennifer	Smith	Court Coordinator - County Judge Indigent Health Care Coordinator	Llano County
Samantha	Stephens	JPO	Juvenile Probation Department
Samantha	Strain	Chief Clerk	JP 4
Evan	Stubbs	424th District Judge	
Landon	Sturdivant	Deputy CEO	Hill Country MHDD Centers
Perry	Thomas	District Attorney Elect	33rd 424th Judicial District
Yamilex	Vega	Program Manager	Phoenix Center
Bobby	Vidler	Program Director	CASA of the Highland Lakes
Donna	Wheeler	Site Coordinator	Community Resource Centers of Texas
Anthony	Winn	Director of Clinical Operations	Hill Country MHDD Centers

Youth Sequential Intercept Model Mapping Workshop

Blanco and Llano Counties
April 2, 2024
Lutie Watkins Memorial Methodist Church
800 Wright St Llano, TX 78643

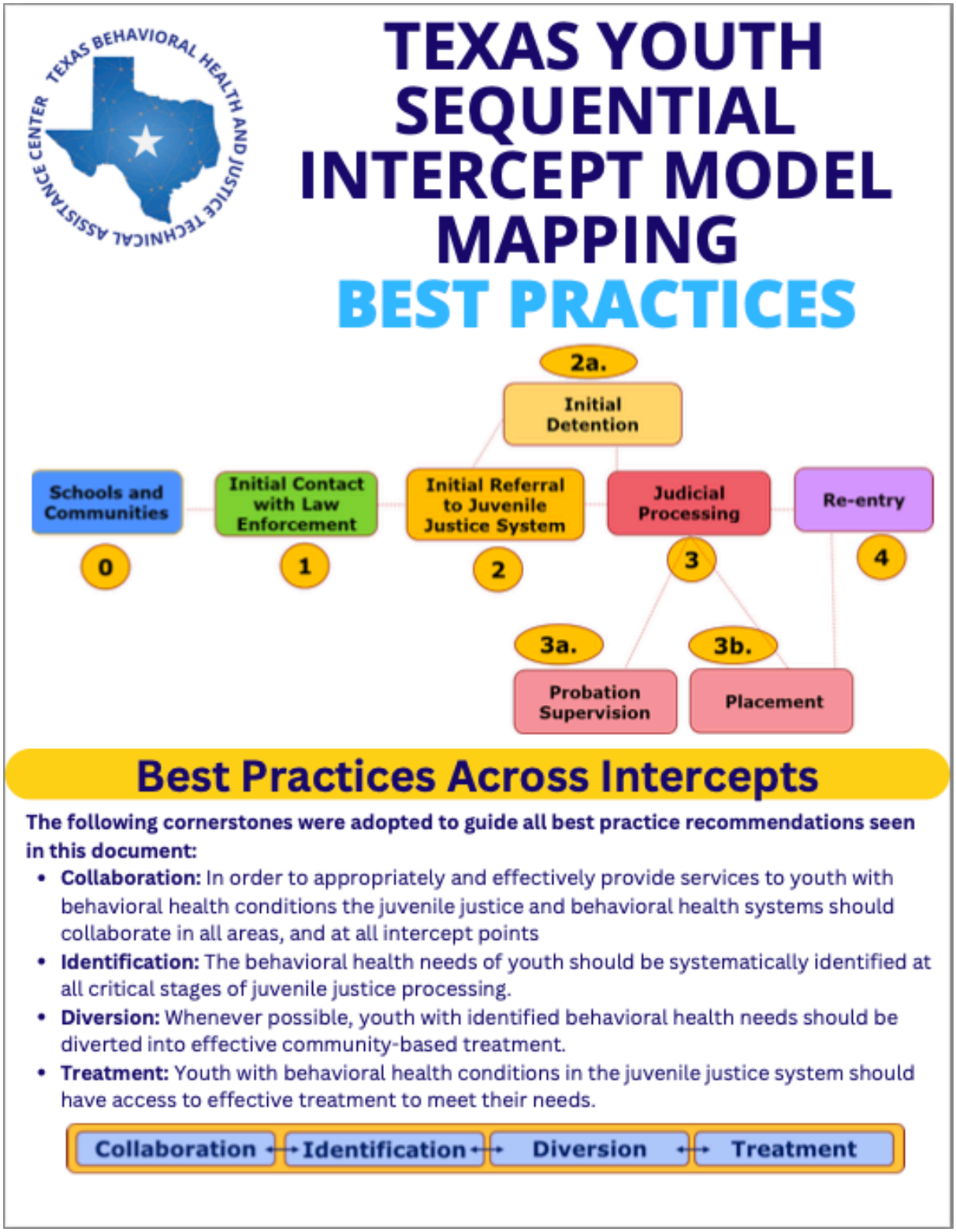
Purpose and Goals:

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

AGENDA

8:30 am	**Registration & Networking**	
8:45 am	**Opening Remarks** Judge Evan Stubbs	Welcome & Community Goals
9:05 am	**Orienting to This Work** Lynda Frost	Hopes for the Mapping Process Why Collaboration Matters
9:25 am	**Overview of Judicial Commission** Molly Davis	
9:30 am	**Overview of SIM Mapping** Doug Smith Wanda Ferguson	Overview of Model Importance of Lived Experience
10:15 am	**Break**	
10:30 am	**Establishing Priorities** Lynda Frost	Identify Possible Priorities Identify Opportunities for Collaboration
11:30 am	**Lunch | Snacks** Sponsored by MidCoast Hospital & LCRA	
12:05 pm	**Action Planning** Doug Smith	Group Work Presentation to Full Group
1:40 pm	**Break**	
1:55 pm	**Refining the Action Plan** Doug Smith	Gallery Walk Group Work
2:35 pm	**Next Steps & Summary** Lynda Frost	Meeting to Review Draft Report 3-month Progress Check-In Individual Next Steps
3:00 pm	**Adjourn**	

APPENDIX 6| BEST PRACTICES AT EACH INTERCEPT



INTERCEPT 0: SCHOOLS AND COMMUNITY BASED SERVICES BEST PRACTICES

EARLY IDENTIFICATION AND PREVENTION

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

SCHOOL-BASED DIVERSION AND BEHAVIORAL HEALTH SUPPORTS

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

SOMEONE TO CALL

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

SOMEONE TO RESPOND

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

A PLACE TO GO

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

INTERCEPT 0: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 1: LAW ENFORCEMENT & EMERGENCY HEALTH SERVICES BEST PRACTICES

LAW ENFORCEMENT MENTAL HEALTH TRAINING

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

POLICE DIVERSION PROGRAMS

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

LAW ENFORCEMENT AND MENTAL HEALTH PROVIDER COLLABORATION

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

INTERCEPT 1: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 2: INITIAL REFERRAL AND INITIAL DETENTION BEST PRACTICES

JUVENILE PROBATION BEHAVIORAL HEALTH ASSESSMENT, TREATMENT, AND INTERVENTION

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

COURT DIVERSION AND PREVENTION PROGRAMS

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

JUVENILE JUSTICE STAKEHOLDER COLLABORATION

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

INTERCEPT 2: BEST PRACTICE HIGHLIGHTS

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

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

SPECIALIZED COURT INTERVENTIONS

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

PRE-TRIAL INTERVENTIONS

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

STREAMLINED FITNESS RESTORATION PROCESSES

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

INTERCEPT 3: BEST PRACTICE HIGHLIGHTS

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

INTERCEPT 4: RE-ENTRY BEST PRACTICES

TRANSITION PLANNING

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

TRAUMA-INFORMED SUPERVISION PRACTICES

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

COORDINATED AFTER-CARE SERVICES

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

INTERCEPT 4: BEST PRACTICE HIGHLIGHTS

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

APPENDIX 7| KEY REFERENCES

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