Texas Youth Sequential Intercept Model Mapping Best Practices

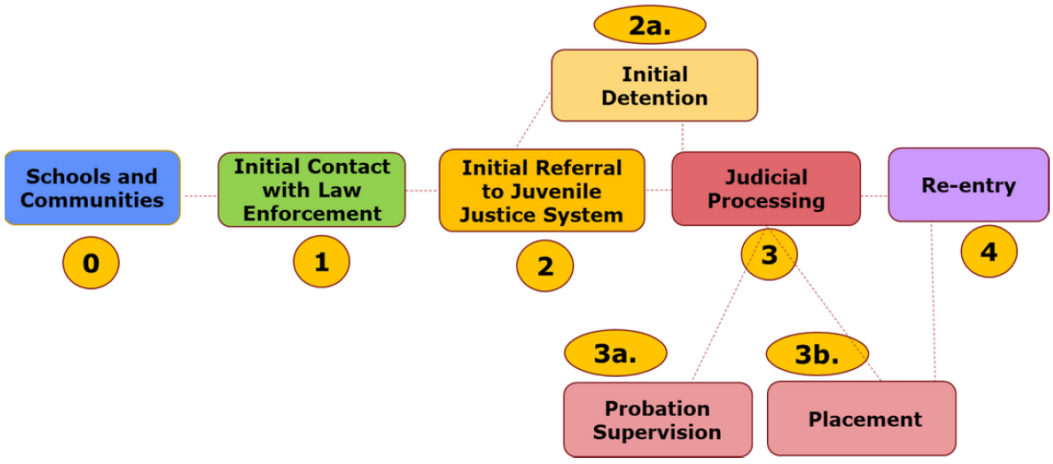
The Texas Youth Sequential Intercept Model (Youth SIM) is a strategic planning tool for communities to identify potential diversion and treatment opportunities at each stage of the juvenile justice process for youth with mental illness (MI), substance use disorders (SUD), and intellectual and developmental disabilities (IDD).

Collaborating closely with state agencies working at the intersection of youth behavioral health and juvenile justice systems, the Texas Health and Human Services Commission Office of Forensic Coordination adapted the Critical Intervention Model developed by the National Center for Youth Opportunity and Justice to create a Texas-specific model to support strategic planning across these systems.

Use this resource as a tool during Youth SIM mapping workshops or as guidance for youth behavioral health and juvenile justice stakeholders to examine what programs and policies exist in their communities.

Texas Youth SIM Map

The goal of the Youth SIM is to show a comprehensive picture of how youth with MI and co-occurring disorders move through the juvenile justice system along five distinct intercept points. These are shown below as intercepts 0-4.



Best Practices Across Intercepts

The Texas Behavioral Health and Justice Technical Assistance Center adopted four cornerstones to guide best practice recommendations across the justice system. All four should be implemented in each stage of the Youth SIM.

- **Collaboration** between juvenile justice and behavioral health professionals to appropriately and effectively provide services to youth with behavioral health conditions.
- **Identification** of youth behavioral health needs at all critical stages of juvenile justice processing.
- **Diversion** of youth with behavioral health needs to effective community-based treatment whenever possible.
- **Treatment** to effectively meet the needs of youth with behavioral health conditions in the juvenile justice system.

Intercept 0: Schools and Community-Based Services

Best Practice Checklist

At Intercept 0, communities connect children to behavioral health care through community- and school-based services. Utilize this checklist to consider what exists in your community or what additional strategies you might pursue.

Early Identification and Prevention

- ☐ Universal school-based behavioral health risk and needs assessments
- ☐ Mental health screenings by primary care providers
- ☐ Information sharing agreements
- ☐ Regular meetings with local behavioral health and juvenile justice stakeholders

School-Based Diversion and Behavioral Health Supports

- ☐ Multi-tiered systems of support
- ☐ Onsite school mental health providers, case management, wraparound services and family engagement specialists
- ☐ Treatment referral pathways
- ☐ Alternatives to exclusionary discipline
- ☐ Regular evaluation of school discipline policies
- ☐ Transition planning at juvenile justice alternative education programs

Someone to Call

- ☐ Crisis hotlines
- ☐ Child and family helplines
- ☐ Mentorship programs

Someone to Respond

- ☐ Youth mobile crisis outreach teams
- ☐ Certified family partners
- ☐ Wraparound case management

A Place to Go

- ☐ Children's crisis respite units
- ☐ Trauma-informed residential treatment centers
- ☐ Intensive outpatient programs and partial hospitalization programs for children
- ☐ Youth assessment centers
- ☐ Substance use disorder treatment centers

Intercept 0: Best Practice Descriptions

Below is more information and descriptions for select best practices identified at Intercept 0. Note this is not an exhaustive list of items called out in the checklist.

Best Practice	Description
Early Identification and Prevention	
Universal school-based risk and needs assessments	Use validated screening tools 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 local mental health authorities (LMHAs) and local behavioral health authorities (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. MTSS provides: • Universal mental health promotion and training • Targeted mental health intervention • Intensive mental health intervention
Treatment referral pathways	The **Texas Child Health Access Through Telemedicine (TCHATT)** provides telemedicine programs to school districts to help identify the behavioral health needs of youth and provide access to mental health services. The **Child Psychiatric Access Network (CPAN)** supports pediatric health clinicians with child mental health by offering peer-to-peer consults with mental health experts.
Alternatives to exclusionary discipline	Regularly review district discipline policies and consider the use of restorative justice practices, diversion programming and family support to reduce expulsions. Remove code of conduct language reflecting zero tolerance policies. See the **School Crime and Discipline Handbook** for guidance.

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 (e.g., 988 Suicide and Crisis Lifeline).
Youth mobile crisis outreach teams	Qualified mental health professionals providing community-based crisis assessment, intervention and continuity of care. These providers coordinate with schools, law enforcement, hospitals and detention facilities (e.g., youth crisis outreach teams or mobile response and stabilization services).
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 give youth a "break" from existing environmental stressors. See a write-up on the **Hill Country MHDD's Youth Crisis Respite Center**.
Youth assessment centers	Community assessment centers (CACs) or youth assessment centers provide a 24-hour centralized point of intake for juveniles who have or are likely to encounter the juvenile justice system. This "one-stop shop" is designed to facilitate prevention and intervention at the front end of the juvenile justice system. See **The Assessment Center Framework**.

Intercept 1: Law Enforcement and Emergency Health Services

Best Practice Checklist

Intercept 1 begins when a child with a behavioral health condition faces disciplinary action in the community or at school and ends when the child is arrested or diverted into treatment. Utilize this checklist to consider what exists in your community or what additional strategies you might pursue.

Law Enforcement Mental Health Training

- ☐ Mental health deputies with specialized youth training
- ☐ Crisis intervention team (CIT) training (CIT for youth)
- ☐ Youth mental health first aid (MHFA)
- ☐ Behavioral health-specific trainings on adolescent brain development, trauma-informed practices, de-escalation and adverse childhood experiences

Police Diversion Programs

- ☐ Regular referral to behavioral health treatment
- ☐ Warning notices for youth engaging in disruptive behaviors
- ☐ Informal law enforcement dispositions
- ☐ First offender programs
- ☐ Collaboration with parents and guardians

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 mental health calls involving a child
- ☐ Role clarification and protocol evaluation on school-based law enforcement response
- ☐ Data and information sharing between law enforcement, school districts and behavioral health providers

Intercept 1: Best Practice Descriptions

Below is more information and descriptions for select best practices identified at Intercept 1. Note that this is not an exhaustive list of items called out in the checklist.

Best Practice	Description
Law Enforcement Mental Health Training	
CIT 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 youth in a mental health crisis are identified and referred to appropriate mental health services.
Youth behavioral health-specific training	Youth MHFA teaches guardians, teachers, school administrators, peers, law enforcement, community behavioral health providers and juvenile justice stakeholders how to identify and respond to youth experiencing a behavioral health crisis. Trust based relational therapy is an attachment-based, trauma-informed intervention 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	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). See Dallas Police Department's First Offender Program.
Law Enforcement and Mental Health Provider Collaboration	

Best Practice	Description
Co-responder teams	Paired teams of specially trained officers and mental health clinicians who respond to mental health calls for service. Trained in specialized youth interventions. See **Round Rock ISD's Police-Mental Health Collaboration**.
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 on behavioral interventions in the classroom. School administrators, teachers and school behavioral health staff should be educated on appropriate use of law enforcement intervention in schools and explore alternatives to law enforcement response.

Intercept 2: Initial Referral and Initial Detention

Best Practice Checklist

Intercept 2 begins when a referral to juvenile probation is made. Utilize this checklist to consider what exists in your community or what additional strategies you might pursue.

Juvenile Probation Behavioral Health Assessment, Treatment, and Intervention

- ☐ Validated risk and needs assessment tools
- ☐ Detention-based behavioral health providers (consider telehealth options)
- ☐ Detention liaisons
- ☐ High quality correctional behavioral health education
- ☐ Evidence-based treatment in detention
- ☐ Trauma informed trainings
- ☐ Regular review of detention discipline policies

Court Diversion and Prevention Programs

- ☐ Administrative conditions of release at intake (**Texas Family 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 appropriate
- ☐ Specialized conditions of release for treatment
- ☐ Fines replaced with pro-social activities (community service, mentoring programs etc.)

Juvenile Justice Stakeholder Collaboration

- ☐ Regular juvenile justice meetings
- ☐ Inclusion of guardians in all key decisions
- ☐ Coordinated case planning between child protection and juvenile justice staff
- ☐ Tracking juvenile justice referral data
- ☐ Behavioral health services online (BHSO)

Intercept 2: Best Practice Descriptions

Below is more information and descriptions for select best practices identified at Intercept 2. Note that this is not an exhaustive list of items called out in the checklist.

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 **Positive Achievement Change Tool (PACT)** and **Massachusetts Youth Screening Instrument (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. See **SAMHSA's recommendations.**
Detention-based behavioral health providers	Clinicians positioned within detention facilities and juvenile probation departments can attend to ongoing mental health needs and offer SUD treatment, brief therapy interventions and case management to 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 meet the conditions.
Youth Diversion Centers	Youth diversion centers provide an alternate location to juvenile detention for youth ages 13-17 who have committed low-level, non-violent crimes, that temporarily need respite care due to a behavioral health crisis. See **Harris County Youth Diversion Center**.

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 three years with the public mental health system to coordinate care and ensure there is a provision on continuity in service.
Track juvenile referral data	Explore relevant trends in outcomes data including the 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 Practice Checklist

Intercept 3 begins with either pre-trial diversion or when the juvenile case is referred to a prosecutor to be disposed. Utilize this checklist to consider what exists in your community or what additional strategies you might pursue.

Specialized Court Interventions

☐ Specialty juvenile treatment courts and caseloads

☐ Juvenile court case managers

☐ Developmentally appropriate assessment tools to create individualized treatment plans

☐ Trauma informed care trainings for juvenile court personnel

Pre-trial Interventions

☐ Pre-trial supervision and diversion programs:

- Supervisory caution
- Deferred prosecution program
- Referral to community resource coordination group (CRCG)
- Family engagement

Streamlined Fitness Restoration Processes

☐ Continuity of care for youth found unfit to proceed

☐ Regular review of fitness restoration cases across juvenile justice and LMHA / LBHA stakeholders

☐ Outpatient fitness restoration

☐ Regular trainings and education to courts on **Family Code** Chapter 55

Intercept 3: Best Practice Descriptions

Below is more information and descriptions for select best practices identified at Intercept 3. Note that this is not an exhaustive list of items called out in the checklist.

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	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 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 for youth 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 is an alternative to formal adjudication for delinquent conduct or conduct indicating a needs for supervision (CINS). Can be offered by a probation officer, prosecutor or judge. (Tex. Fam. Code Sec. 53.03) • Referral to CRCG is a diversion option for youth 11 and younger. 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. (Texas Family Code Sec. 53.01 (b-1)
Streamline Fitness to Proceed Processes	

Best Practice	Description
Continuity of care for youth found unfit to proceed	Establish one point of contact between the county and state hospital (or private inpatient facility) where the juvenile is receiving restoration services. Ensure the case moves forward while the juvenile is hospitalized to ensure speedy resolution upon return (e.g., address discovery issues and plea offers). Coordinate transportation within three days of notice that a juvenile has been restored. Establish a quick court hearing and setting policy upon return from the state hospital to avoid decompensation. See the **Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book**.

Intercept 4: Re-Entry

Best Practice Checklist

Intercept 4 encompasses transition planning and continuity of care for youth with behavioral health needs reentering the community. Utilize this checklist to consider what exists in your community or what additional strategies you might pursue.

Transition Planning

- ☐ Detention-based care coordinators
- ☐ Formalized family engagement processes
- ☐ Regular community resource coordination groups
- ☐ Pre-release intakes with LMHAs or LBHAs

Coordinated After-Care Services

- ☐ School reenrollment after confinement process
- ☐ Wraparound behavioral health resources (see Intercept 0)
- ☐ Use of peers and family partners
- ☐ Mentoring programs
- ☐ Supportive parental skill development

Trauma-Informed Supervision Practices

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

Intercept 4: Best Practice Descriptions

Below is more information and descriptions for select best practices identified at Intercept 4. Note that this is not an exhaustive list of items called out in the checklist.

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 or ecomaps: A visual tool to help facilitate conversations about existing social and system supports with youth and their family. • Family or youth policy committees: An 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. For more examples see page 71 of **Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System**.
Pre-release intake with LMHA or LBHA	Juvenile probation departments can establish MOUs with an LMHA or LBHA to conduct intake assessments with youth identified as having an ongoing behavioral health need (in detention, post adjudication treatment facilities or Texas Juvenile Justice Department facilities) prior to release. This provides an opportunity for a youth to be authorized into treatment with an LMHA or LBHA and improves continuity of care by reducing wait times for youth to be connected to services in the community.

Coordinated After-Care Services	
School re-enrollment 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 support 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 noncompliance. See example matrix on page 39 of **Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System**.