



TEXAS BEHAVIORAL  
HEALTH AND JUSTICE  
TECHNICAL ASSISTANCE  
CENTER

# **Hays County**

## Youth Sequential Intercept Model Mapping Report

May 2024

## **Acknowledgements**

This report was prepared by the [Texas Behavioral Health and Justice Technical Assistance Center](#) (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by Councilmember Bear Heiser, Councilmember District 1, City of Kyle and Michelle Zaumeyer, LCSW-S, Clinic Director, Hill Country Mental Health and Developmental Disabilities (MHDD) Centers. The planning committee members included:

- Lisa Day, Chief Juvenile Probation Officer, Hays County Juvenile Probation
- Elizabeth Ferman, LCSW, LSOTP, Director of Counseling, Hays County Juvenile Detention Center
- Tisha Kolek, Director of Counseling and Health Services, Dripping Springs Independent School District (ISD)
- Brett Littlejohn, Administrator, Hays County Juvenile Detention Center
- Dr. Michael Watson, Deputy Academic Officer, Hays Consolidated Independent School District (CISD)

The planning committee members played a critical role in making the Hays County Youth Sequential Intercept Model (SIM) mapping workshop a reality. They convened stakeholders, helped to identify priorities for the workshop, reviewed this report, and provided feedback prior to its publication.

The facilitators for this workshop were Catie Bialick, MPAff, Director of Behavioral Health and Justice Initiatives, Office of Forensic Coordination, HHSC; Paul Boston, LCSW, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC; Elizabeth Conville, MPA, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC; and Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Office of Forensic Coordination, HHSC. Catie Bialick, Paul Boston, and Elizabeth Conville authored the report.

## **About the Texas Behavioral Health and Justice Technical Assistance Center**

The TA Center provides specialized technical assistance for behavioral health and justice partners to improve forensic services and reduce and prevent justice involvement for people with mental illnesses (MI), substance use disorders (SUD), and/or intellectual and developmental disabilities (IDD). Established in 2022, the TA Center provides free training, guidance, and strategic planning support both in person and virtually on a variety of behavioral health and justice topics to support

local agencies and communities to work across systems to improve outcomes for people with MI, SUD, and/or IDD.

On behalf of HHSC, the TA Center adopted the SIM as a strategic planning tool for the state and communities across Texas. The TA Center hosts SIM mapping workshops to convene leaders from local community organizations, government agencies, and social service systems to identify strategies for diverting people with MI, SUD, and/or IDD away from the justice system into treatment, when appropriate. The goal of the Texas SIM Mapping Initiative is to expand access to the SIM and SIM mapping workshops.

### **Recommended Citation**

Texas Health and Human Services Commission. (2024). *Texas Youth Sequential Intercept Model Mapping Report for Hays County*. Austin, TX: Texas Health and Human Services Commission.

## Table of Contents

Acknowledgements .....	i
About the Texas Behavioral Health and Justice Technical Assistance Center.....	i
Introduction.....	2
Texas Youth SIM Map for Hays County .....	4
Opportunities and Gaps at Each Intercept .....	5
Intercept 0 and Intercept 1: Communities and Schools .....	5
Intercept 2: Referral to Juvenile Justice .....	10
Priorities for Change .....	12
Strategic Action Plans .....	13
Resources to Support Action Plan Implementation .....	22
Quick Fixes.....	27
Appendices.....	28
Appendix A: Workshop Agenda .....	28
Appendix B: Community Impact Measures .....	30
Appendix C: Texas and Federal Privacy and Information Sharing Provisions .....	32
Appendix D: Texas School Mental Health Framework.....	42
Appendix E: Realms of ACEs.....	43
Appendix F: SIM Mapping Workshop Participant List .....	44
Appendix G: List of Acronyms .....	46

## Introduction

The Texas Youth Sequential Intercept Model (SIM) helps community stakeholders understand how youth with mental illness (MI), substance use disorders (SUD), and intellectual and developmental disabilities (IDD) encounter and move through the juvenile justice system, identifying opportunities for diversion and connection to treatment. The SIM is a strategic planning tool that maps how people with behavioral health needs encounter and navigate the criminal justice system within a community. Through a SIM mapping workshop, facilitators and participants identify opportunities to link people with MI, SUD, and IDD to services and prevent further involvement with the criminal justice system.

Texas Health and Human Services Commission’s Office of Forensic Coordination (OFC) led the development of the Texas Youth SIM. The OFC convened a six-month workgroup series in 2023 to discuss key services, best practices, and gaps and opportunities in the service continuum for youth with MI, SUD, and IDD who are justice-involved or at risk of justice involvement. In close collaboration with state agencies working at the intersection of youth behavioral health and juvenile justice, the OFC adapted the [Critical Intervention Model](#), developed by the National Center for Youth Opportunity and Justice, to create a Texas-specific model to support youth systems mapping.

Youth SIM Mapping is guided by four principles: collaboration, identification, diversion, and treatment, and includes five primary objectives:

1. Plot resources and gaps across the intercept points shown in Figure 1;
2. Identify school-based and community-based services to support diversion from the juvenile justice system;
3. Introduce community system leaders and staff to promising and evidence-based best practices at each intercept;
4. Enhance relationships across juvenile behavioral health and justice systems; and
5. Create a customized local map and local action plan to address identified gaps.



In 2023, Councilmember Heiser and Hill Country MHDD Centers requested an HHSC Texas Youth SIM Mapping of intercepts 0 through 2 to help foster collaboration among behavioral health and juvenile justice stakeholders and improve early intervention and diversion for youth with MI, SUD, and/or IDD. The workshop took place on May 22, 2024, in Kyle, Texas. See **Appendix A** for detailed workshop agenda.



*Note: This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the Hays County Youth SIM mapping workshop. Report authors aim to capture a robust picture of services offered across counties, while acknowledging that unintentional omissions may exist. All gaps, opportunities, and action planning priorities identified in this report reflect the opinions of participating stakeholders, not the Texas Health and Human Services Commission.*

# Texas Youth SIM Map for Hays County

Intercept 0 School and Community-Based Services	Intercept 1 Law Enforcement, SROs, and Children's Emergency Services	Intercept 2 (Pre-adjudication) Initial Referral to Juvenile Justice, Intake, and Detention
<p><b>Crisis Phone Lines</b> Hill Country MHDD • 877-466-0660 • Available 24/7/365 988 Suicide &amp; Crisis Lifeline • 988 or 800-375-8965 Hays-Caldwell Women's Center Sexual Assault Crisis Hotline • 800-700-4292 Crisis and Suicide Prevention Lifeline for LGBTQ+ Youth • 866-488-7386 Crisis Text Line • Text HOME to 741741 <u>Warmlines/Resource Lines</u> Mental Health America Warmlines • 817-546-7826 Crisis and Suicide Prevention Lifeline for LGBTQ+ Youth • 866-488-7386 <u>Warmlines/ Resource Lines</u> National Runaway Safeline • 800-RUNAWAY (786-2929) Texas Youth Hotline • 800-989-6884 YMCA Greater Austin Warmlines • 512-548-9922</p> <p><b>Crisis Services</b> Youth Crisis Respite Center • Operated by Hill Country MHDD • For youth ages 13-17 • Short-term residential crisis services Hays-Caldwell Women's Center Children's Advocacy Center ("Roxanne's House")</p>	<p><b>Mobile Crisis Response</b> Hill Country MHDD MCOT • Teams include local mental health crisis clinicians and crisis intervention specialists • Serves youth and adults • Can co-respond with law enforcement San Marcos PD Mental Health Unit • QMHP goes with MH officers to provide crisis/mental health services for youth and adults</p> <p><b>Wrap Around Services</b> Hill Country MHDD (Kyle, San Marcos) • Youth Empowerment Services Waiver • Multi-Systemic Therapy Austin Oaks Branches Hospital</p> <p><b>Peer, Mentorship, and Family Support Services</b> Family Partner Program • Hill Country MHDD (Kyle, San Marcos) Cenikor Youth Recovery Community Hays CISD Mentor Program</p> <p><b>After School Programs</b> Big Brothers Big Sisters of Central Texas Centro Cultural Hispano de San Marcos SIS (Stay in School) Girls Empowerment Network (GEN) Austin</p> <p><b>Prevention Programs</b> Coaches vs. Overdoses - Hays CISD Hays County Health Dept. - Prevention Program Greater San Marcos Youth Council - Truancy Intervention, Family Preservation, Delinquency Prevention Cenikor - Substance Use Prevention Project AIM - Non-clinical early intervention for 18+ Communities in Schools - Multiple campuses Family Success Center - Hays ISD</p> <p><b>911 Dispatch/Emergency Communications</b> Hays County Dispatch 911 EMS/Fire Dept.</p> <p><b>School Resource Officer (SRO)/ISD Police:</b> SROs in Hays CISD: • Multiple campuses SROs in Wimberley ISD: • Multiple campuses SROs in San Marcos CISD: • Multiple campuses SROs in Dripping Springs ISD: • Multiple campuses Hays CISD &amp; Hill Country MHDD Partnership • Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST), Psychological First Aid (PFA) training</p> <p><b>Hospitals</b> Ascension Seton Hays (Kyle) Emergency Room Christus Santa Rosa Emergency Room Baylor Scott &amp; White Emergency Room <u>Inpatient Behavioral Health Services</u> San Marcos Treatment Center Burke Center for Youth</p>	<p><b>Law Enforcement</b> San Marcos Police Dept. Kyle Police Dept. Hays County Sheriff's Office Buda Police Dept. Texas State Police Dept. Constable, Precincts 1,2,3,4, and 5</p> <p><b>Alternative Education Programs</b> IMPACT Center (Hays CISD) Lamar Personalized Learning Center (SMCISD) Live Oak Academy (Hays CISD)</p> <p><b>Emergency Medical Services</b> Kyle Fire Dept. San Marcos Hays County EMS Wimberley EMS Buda Fire Department North Hays County Fire and Rescue</p> <p><b>Department of Family and Protective Services</b> Child Protective Services</p> <p><b>Psychiatric Hospitals</b> Austin Oaks Branches Hospital Austin State Hospital</p> <p><b>Juvenile Probation Department- Intake</b> Screening Assessments Used: MAYSI-2- behavioral health screening tool • Juvenile Supervision Officer completes MAYSI-2 for youth detained • Juvenile Probation Officer completes face-to-face if youth not detained Commercial Sexual Exploitation-Identification Tool - Trafficking screening tool</p> <p><b>Initial Detention</b> Hays County Juvenile Detention Center</p> <p><b>Pre-Adjudication Diversion Programs</b> Note: Hays County has several informal pre-adjudication processes at Intercepts 0 and 1 that serve a diversionary function (YRC program, IOP, etc.)</p>
<p><b>Behavioral Health Services/Coordinating Bodies</b> Hill Country MHDD – Kyle MH Clinic, Wimberley MH Clinic, San Marcos MH Clinic, Hays County IDD Center; Greater San Marcos Youth Council; Barnabas Connection; Hays-Caldwell Women's Center Counseling &amp; Advocacy Center; CASA of Central Texas; Hays CRCG</p>	<p><b>Recovery Supports</b> Youth Recovery Community - Buda Family Partner Support - Buda Cenikor - Youth Recovery Community - San Marcos Note: Treatment facilities located in Austin are also utilized</p>	<p><b>Housing/Shelter</b> Kyle Housing Authority; San Marcos Housing Authority; Hays-Caldwell Women's Center Family Violence Shelter; Southside Community Center; Greater San Marcos Youth Council</p>

COMMUNITY

COMMUNITY



## Opportunities and Gaps at Each Intercept

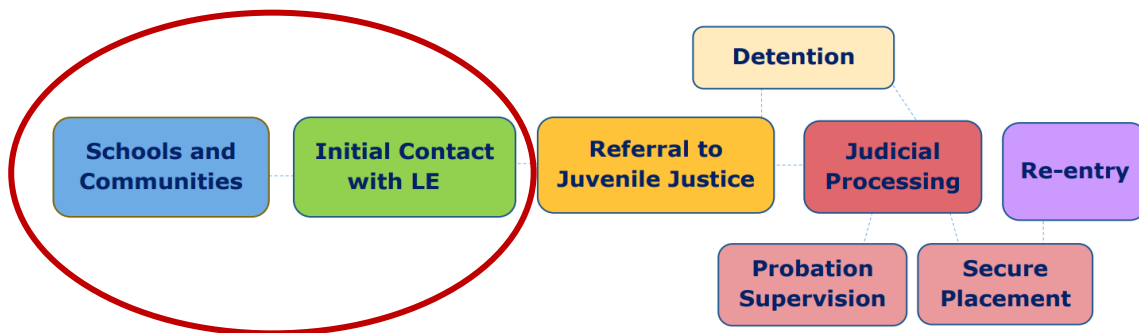
As part of the mapping activity, facilitators helped workshop participants identify key services, stakeholders, and gaps and opportunities at each intercept. During the workshop, participants developed the charts, as shown below, that capture the gaps and opportunities at each intercept. Local leaders and systems planners may use these charts to improve outcomes for youth with MI, SUD, and/or IDD.



### National and State Best Practices

See the [Texas Youth Sequential Intercept Model Mapping Best Practices Document](#) for checklists on best practices to consider by intercept.

## Intercept 0 and Intercept 1: Communities and Schools



### Overview: Intercepts 0 and 1

Intercept 0 encompasses the early intervention points for youth with MI, SUD, and IDD prior to contact with law enforcement. It captures services designed to connect youth to behavioral health care in both school- and community-based settings.

Intercept 1 includes initial contact with community- and school-based law enforcement or other emergency services. Law enforcement officers have considerable discretion in how they respond to a situation in the community involving youth with MI, SUD, and IDD who may be engaging in delinquent conduct, experiencing a mental health crisis, or both. Intercept 1 also captures systems and programs that are designed to support law enforcement in responding to youth with behavioral health needs and to divert youth away from the juvenile justice system and toward treatment, as appropriate.





## Intercepts 0 and 1 Gaps and Opportunities

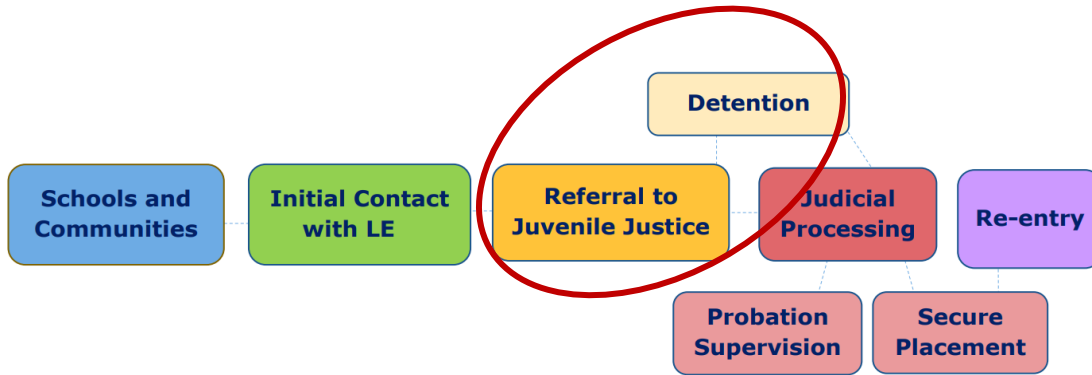
Gaps	Opportunities
<ul style="list-style-type: none"> <li>• Only school staff can refer a youth to Texas Child Health Access Through Telemedicine (TCHAT) services</li> <li>• Inconsistent coordination and communication between Hill Country MHDD Centers and school points of contact across Hays County school districts (e.g., guidance counselor, social worker), particularly as it relates to accessing TCHAT</li> <li>• Limited provider-to-provider communication and coordination from non-Hill Country MHDD Centers mental health providers when TCHAT refers a youth with insurance for outside services</li> <li>• Insufficient TCHAT capacity for younger (elementary school-aged) youth</li> <li>• TCHAT time slots fill up rapidly.</li> <li>• School staff experience difficulties accessing crisis assessment and services through the Hill Country MHDD Centers crisis hotline.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider a meeting between the Hill Country MHDD Centers and local districts to improve the TCHAT referral process, including referrals from TCHAT to community-based providers.</li> <li>• Expand utilization of TCHAT in schools with less representation.</li> <li>• Meet with the TCHAT team at the associated Health Related Institution (HRI), Dell Medical School, and learn more about utilizing services over the summer.</li> <li>• Consider ways school staff can contact Hill Country MHDD Centers Mobile Crisis Outreach Team (MCOT) directly and bypass Avail Solutions, the contracted provider for the Hill Country MHDD Centers crisis hotline.</li> </ul>
<ul style="list-style-type: none"> <li>• Inconsistent collection of mental health related calls for service data across law enforcement agencies in Hays County</li> <li>• No data collected about the prevalence of youth in conservatorship of Texas Department of Family and Protective Services (DFPS) who are also</li> </ul>	<ul style="list-style-type: none"> <li>• Consider aligning call codes and data collection across law enforcement in Hays County.</li> <li>• Review <a href="#">Data Collection across the SIM</a>.</li> <li>• Explore outreach to Child Protective Services (CPS) managers to begin collecting data</li> </ul>

<p>involved with the juvenile justice system in Hays County</p>	<p>about youth in DFPS conservatorship with juvenile justice involvement.</p>
<ul style="list-style-type: none"> <li>• Lack of parental involvement makes it difficult for law enforcement to complete the crisis assessment or make alternative (diversionary) plans for youth.</li> <li>• Few services are responsive to the needs of working and single-parent families such as after-hours appointments for mental health or social services.</li> <li>• Limited parental knowledge of non-911 resources such as 988, the Hill Country MHDD Centers crisis line, and other warm lines</li> </ul>	<ul style="list-style-type: none"> <li>• Work with community-based partners to identify mental health and social service providers who offer, or are willing to offer, extended service hours to accommodate working and single-parent families.</li> <li>• Explore best practices for engaging youth and families from agencies like the <a href="#">Office of Juvenile Justice and Delinquency Prevention</a> and <a href="#">The National Evaluation and Technical Assistance Center for the Education of Children and Youth Who are Neglected, Delinquent, or At-Risk</a>.</li> </ul>
<ul style="list-style-type: none"> <li>• The increased need for mental health resources in Hays County has far surpassed existing service capacity.</li> <li>• Waitlists for services, such as psychotherapy and inpatient substance use treatment, delay access to care.</li> <li>• Lack of prevention and early intervention programs for elementary-aged youth</li> <li>• Limited interventions for students with truancy, many of whom appear to struggle with their mental health</li> <li>• Limited substance use services for youth</li> </ul>	<ul style="list-style-type: none"> <li>• Review current providers of <a href="#">DFPS prevention and early intervention services</a>.</li> <li>• Explore the <a href="#">DFPS Community Toolkit</a> for information about the State of Texas' prevention framework, tools and resources as well as statewide prevention and early intervention data to identify strategies to enhance services for elementary-aged youth.</li> <li>• Explore opportunities to place social workers in elementary schools.             <ul style="list-style-type: none"> <li>○ Consider partnerships similar to Communities In Schools and philanthropic foundations.</li> </ul> </li> <li>• Consider rethinking current approaches and attitudes towards truancy and family engagement to address root causes of truancy.</li> <li>• Explore the <a href="#">Attendance Improvement Self-Assessment Instrument</a> from the National Dropout Prevention Center (PDF page 14) to identify means to improve current truancy reduction efforts.</li> <li>• Utilize the current Behavioral Advisory Team (BAT) structure to determine the areas of greatest SUD need in the county and work with Hill Country MHDD Centers to ensure the new SUD services clinician will be available to youth in high-need areas.</li> <li>• The Integrated Community Opioid Network (<a href="#">ICON</a>) program may be able to supplement local SUD resources.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Greater San Marcos Youth Council serves all of Hays County with individual counseling services.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited service availability in more rural parts of the county, like Dripping Springs and Wimberley</li> <li>• Difficulty creating partnership opportunities in places with few existing services for children and families</li> <li>• No inpatient mental health facility in the county</li> <li>• Pending expiration of American Rescue Plan Act-funded community resources</li> </ul>	<ul style="list-style-type: none"> <li>• Consider outreach to primary care and pediatric medical providers (particularly at Federally Qualified Health Centers) in the area to explore opportunities to co-locate and integrate primary and pediatric healthcare providers into the behavioral health care continuum.</li> <li>• Explore opportunities to replicate the Hays CISD Family Success Center in districts across the county.</li> <li>• Review relevant publications such as <a href="#">Improving the Child and Adolescent Crisis System: Shifting from a 911 to a 988 Paradigm</a> from the National Association for State Mental Health Program Directors.</li> <li>• Review collaborative care models and best practices from <a href="#">Collaborative Mental Health Care for Children and Adolescents in Pediatric Primary Care</a> from the American Academy of Child and Adolescent Psychiatry.</li> </ul>
<ul style="list-style-type: none"> <li>• Districts struggle to meet the mental health needs of students due to lack of funding and other resources.</li> <li>• School staff lack the time and expertise to create resource guides, vet resources, and recommend service providers to families.</li> <li>• No budget for mental health services in Wimberly ISD for the 2024-2025 school year</li> <li>• Inability to provide school-based mental health services during summer break</li> <li>• Lack of knowledge from school staff of the social services system and tools like releases of information</li> <li>• School culture of “not looking for the underlying issues”</li> <li>• State-mandated punishments for offenses like vaping</li> </ul>	<ul style="list-style-type: none"> <li>• Consider advocacy and grant applications to various layers of government (local, county, state legislature, federal programs, etc.) for funds to continue mental health services in Wimberly ISD.</li> <li>• Explore collaboration with agencies like Communities In Schools to do home visits.</li> <li>• Explore ways to integrate more educators into existing BAT and SIM workgroups.</li> <li>• Partner with the Hays County behavioral health coordinator to develop a compilation of existing resources guides, such as the one developed by the Kyle Public Library.</li> <li>• Consider creating a workgroup to inform stakeholders about information sharing processes across agencies and service providers.</li> <li>• Consider opportunities to develop a community-wide release of information or implement memoranda of understanding (MOUs).</li> <li>• Streamline information sharing between providers when possible (review Health and Safety Code 614.017 and Family Code 58.0051 and 58.0052).</li> <li>• Explore opportunities to share resource information using technology like Google Drive</li> </ul>

	<p>to quickly provide updates about resource availability.</p>
<ul style="list-style-type: none"> <li>• Long travel times for MCOT and law enforcement responders in rural areas of the county</li> <li>• Limited law enforcement training on responding to youth in crisis</li> <li>• Law enforcement have limited means of obtaining information about a youth's background when they encounter a youth in crisis</li> <li>• Medical clearance requirements prior to transferring to inpatient psychiatric care are variable and burdensome on law enforcement (LE) time.</li> <li>• Family misunderstanding of law enforcement role leads to many calls for service to resolve family incidents that are outside of LE scope and can potentially end in an arrest for person in crisis if presence of LE escalates tension.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement a co-responder team with Hays Police Department and explore expanding the mental health deputy program.</li> <li>• Expand <a href="#">Handle with Care</a> programs across the county.</li> <li>• Expand usage of <a href="#">Handle with Care</a> flag between LE and schools to include any MH incidents at home rather than just criminal incidents.</li> <li>• Increase and improve communication between school resource officers and Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) case managers.</li> <li>• Embed clinician into law enforcement response and dispatch.</li> <li>• Explore and expand the use of <a href="#">community paramedics</a> to address calls for youth in crisis and provide follow-up to families.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of youth inpatient psychiatric facility in Hays County</li> </ul>	<ul style="list-style-type: none"> <li>• Increase education about youth crisis respite services and Youth Recovery Council services.</li> <li>• Increase prevention and early intervention programming for youth with mental illness at risk of justice involvement.</li> </ul>

## Intercept 2: Referral to Juvenile Justice



### Overview: Intercept 2

Intercept 2 of the model begins when an initial referral to juvenile probation is made. At this intercept, youth can remain in the community or be detained at a juvenile detention facility while their case is processed. Intercept 2 also represents the first opportunity for judicial involvement, including early interventions, such as intake screening, early assessment, and post-booking diversion for those with MI, SUD, and IDD.



## Intercept 2 Gaps and Opportunities

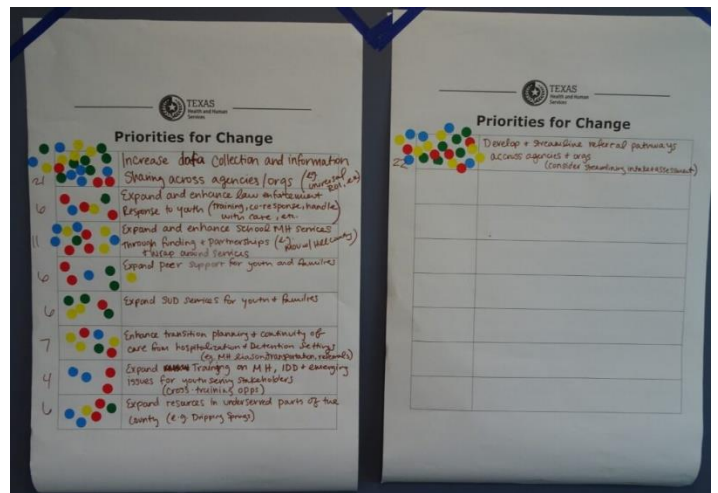
Gaps	Opportunities
<ul style="list-style-type: none"> <li>Minimal family education opportunities related to youth mental health and legal processes</li> <li>Difficult to engage with parents/caregivers consistently in ancillary family services and for youth services that require family engagement</li> </ul>	<ul style="list-style-type: none"> <li>Identify training opportunities for families on youth mental health, available resources, and juvenile justice process prior to juvenile justice involvement.</li> </ul>
<ul style="list-style-type: none"> <li>General lack of community resources poses a barrier to offering diversionary or rehabilitative services for youth referred to probation.</li> <li>Few residential treatment facilities in the region with which juvenile probation can contract</li> <li>Fewer treatment partners for Juvenile Probation due to the COVID-19 pandemic</li> <li>Lack of community-based services and waitlists for services like substance use treatment that could be leveraged for diversion</li> </ul>	<ul style="list-style-type: none"> <li>Increase access to Cenikor services for youth in detention.</li> <li>Consider how Cenikor's Youth Recovery Community (YRC) can support youth during reentry and probation.</li> <li>Increase reentry touchpoints and warm handoffs for all services for youth leaving detention facilities.</li> <li>Explore individual counseling services available through the Greater San Marcos Youth Council, which serves all of Hays County.</li> <li>Explore opportunities to use the existing respite center for reentry support.</li> </ul>
<ul style="list-style-type: none"> <li>Youth may answer multiple similar screeners differently due to assessment fatigue or based on the perception of how answering may impact their placement.</li> <li>Assessment fatigue may contribute to invalid scores on the Massachusetts Youth Screening Instrument (MAYSI)-2 assessment used by juvenile probation.</li> </ul>	<ul style="list-style-type: none"> <li>Consult with the Texas Juvenile Justice Department's Community Interventions team for recommendations on other behavioral health screening tools and ways to address assessment fatigue regarding the MAYSI-2.</li> </ul>
<ul style="list-style-type: none"> <li>Staffing and capacity shortages at juvenile detention facilities</li> </ul>	<ul style="list-style-type: none"> <li>Explore partnerships with institutions of higher education, including Texas State University, for mental health treatment for youth in detention (pre-adjudication).</li> </ul>
<ul style="list-style-type: none"> <li>No mental health court for youth</li> </ul>	<ul style="list-style-type: none"> <li>Convene a work group to explore possibilities for a juvenile mental health court.</li> </ul>



## Priorities for Change

Following completion of the Texas Youth SIM mapping exercise, workshop participants defined specific areas of activity that could be mobilized to address the challenges and opportunities identified in the group discussion about the cross-systems map. Once attendees identified specific areas of activity to address challenges and opportunities, they voted for their top priorities. The voting took place on May 22, 2024. The top priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	<b>Develop and streamline referral pathways.</b>	22
2	<b>Increase data collection and information sharing.</b>	21
3	<b>Expand and enhance school-based mental health services.</b>	11
4	<b>Enhance transition planning and continuity of care from hospitalizations and juvenile detention.</b>	7
5	Expand and enhance law enforcement response to youth through training, specialized responses, and Handle with Care programs.	6
6	Expand peer support for youth and families.	6
7	Expand substance use treatment for youth and families.	6
8	Expand resources in underserved, more rural communities.	6
9	Expand training on mental health, IDD, and emerging issues for youth-serving stakeholders.	4





## Strategic Action Plans

Stakeholders spent the afternoon of the workshop developing action plans for the top four priorities for change. This section includes action plans developed by Hays County stakeholder workgroups, with support from HHSC staff on resources and best practices that could help to inform implementation. The following publications are also helpful resources to consider when addressing issues at the intersection of behavioral health and justice in Texas:

- The National Center for Mental Health and Juvenile Justice’s publication, [Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System](#).
- The Judicial Commission on Mental Health, [The Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Third Edition,
- Substance Abuse and Mental Health Services Administration (SAMHSA)’s publication, [National Guidelines for Child and Youth Behavioral Health Crisis Care](#), and,
- Texas Attorney General, [2020 Juvenile Justice Handbook](#).

There are two overarching issues that should be considered across the action plans outlined below—access and trauma. Concerning **access**, disparities in access to health care and involvement with the justice system can contribute to adverse outcomes for youth involved with or at risk of involvement with the justice system. Local stakeholders can address barriers to access while implementing local action plans to ensure systems change.

With respect to **trauma**, it is estimated that 90 percent of youth in contact with the juvenile justice system have had a traumatic event exposure compared to 25 percent of the general population.<sup>1</sup> It is critical that professionals in both the



<sup>1</sup> System Mapping Center at Policy Research Associates. (2021). *Critical Intervention Mapping for Youth*.

health care and juvenile justice systems utilize trauma-informed practices and that access to trauma screening and trauma-specific treatment is prioritized for this population. Trauma-informed practices include three key elements: 1) Realizing the prevalence of trauma; 2) Recognizing how trauma affects all people involved with the program, organization, or system, including its own workforce; and 3) Responding by putting this knowledge into practice. See: [Trauma-Informed Care in Behavioral Health Services](#).

**Priority One: Develop and streamline referral pathways across agencies and organizations.**

Objective	Action Steps
Understand referral processes for youth-serving agencies	<ul style="list-style-type: none"> <li>• Identify the primary agencies and organizations that provide behavioral health services to youth in Hays County (e.g., Hill Country MHDD Centers, TCHAT, Communities In Schools, etc.).</li> <li>• Collect data about the volume of services delivered and the community’s needs.</li> <li>• Gather information on each entity’s referral process, examine what is working well, and where challenges might exist.</li> </ul>
Understand referral processes for school districts	<ul style="list-style-type: none"> <li>• Identify and engage decision makers across school districts.</li> <li>• Collect data about student needs and the volume of referrals to TCHAT, Hill Country MHDD Centers, and other agencies for behavioral health services.</li> <li>• Gather information on each district’s referral processes and challenges districts are experiencing in connecting families to community behavioral health resources.</li> </ul>
Develop a formal partnership or continuum to facilitate referrals and data sharing across schools, juvenile justice entities, and behavioral health providers	<ul style="list-style-type: none"> <li>• Convene a workgroup to examine existing referral processes between schools, juvenile justice stakeholders, and behavioral health providers.</li> <li>• Identify opportunities to build partnerships and streamline referrals, including:                             <ul style="list-style-type: none"> <li>○ Identifying common elements in program intake procedures to standardize intake and assessment across agencies;</li> <li>○ Developing a universal consent form for key youth-serving entities;</li> <li>○ Exploring opportunities to improve warm hand offs and facilitate follow up on referrals; and</li> <li>○ Replicating successful referral programs and communication strategies across the county (e.g., implementing Handle with Care in Kyle Police Department (PD) and facilitating monthly referral meetings between key entities like those that exist between TCHAT and Hill Country MHDD Centers).</li> </ul> </li> <li>• Consider the ways existing resources such as HHSC’s <a href="#">Community Resource Coordination Groups</a> can support the community in lowering barriers to collaboration across agencies.</li> <li>• Consider how a <a href="#">Continuum of Care model</a> can be implemented across Hays County.</li> </ul>
Develop a “no wrong door”	<ul style="list-style-type: none"> <li>• Identify strategies to ensure all local service providers are aware of the services of other agencies.</li> </ul>

approach to intake and referral	<ul style="list-style-type: none"><li>• Develop a community-wide warm handoff procedure to facilitate referrals to the most appropriate agency, regardless of the agency at which a family presents.</li></ul>
---------------------------------	--

**Team Lead:** Michelle Zaumeyer, Hill Country MHDD Centers

**Workgroup Members:** Lisa Cisneros, Hill Country MHDD Centers; Laura Mitchell, Hill Country MHDD Centers; Nate Waters, Kyle PD; Tera Simmons, Hill Country MHDD Centers; Dr. Michael Watson, Hays CISD; Erica Gallardo, Communities In Schools; Melissa Ramirez, Hill Country MHDD Centers

**Priority Two: Increase data collection and information sharing across agencies and organizations.**

Objective	Action Steps
<p>Establish a data workgroup and identify goals for data collection and information sharing in Hays County</p>	<ul style="list-style-type: none"> <li>• Identify key agencies and organizations who have access to data related to responding to youth with behavioral health needs. Consider:                             <ul style="list-style-type: none"> <li>○ School districts</li> <li>○ Behavioral health providers</li> <li>○ Law enforcement</li> <li>○ Juvenile probation</li> <li>○ Other service providers</li> </ul> </li> <li>• Establish a workgroup to define initial goals for data collection and information sharing related to youth with behavioral health needs in Hays County. The workgroup should explore opportunities to enhance:                             <ul style="list-style-type: none"> <li>○ <b>Aggregate Data Collection:</b> Explore what data is currently collected by entities related to responding to youth with behavioral health needs and discuss which elements would be most helpful to collect county-wide to assess trends over time and make a case for funding. Utilize the Hays County Youth SIM Data Workbook and Community Impact Measures as a potential starting point.</li> <li>○ <b>Individual Level Information Sharing:</b> Discuss goals for sharing individual level data across agencies and organizations to improve response to youth with behavioral health needs and support continuity of care. Explore what it looks like to share data effectively, legally, and ethically across behavioral health providers, juvenile justice agencies, and school districts.</li> </ul> </li> <li>• Develop a survey to assess data-related needs across organizations and entities serving youth in Hays County. Revise data goals based on survey findings.                             <ul style="list-style-type: none"> <li>○ <a href="#">Prosper Waco</a> developed a community survey for behavioral health providers, juvenile justice stakeholders, schools, and other youth-serving organizations to assess information sharing needs. This may serve as a good model for Hays County.</li> </ul> </li> </ul>
<p>Enhance information sharing</p>	<ul style="list-style-type: none"> <li>• Explore Memorandums of Understanding (MOU) and Release of Information (ROI) forms.                             <ul style="list-style-type: none"> <li>○ Inventory existing MOUs and ROIs used across school districts, behavioral health entities, law enforcement, juvenile justice stakeholders, and other child-serving agencies.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Identify opportunities to streamline information sharing agreements used between stakeholders.</li> <li>○ Convene agency legal teams to agree to pre-approved standard MOU language.</li> <li>● Promote education on data sharing laws and debunk common myths:             <ul style="list-style-type: none"> <li>○ Review information on HIPAA and FERPA at <a href="#">FERPA and HIPAA   HHS.gov</a></li> <li>○ Consider information on 42 CFR Part 2 at <a href="#">Substance Use Confidentiality Regulations   SAMHSA</a></li> </ul> </li> </ul>
<p>Explore partnerships with local universities</p>	<ul style="list-style-type: none"> <li>● Identify a local university department or faculty working at the intersection of behavioral health and justice.</li> <li>● Identify what data would be most helpful to analyze to better understand the population of youth with behavioral health care needs.</li> <li>● Consider the use of a <a href="#">community-wide electronic health or social services record</a> or <a href="#">Health Information Exchange</a> to collect data and share client-level information in a secure and legally compliant manner.</li> </ul>

**Team Lead:** Matthew Leathers, Kyle PD

**Workgroup Members:** Amy Lowrie, Hill Country MHDD Centers; Michelle Kewley, Baylor Scott & White Buda; Medardo Galeano, TCOOMMI Hill Country MHDD Centers; Nate Dentino, TCOOMMI Hill Country MHDD Centers

**Priority Three: Expand and enhance school-based mental health services.**

Objective	Action Steps
Develop a school mental health workgroup	<ul style="list-style-type: none"> <li>• Identify relevant partners, including key school and Education Service Center personnel, Community Resource Coordination Group members, and others.</li> <li>• Formalize a school mental health workgroup and develop strategies to gain school leadership buy-in to the group’s decisions.</li> <li>• Formalize partnerships between school-based licensed mental health professionals (LMHA-funded) and other partners before applying for federal funding.</li> <li>• Maintain or establish internal school-staffing meetings to discuss students who have a high need for services and support.</li> </ul>
Evaluate and enhance ability to reach families and engage them in services	<ul style="list-style-type: none"> <li>• Explore opportunities to incentivize parent support groups, family counseling, and parenting classes by offering childcare and meals to families.</li> <li>• Consider teletherapy options and after-hours appointments to help working parents participate in family services.</li> <li>• Increase use of Family Partners to connect parents to ongoing support.</li> <li>• Create or leverage “parent support specialist” or PTA members to identify parent champions that can share messaging and gain buy-in from other parents to inform about programs before implementation.</li> </ul>
Evaluate and enhance identification and referral procedures for students with a high level of need and risk for future juvenile justice involvement	<ul style="list-style-type: none"> <li>• Develop a strategy to collect discipline and referral data in a uniform way across districts in the county.</li> <li>• Prioritize community education and input to encourage family and staff buy-in and successful implementation.</li> <li>• Learn more about Dripping Springs ISD’s implementation of universal student resiliency and adversity screening using <a href="#">Terrace Metrics</a> (including local parent concerns, questions, and district messaging). Explore <a href="#">other social-emotional behavioral assessments</a> for youth and funding that may exist for implementation.</li> <li>• Analyze the data to identify needs across schools in the county to better allocate county-level resources.</li> <li>• Identify and eliminate barriers to schools utilizing existing services like TCHAT and connect schools to peers who are successfully using TCHAT (particularly elementary schools).</li> </ul>
Leverage data for further funding	<ul style="list-style-type: none"> <li>• Work with data subcommittee to create and improve a strategy for inter-district school data collection for Tier 3 students.</li> </ul>



	<ul style="list-style-type: none"><li>• Use data to demonstrate need for an expansion of services like Communities In Schools that are not currently offered county-wide.</li><li>• Use data to apply for state and federal grants that can enhance school-based youth mental health services.</li><li>• Identify potential partners with expertise and capacity who can provide enhanced services with more funding.</li></ul>
--	---

**Team Lead:** Anthony Winn, Hill Country MHDD Centers

**Workgroup Members:** Sarah Myers, Wimberley ISD; Tish Kolek, Dripping Springs ISD; Maritza Gonzales, Hays CISD; Bear Heiser, City of Kyle; Lorena Garcia, Hill Country MHDD Centers; Jessy Nathaniel, Communities In Schools; Lizzy Orman, Greater San Marcos Youth Council; Emelda Hinojosa, Communities In Schools; Yvonne Rivas, HHSC;

**Priority Four: Enhance transition planning and continuity of care from hospitalizations and juvenile detention.**

Objective	Action Steps
Increase communication	<ul style="list-style-type: none"> <li>• Create a QR code that links to an established resource list for youth and families in Hays County (i.e., <a href="#">Hays CISD resource list</a>, <a href="#">San Marcos CISD resource list</a>, <a href="#">San Marcos Library resource list</a>)</li> <li>• Host and publicize a training on HIPAA for youth and families.</li> <li>• Develop a continuity of care one-page guide and family planning guide that law enforcement can provide to families if a youth is placed in an out-of-county hospital that explains how to access community-based mental health care after discharge. Consider existing resources like <a href="#">PACER Center’s Planning for Your Child’s Discharge from a Mental Health Treatment Program: Home Checklist</a></li> <li>• Create an outreach plan to engage county stakeholders and leadership at out-of-county hospitals serving youth from Hays County.</li> </ul>
Diversify transportation options for families	<ul style="list-style-type: none"> <li>• Identify all agencies transporting youth and families in Hays County.</li> <li>• Exchange contact information amongst transportation providers and service providers.</li> <li>• Evaluate strategies to provide gas cards or ride-share vouchers to low-income families who struggle to transport themselves to mental health care appointments.</li> <li>• Develop strategies to advocate for increased services through <a href="#">CARTS</a>.</li> </ul>
Increase parent involvement	<ul style="list-style-type: none"> <li>• Create educational resources for youth who have been transported to an out-of-county hospital or juvenile detention.</li> <li>• Determine a strategy to engage families through Family Partners during the reentry process from juvenile detention or hospitalization.</li> <li>• Identify other organizations that frequently work with youth and include them in outreach efforts.</li> </ul>

**Team Leads:** Tristen McNeal, Hill Country MHDD Centers

**Workgroup Members:** Taylor Bordelon, Cenikor Youth Recovery Community; Erin Barker, Hays County Sheriff’s Office; Lisa Day, Chief of Juvenile Probation in Hays County; Joseph Osborne, San Marcos PD

## Resources to Support Action Plan Implementation

The following resources and recommendations have been developed based on national research and lessons learned from other Texas counties. Hays County stakeholders may consider these as they plan to implement action plans developed during the Texas Youth SIM mapping workshop.

For additional resources to support the implementation of action plans visit the [Texas Behavioral Health and Justice Technical Assistance Center](#).



### **Task Force and Networking**

Frequent networking between systems can bolster sharing of best practices and innovative adaptations to common problems (Steadman, Case, Noether, Califano, & Salasin, 2015).



### **Communication and Information Sharing**

Misunderstanding of data protection laws can inhibit continuity of care planning, potentially resulting in a lack of treatment connection post-release (McCarty, Rieckmann, Baker, & McConnell, 2017).



### **Boundary Spanner**

A champion with 'boots-on-the-ground' experience working in multiple systems can really enhance local coordination and service delivery. Boundary spanners can use their knowledge to advocate for clients at key junctures in a criminal legal system (e.g., bond hearings, sentencing, or enrollment in specialty programs) (Steadman, 1992; Pettus & Severson, 2006; Munetz & Bonfine, 2015).



### **Local Champions**

Interdisciplinary work benefits from strong, localized leadership to envision and enact change beyond traditional confines of a segmented system (Hendy & Barlow, 2012).



### **Ability to Measure Outcomes**

Strategic planning at a county level is best informed by local data and having internal mechanisms to track outputs and outcomes (National Association of Counties, The Council of State Governments, and American Psychiatric Association, 2017).



### **Peer Involvement**

There is substantial and growing evidence that engaging peers leads to better behavioral health and criminal justice outcomes. Peers are commonly found working in the community or with service providers, and stakeholders should consider how peers can be best effective within the criminal justice system.



### **Behavioral Health Leadership Teams**

Establishing a team of county behavioral health and justice system leaders to lead policy, planning, and coordination efforts for individuals with behavioral health needs creates an opportunity for system-wide support of identified behavioral health and justice system priorities.

# Expanding Family Engagement

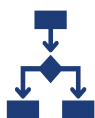
## Best Practices

Engage families at the earliest possible point and **prioritize families' voices** in key decision making.



Establish cross agency **staff culture centered on families** through policies and trainings.

Consider defining **what makes a family**.



Establish paths to **support, guide, and advocate for families of youth** with behavioral health needs. Consider:

- Education
- Training on systems
- Regular resource sharing



## County and Program Spotlights

- Dallas-based [Rainbow Days Family Connection program](#) for homeless children and families recognized as a Top 100 Best Practices program.

## Key Resources

The Annie E. Casey Foundation's [Family Engagement in the Juvenile Justice System Guidance Framework](#) is for juvenile justice system staff, community partners, and technical assistance providers to promote the development of sustainable family engagement efforts and to allow for clear measurement and regular assessment of progress. The framework can also help streamline discussions about family engagement, providing practical suggestion about how to better engage community partners and support transformative efforts.

The Office of Juvenile Justice and Delinquency Prevention's [Literature Review - Family Engagement](#) focuses on synthesizing descriptions of the role of family engagement for youths involved in the juvenile justice system; research documenting how jurisdictions have attempted enhanced engagement, including policies that encourage family engagement; resources that help families understand the juvenile justice process practices, such as parent training, family therapy, and family visitation; and outcome evidence for programs with family engagement strategies as key components.

[Explore the Youth and Family Partnerships Resource Library](#) by the Office of Juvenile Justice and Delinquency Prevention to review resources on assessing, implementing, and prioritizing family engagement for youth who are justice involved.

The Texas Education Agency has developed a [Family Engagement Plan](#) with suggested activities for educators and school administrators to support youth in Texas school districts.

[Family Engagement in Juvenile Justice Systems: Building a Strategy and Shifting the Culture](#) by the Council of State Governments explores a strategic framework for family engagement and approaches to improving policies and practices to support meaningful engagement of families in the juvenile justice system.

# Enhancing School-Based Behavioral Health Supports

## Best Practices



Implement or expand a **multi-tiered system of supports (MTSS)** for schools to screen, respond, monitor, and improve decision making related to students' holistic needs. *See Appendix E.*



Use **universal screeners** to identify risk and needs across all students.



Ensure access to **school-based mental health providers**, case management, family engagement specialists, and wraparound services.



Establish **treatment and referral pathways** between schools and community-based behavioral health providers.



Explore **alternatives to exclusionary discipline** practices and regular evaluation of school discipline policies.



Coordinate between alternative school or juvenile justice placements and home campus to support **continuity of care** and **transition planning**.

## MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)



## County Spotlights

- [Round Rock ISD's Police- Mental Health Collaboration](#) utilizes an embedded model to support youth.
- Williamson County's [Mental Health in Schools Conference Guide](#) provides a toolkit for establishing trainings focused on school mental health.

## Key Resources

[The School Mental Health Practice Guide and Toolkit](#) by Texas Education Agency provides information, practice considerations, resources, and tools for local education agencies (LEAs) to plan for and provide a comprehensive school mental health system.

[The Texas Child Mental Health Care Consortium website](#) provides an overview on the impact of Texas Child Health Access Through Telemedicine (TCHATT) on school districts across Texas with data on number of schools enrolled, students served, and family satisfaction on TCHATT services as well as information on other initiatives to serve Texas children with behavioral health needs.

[Texas Education Code Chapter 37 Discipline Chart](#) is designed to assist school officials in determining the appropriate disciplinary responses to student misconduct.

[The Texas School Reentry Toolkit](#) by Disability Rights Texas provides step-by-step guidance to families and youth on how to reenter their local public school after exiting a juvenile justice placement.

The [Mental and Behavioral Health Roadmap and Toolkit for Schools](#) by Meadows Mental Health Policy Institute provides information on research-driven, evidence-based practices to help school leaders, teachers, and staff more effectively assess and address student mental and behavioral health needs.

# Improving Law Enforcement Response to Youth with Behavioral Health Needs

## Best Practices



Implement tailored **law enforcement training specific to responding to youth** with behavioral health needs in schools and the community.



Prioritize **law enforcement diversion programs** that avoid formal referral to juvenile court.



Establish **law enforcement and mental health provider collaboration** to support co-response to youth and families in the community and regular information sharing across behavioral health and law enforcement organizations.



## County Spotlights

### Youth Training for Law Enforcement

- [Fort Bend County's OJJDP FOCUS Youth Program](#)

### Law Enforcement Diversion Programs

- [Dallas Police Department - First Offender Program](#)
- [Weslaco Police Department - First Offender Program](#)

## Key Resources

[Designing CIT Programs for Youth](#), developed by the National Alliance on Mental Illness, provides community leaders with tools and resources for implementing a youth-specific crisis intervention team.

[Enhancing Police Response to Children Exposed to Violence - A Law Enforcement Toolkit](#) was developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to provide tools and resources to assist law enforcement agencies in building or enhancing effective responses to children exposed to violence.

The [Interactions between Youth and Law Enforcement](#) literature review developed by OJJDP provides an overview of research relevant to interaction between police and youth, including: the prevalence of police-youth interactions, factors that influence such interactions, the role of law enforcement in the juvenile justice system, and the outcome evidence of programs developed to help improve police-youth encounters (see page 19 for examples of evidence-based police training programs).

The [2020 Texas Juvenile Justice Handbook](#) by the Texas Attorney General provides an overview of the modern juvenile justice system in Texas. It can be used by law enforcement to understand statutory requirements related to responding to youth who have engaged in delinquent behavior and outlines alternatives to arrest (i.e., First Offender Programs, see page 12).

[Guiding Principles for School Resource Officer Programs](#) by Community Oriented Policing Services outlines a set of principles and considerations based on best practices to guide school-based policing.

# Increasing Transitional Supports at Reentry

## Best Practices



Transition planning should **begin at intake**.



All transition planning should prioritize **family involvement**.



**Warm handoff** at every stage of transition (i.e., care coordinators, detention liaisons)



**Regular planning** between school, child welfare, behavioral health, and juvenile justice stakeholders (considering all social factors and environmental needs)



**Trauma-informed** supervision practices with interventions tailored to youth's risks and needs



## County Spotlights

**Housing Supports** (see full list on U.S. Housing and Urban Development's [Ending Youth Homelessness Guidebook Series: Promising Program Models](#))

- [LifeWorks Youth Housing Programs](#) - Provides an array of case management and housing supports to youth and transition aged youth in Travis County, Texas
- [Bill Wilson Center, Transitional Living Program](#) - Serves young parents with children in shared housing program
- [Second Story Programs](#) - Variety of housing programs tailored to youth and transition-aged youth in Fairfax, Virginia

## Key Resources

[Reentry Starts Here](#) by OJJDP is a guide for youth in long-term juvenile corrections and treatment programs reentering into the community. This guide is divided into two sections, one to help youth prepare for reentry while still in placement, and another to help youth transition back into their community once released.

[The Texas School Reentry Toolkit](#) by Disability Rights Texas provides step-by-step guidance to families and youth on how to reenter their local public school after exiting a juvenile justice placement.

[Five Things about Reentry](#) by the National Institute of Justice provides an overview of consideration that should be made at the point of reentry for youth exiting juvenile justice system involvement.

The [Resources for Homeless Youth Service Providers](#) page by U.S. Housing and Urban Development provides guidance documents for planning a coordinated community approach to ending youth homelessness at the local level.

[Vocational Rehabilitation for Youth & Students through the Texas Workforce Commission](#) assists students with disabilities prepare for life after high school with pre-employment transition services, work-based learning experiences, and counseling on job opportunities and college options.



## Quick Fixes

While most priorities identified during a Texas Youth SIM mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with only a minimal investment of time, and low, if any, financial investment. Quick fixes can have a significant impact on the trajectories of youth with MI, SUD, and IDD in the juvenile justice system.

- Set up meetings between Hill Country MHDD Centers, TCHAT, and local districts to identify opportunities to improve the TCHAT referral process, including referrals from TCHAT to community-based providers.
- Meet with TCHAT team at Dell Medical School Department of Psychiatry and Behavioral Sciences and learn more about utilizing services over the summer.
- Partner with the Hays County behavioral health coordinator to develop a resource guide for community stakeholders serving youth in Hays County.
- Partner with the Behavioral Advisory Team Youth Subcommittee to increase education about existing youth services, such as the youth crisis respite and Youth Recovery Council services.
- Explore opportunities to establish Handle with Care programs in districts across the county.

## Appendices

### Appendix A: Workshop Agenda

#### Hays Youth SIM Workshop Agenda

Kyle Public Safety Center

1700 Kohlers Crossing, Kyle, TX 78640

**May 22, 2024**

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	<b>Registration</b>	Coffee and Breakfast, provided by <i>Snooze, an A.M. Eatery</i>
8:30	<b>Opening Remarks</b>	Opening Remarks <ul style="list-style-type: none"> <li>• <i>Councilmember Bear Heiser, District 1, City of Kyle</i></li> <li>• <i>Michelle Zaumeyer, LCSW-S, Clinic Director, Hill Country MHDD Centers</i></li> <li>• <i>Dr. Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas Health and Human Services Commission</i></li> </ul>
8:45	<b>Workshop Overview and Keys to Success</b>	Introduction to the Sequential Intercept Model (SIM)  Overview of the Workshop Agenda and Keys to Success  Review State Data  Identify Strategies to Support Collaboration
9:15	<b>Overview of Intercepts 0, 1, and 2</b>	Overview of Youth SIM Intercepts: <ul style="list-style-type: none"> <li>• <i>Intercept 0: School and Community-Based Services, Crisis Services</i></li> <li>• <i>Intercept 1: Law Enforcement</i></li> <li>• <i>Intercept 2: Initial Referral to Juvenile Justice</i></li> </ul> Review Local Map  Discuss Local Data
10:00	<b>Break</b>	

10:10	<b>Mapping Intercepts 0, 1, and 2</b>	<p>Expert Panel: Community and School Behavioral Health Services</p> <ul style="list-style-type: none"> <li>• Anthony Winn, LPC-S, and Melissa Ramirez, LPC-S, Hill Country MHDD Centers</li> <li>• Dr. Michael Watson, Hays CISD</li> <li>• Micaela Hernandez, LCSW, San Marcos CISD</li> <li>• Sarah Myers, LMSW, Wimberley ISD</li> <li>• Tisha Kolek, Dripping Springs ISD</li> </ul> <p>Expert Panel: Law Enforcement, Probation, and Juvenile Detention</p> <ul style="list-style-type: none"> <li>• Anthony Winn, LPC-S, and Melissa Ramirez, LPC-S Hill Country MHDD Centers</li> <li>• Officer Matthew Leathers, Kyle PD</li> <li>• Corporal Joseph Osborne, San Marcos PD</li> <li>• Lisa Day, Chief Juvenile Probation Officer, Hays County</li> <li>• Elizabeth Ferman, LCSW-S, LSOTP, Hays County Juvenile Detention Center</li> </ul> <p>Mapping Exercise</p> <ul style="list-style-type: none"> <li>• Identify Gaps</li> <li>• Share Opportunities</li> </ul>
12:00	<b>Lunch</b>	Provided by <b>Via 313</b>
12:45	<b>Summarize Opportunities, Gaps, and Establish Priorities</b>	Summarize Gaps and Opportunities Vote on Top Priorities
1:30	<b>Action Planning</b>	Introduction to Action Planning Break into Planning Groups
3:15	<b>Workgroup Report Outs</b>	Each Group Will Report Out on Action Plans
3:30	<b>Wrap Up</b>	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Share Funding Opportunities Complete Evaluation Form
4:00	<b>Closing Remarks</b>	Closing Remarks, <i>Councilmember Bear Heiser, District 1, City of Kyle</i>

## Appendix B: Community Impact Measures

Measure	Intercept	Category
Number of youth at Tier 2 and Tier 3 of the Multidisciplinary Tiered Systems of Support (MTSS) (#)	Intercept 0	Schools and Communities
Number of youth referred to community MH and SUD services by the school district (#)	Intercept 0	Schools and Communities
Mental health crisis line calls (with child as subject), count (#)	Intercept 0	Schools and Communities
Children's emergency department admissions for psychiatric reasons, count (#)	Intercept 0	Schools and Communities
Psychiatric hospital admissions (#)	Intercept 0	Schools and Communities
Mobile crisis outreach team episodes (with child as subject), count (#)	Intercept 0	Schools and Communities
Mobile crisis outreach calls responded to in the community (with child as subject) (%)	Intercept 0	Schools and Communities
Mobile crisis outreach team calls, repeat calls (% of calls)	Intercept 0	Schools and Communities
Crisis center admissions, count (e.g., children's respite center, children's crisis stabilization unit) (#)	Intercept 0	Schools and Communities
Number of youth removed from home (DFPS) (#)	Intercept 0	Schools and Communities
Number of school-based law enforcement (#)	Intercept 1	Law Enforcement
Number of school-based law enforcement responses to school mental health crisis (#)	Intercept 1	Law Enforcement
Designated mental health officers (e.g., Mental Health Deputies, CIT Officer) (#)	Intercept 1	Law Enforcement
Mental health crisis calls handled by law enforcement (with child as subject), count (#)	Intercept 1	Law Enforcement

Law enforcement transport to crisis facilities with child as subject (emergency department, crisis centers, psychiatric hospitals) (#)	Intercept 1	Law Enforcement
Law enforcement response to youth experiencing a mental health crisis resulting in a diversion (%)	Intercept 1	Law Enforcement
Emergency detention orders with child as subject (#)	Intercept 1	Law Enforcement
Referrals to juvenile probation (#)	Intercept 2	Initial Juvenile Justice Referral
Youth detained at county juvenile detention facility (#)	Intercept 2	Initial Juvenile Justice Referral
MAYSI Screenings, percent screening above caution cut off score on at least 2 of the 6 clinical scales (%)	Intercept 2	Initial Juvenile Justice Referral
MAYSI Screenings, percent screening above caution cut off score on the alcohol drug use scale (%)	Intercept 2	Initial Juvenile Justice Referral
MAYSI Screenings, percent screening above caution cut off score on suicidal ideation scale (%)	Intercept 2	Initial Juvenile Justice Referral
PACT Pre-Screen, percent screening as low-risk to re-offend (%)	Intercept 2	Initial Juvenile Justice Referral
Number of youth with both CPS and juvenile justice system involvement (cross-over youth) (#)	Intercept 2	Initial Juvenile Justice Referral
Average cost per day to house someone in juvenile detention (\$)	Intercept 2	Initial Juvenile Justice Referral

## **Appendix C: Texas and Federal Privacy and Information Sharing Provisions**

*Note: Please reference links to statute directly to ensure the timeliest information.*

### **School Records Sharing**

See the [Joint Guidance on the Application of Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability and Accountability Act of 1996 To Student Records Guide](#) by the U.S. Department of Health and Human Services and U.S. Department of Education. This guide answers common questions and provides guidance to school administrators and health care professions on the relationship between FERPA statute and regulations and HIPAA Privacy Rule and how they apply to records maintained on students.

### **Mental Health Record Protections**

#### [Health and Safety Code Chapter 533:](#)

Section 533.009. EXCHANGE OF PATIENT RECORDS.

(a) Department facilities, local mental health authorities, community centers, other designated providers, and subcontractors of mental health services are component parts of one service delivery system within which patient records may be exchanged without the patient's consent.

#### [Health and Safety Code Chapter 611:](#)

Section 611.004. AUTHORIZED DISCLOSURE OF CONFIDENTIAL INFORMATION OTHER THAN IN JUDICIAL OR ADMINISTRATIVE PROCEEDING.

(a) A professional may disclose confidential information only:

- (1) to a governmental agency if the disclosure is required or authorized by law;
- (2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
- (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);

- (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
- (5) to the patient's personal representative if the patient is deceased;
- (6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;
- (7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;
- (8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);
- (9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody;
- (10) to an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:
  - (A) will not use or disclose the information for any other purposes; and
  - (B) will take appropriate steps to protect the information; or
- (11) to satisfy a request for medical records of a deceased or incompetent person pursuant to Section [74.051](#)(e), Civil Practice and Remedies Code.
  - (a-1) No civil, criminal, or administrative cause of action exists against a person described by Section [611.001](#)(2)(A) or (B) for the disclosure of confidential information in accordance with Subsection (a)(2). A cause of action brought against the person for the disclosure of the confidential information must be dismissed with prejudice.
  - (b) Personnel who receive confidential information under Subsection (a)(3) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report or in any other manner.
  - (c) The exception in Subsection (a)(8) applies only to records created by the state hospital or state school or by the employees of the hospital



or school. Information or records that identify a patient may be released only with the patient's proper consent.

(d) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information. This subsection does not apply to a person listed in Subsection (a)(4) or (a)(5) who is acting on the patient's behalf.

### [Health and Safety Code Chapter 614](#)

#### Section 614.017. EXCHANGE OF INFORMATION.

(a) An agency shall:

(1) accept information relating to a special needs offender or a juvenile with a mental impairment that is sent to the agency to serve the purposes of continuity of care and services regardless of whether other state law makes that information confidential; and

(2) disclose information relating to a special needs offender or a juvenile with a mental impairment, including information about the offender's or juvenile's identity, needs, treatment, social, criminal, and vocational history, supervision status and compliance with conditions of supervision, and medical and mental health history, if the disclosure serves the purposes of continuity of care and services.

(b) Information obtained under this section may not be used as evidence in any juvenile or criminal proceeding, unless obtained and introduced by other lawful evidentiary means.

(c) In this section:

(1) "Agency" includes any of the following entities and individuals, a person with an agency relationship with one of the following entities or individuals, and a person who contracts with one or more of the following entities or individuals:

(A) the Texas Department of Criminal Justice and the Correctional Managed Health Care Committee;

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

- (F) the Texas Education Agency;
- (G) the Commission on Jail Standards;
- (H) the Department of Aging and Disability Services;
- (I) the Texas School for the Blind and Visually Impaired;
- (J) community supervision and corrections departments and local juvenile probation departments;
- (K) personal bond pretrial release offices established under Article [17.42](#), Code of Criminal Procedure;
- (L) local jails regulated by the Commission on Jail Standards;
- (M) a municipal or county health department;
- (N) a hospital district;
- (O) a judge of this state with jurisdiction over juvenile or criminal cases;
- (P) an attorney who is appointed or retained to represent a special needs offender or a juvenile with a mental impairment;
- (Q) the Health and Human Services Commission;
- (R) the Department of Information Resources;
- (S) the bureau of identification and records of the Department of Public Safety, for the sole purpose of providing real-time, contemporaneous identification of individuals in the Department of State Health Services client data base; and
- (T) the Department of Family and Protective Services.

## **Records Sharing for Justice Involved Youth**

### [Family Code Chapter 58](#)

#### Sec. 58.0051. INTERAGENCY SHARING OF EDUCATIONAL RECORDS.

(a) In this section:

(1) "Educational records" means records in the possession of a primary or secondary educational institution that contain information relating to a student, including information relating to the student's:

- (A) identity;
- (B) special needs;
- (C) educational accommodations;

- (D) assessment or diagnostic test results;
- (E) attendance records;
- (F) disciplinary records;
- (G) medical records; and
- (H) psychological diagnoses.

Text of subdivision effective until April 01, 2025

(2) "Juvenile service provider" means a governmental entity that provides juvenile justice or prevention, medical, educational, or other support services to a juvenile. The term includes:

- (A) a state or local juvenile justice agency as defined by Section [58.101](#);
- (B) health and human services agencies, as defined by Section [531.001](#), Government Code, and the Health and Human Services Commission;
- (C) the Department of Family and Protective Services;
- (D) the Department of Public Safety;
- (E) the Texas Education Agency;
- (F) an independent school district;
- (G) a juvenile justice alternative education program;
- (H) a charter school;
- (I) a local mental health authority or local intellectual and developmental disability authority;
- (J) a court with jurisdiction over juveniles;
- (K) a district attorney's office;
- (L) a county attorney's office; and
- (M) a children's advocacy center established under Section [264.402](#).

Text of subdivision effective on April 01, 2025

(2) "Juvenile service provider" means a governmental entity that provides juvenile justice or prevention, medical, educational, or other support services to a juvenile. The term includes:

- (A) a state or local juvenile justice agency as defined by Section [58.101](#);

- (B) health and human services agencies, as defined by Section [521.0001](#), Government Code, and the Health and Human Services Commission;
- (C) the Department of Family and Protective Services;
- (D) the Department of Public Safety;
- (E) the Texas Education Agency;
- (F) an independent school district;
- (G) a juvenile justice alternative education program;
- (H) a charter school;
- (I) a local mental health authority or local intellectual and developmental disability authority;
- (J) a court with jurisdiction over juveniles;
- (K) a district attorney's office;
- (L) a county attorney's office; and
- (M) a children's advocacy center established under Section [264.402](#).

(3) "Student" means a person who:

- (A) is registered or in attendance at a primary or secondary educational institution; and
- (B) is younger than 18 years of age.

(b) At the request of a juvenile service provider, an independent school district or a charter school shall disclose to the juvenile service provider confidential information contained in the student's educational records if the student has been:

- (1) taken into custody under Section [52.01](#); or
- (2) referred to a juvenile court for allegedly engaging in delinquent conduct or conduct indicating a need for supervision.

(c) An independent school district or charter school that discloses confidential information to a juvenile service provider under Subsection (b) may not destroy a record of the disclosed information before the seventh anniversary of the date the information is disclosed.

(d) An independent school district or charter school shall comply with a request under Subsection (b) regardless of whether other state law makes that information confidential.

(e) A juvenile service provider that receives confidential information under this section shall:

(1) certify in writing that the juvenile service provider receiving the confidential information has agreed not to disclose it to a third party, other than another juvenile service provider; and

(2) use the confidential information only to:

(A) verify the identity of a student involved in the juvenile justice system; and

(B) provide delinquency prevention or treatment services to the student.

(f) A juvenile service provider may establish an internal protocol for sharing information with other juvenile service providers as necessary to efficiently and promptly disclose and accept the information. The protocol may specify the types of information that may be shared under this section without violating federal law, including any federal funding requirements. A juvenile service provider may enter into a memorandum of understanding with another juvenile service provider to share information according to the juvenile service provider's protocols. A juvenile service provider shall comply with this section regardless of whether the juvenile service provider establishes an internal protocol or enters into a memorandum of understanding under this subsection unless compliance with this section violates federal law.

(g) This section does not affect the confidential status of the information being shared. The information may be released to a third party only as directed by a court order or as otherwise authorized by law. Personally identifiable information disclosed to a juvenile service provider under this section is not subject to disclosure to a third party under Chapter [552](#), Government Code.

(h) A juvenile service provider that requests information under this section shall pay a fee to the disclosing juvenile service provider in the same amounts charged for the provision of public information under Subchapter [E](#), Chapter [552](#), Government Code, unless:

(1) a memorandum of understanding between the requesting provider and the disclosing provider:

(A) prohibits the payment of a fee;

(B) provides for the waiver of a fee; or

(C) provides an alternate method of assessing a fee;

(2) the disclosing provider waives the payment of the fee; or

(3) disclosure of the information is required by law other than this subchapter.

Sec. 58.0052. INTERAGENCY SHARING OF CERTAIN NONEDUCATIONAL RECORDS.

(a) In this section:

- (1) "Juvenile justice agency" has the meaning assigned by Section [58.101](#).
- (2) "Juvenile service provider" has the meaning assigned by Section [58.0051](#).
- (3) "Multi-system youth" means a person who:
  - (A) is younger than 19 years of age; and
  - (B) has received services from two or more juvenile service providers.
- (4) "Personal health information" means personally identifiable information

regarding a multi-system youth's physical or mental health or the provision of or payment for health care services, including case management services, to a multi-system youth. The term does not include clinical psychological notes or substance abuse treatment information.

(b) Subject to Subsection (c), at the request of a juvenile service provider, another juvenile service provider shall disclose to that provider a multi-system youth's personal health information or a history of governmental services provided to the multi-system youth, including:

- (1) identity records;
- (2) medical and dental records;
- (3) assessment or diagnostic test results;
- (4) special needs;
- (5) program placements;
- (6) psychological diagnoses; and
- (7) other related records or information.

(b-1) In addition to the information provided under Subsection (b), the Department of Family and Protective Services and the Texas Juvenile Justice Department shall coordinate and develop protocols for sharing with each other, on request, any other information relating to a multi-system youth necessary to:

- (1) identify and coordinate the provision of services to the youth and prevent duplication of services;
- (2) enhance rehabilitation of the youth; and
- (3) improve and maintain community safety.

(b-2) At the request of the Department of Family and Protective Services or a single source continuum contractor who contracts with the department to provide foster care services, a state or local juvenile justice agency shall share with the department or contractor information in the possession of the juvenile justice agency that is necessary to improve and maintain community safety or that assists the department or contractor in the continuation of services for or providing services to a multi-system youth who is or has been in the custody or control of the juvenile justice agency.

(b-3) At the request of a state or local juvenile justice agency, the Department of Family and Protective Services or a single source continuum contractor who contracts with the department to provide foster care services shall, not later than the 14th business day after the date of the request, share with the juvenile justice agency information in the possession of the department or contractor that is necessary to improve and maintain community safety or that assists the agency in the continuation of services for or providing services to a multi-system youth who:

(1) is or has been in the temporary or permanent managing conservatorship of the department;

(2) is or was the subject of a family-based safety services case with the department;

(3) has been reported as an alleged victim of abuse or neglect to the department;

(4) is the perpetrator in a case in which the department investigation concluded that there was a reason to believe that abuse or neglect occurred; or

(5) is a victim in a case in which the department investigation concluded that there was a reason to believe that abuse or neglect occurred.

(c) A juvenile service provider may disclose personally identifiable information under this section only for the purposes of:

(1) identifying a multi-system youth;

(2) coordinating and monitoring care for a multi-system youth; and

(3) improving the quality of juvenile services provided to a multi-system youth.

(d) To the extent that this section conflicts with another law of this state with respect to confidential information held by a governmental agency, this section controls.

(e) A juvenile service provider may establish an internal protocol for sharing information with other juvenile service providers as necessary to efficiently and promptly disclose and accept the information. The protocol may specify the types of information that

may be shared under this section without violating federal law, including any federal funding requirements. A juvenile service provider may enter into a memorandum of understanding with another juvenile service provider to share information according to the juvenile service provider's protocols. A juvenile service provider shall comply with this section regardless of whether the juvenile service provider establishes an internal protocol or enters into a memorandum of understanding under this subsection unless compliance with this section violates federal law.

(f) This section does not affect the confidential status of the information being shared. The information may be released to a third party only as directed by a court order or as otherwise authorized by law. Personally identifiable information disclosed to a juvenile service provider under this section is not subject to disclosure to a third party under Chapter [552](#), Government Code.

(g) This section does not affect the authority of a governmental agency to disclose to a third party for research purposes information that is not personally identifiable as provided by the governmental agency's protocol.

(h) A juvenile service provider that requests information under this section shall pay a fee to the disclosing juvenile service provider in the same amounts charged for the provision of public information under Subchapter [E](#), Chapter [552](#), Government Code, unless:

(1) a memorandum of understanding between the requesting provider and the disclosing provider:

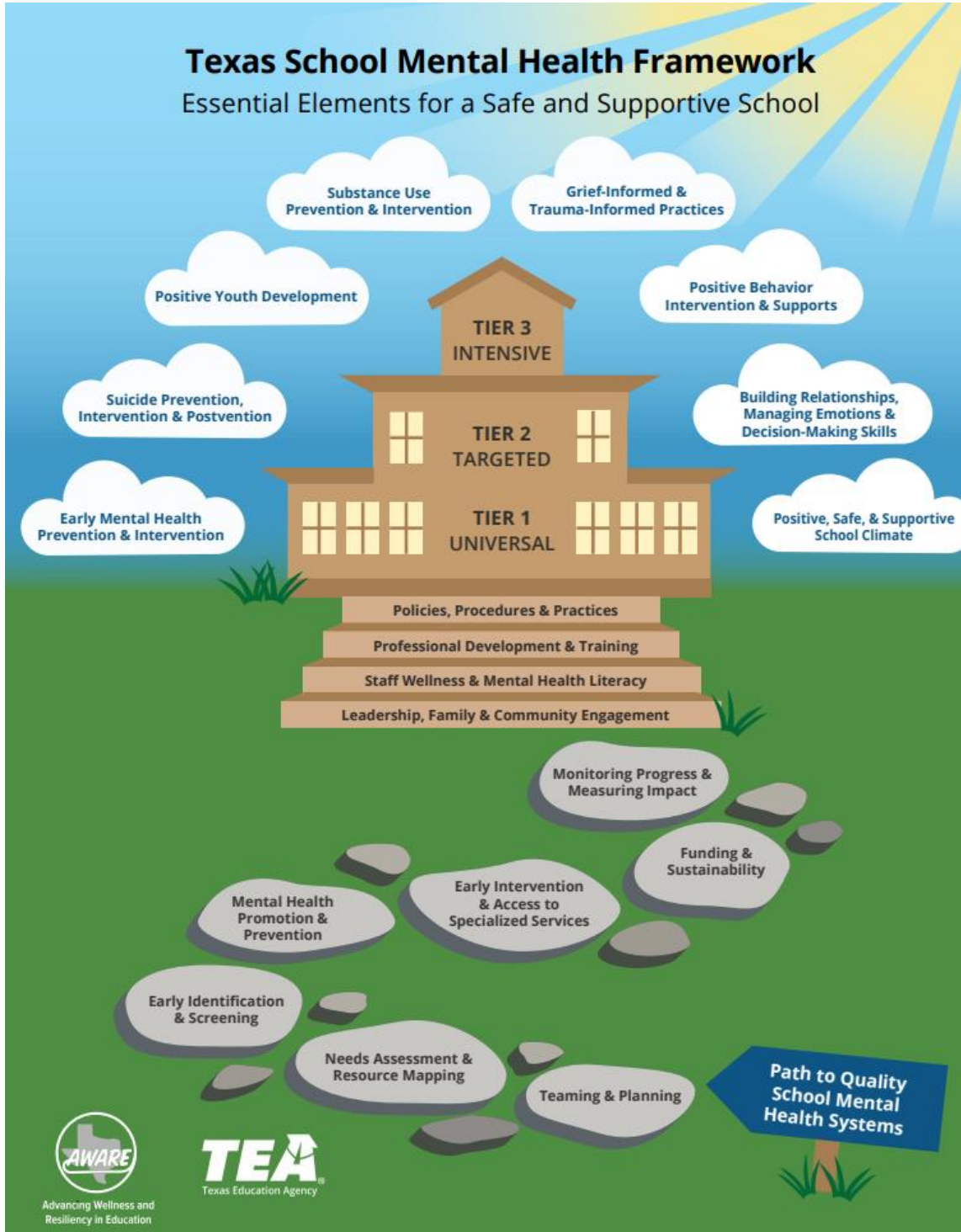
- (A) prohibits the payment of a fee;
- (B) provides for the waiver of a fee; or
- (C) provides an alternate method of assessing a fee;

(2) the disclosing provider waives the payment of the fee; or

(3) disclosure of the information is required by law other than this subchapter.

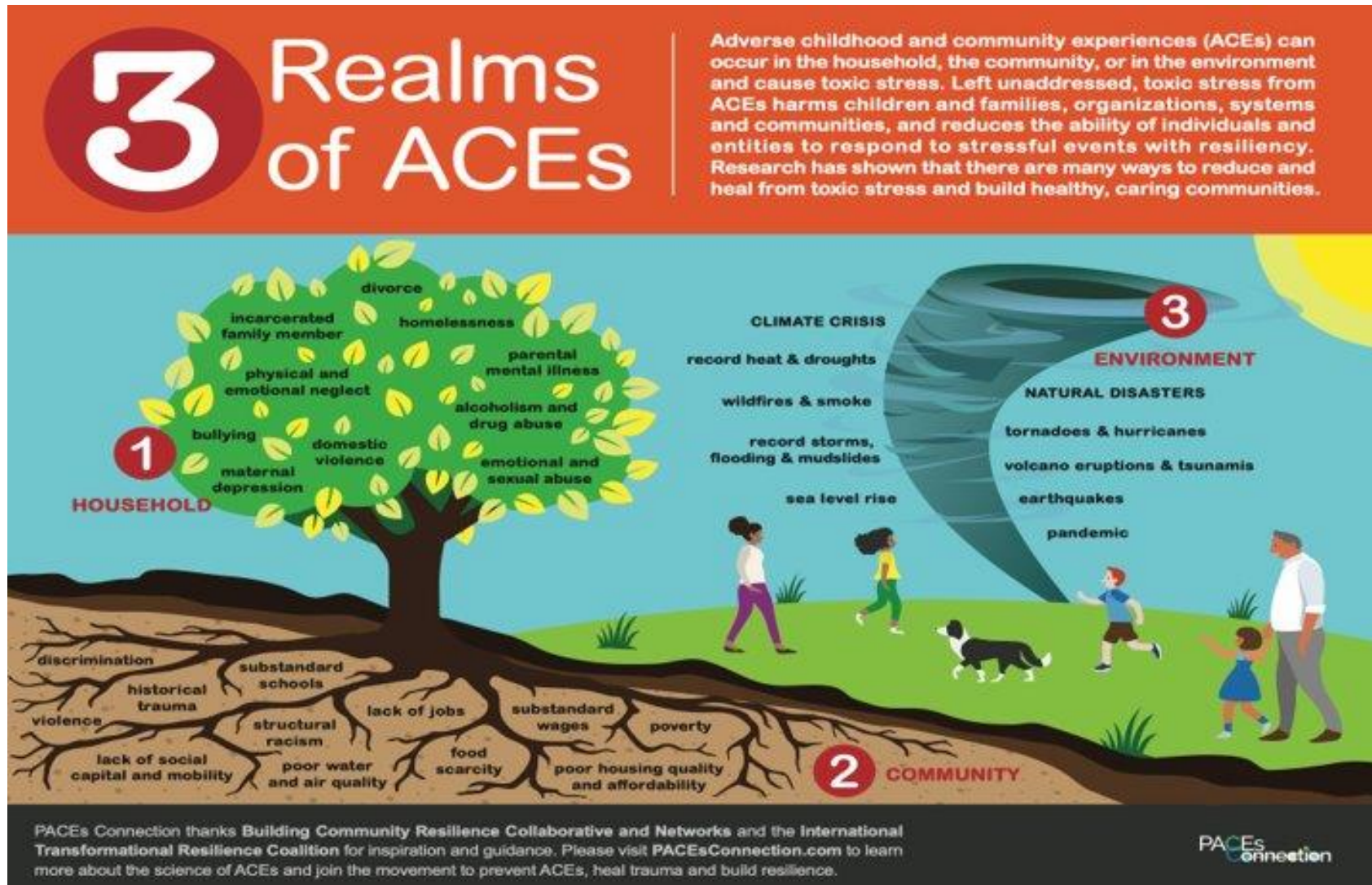


## Appendix D: Texas School Mental Health Framework (Multi-Tiered System of Supports)<sup>2</sup>



<sup>2</sup> [School Mental Health Practice Guide and Toolkit \(schoolmentalhealthtx.org\)](https://schoolmentalhealthtx.org/)

## Appendix E: Realms of ACEs<sup>3</sup>



<sup>3</sup> [3 Realms of ACEs | PACEsConnection](https://PACEsConnection.com)

## Appendix F: SIM Mapping Workshop Participant List

Name	Agency/ Organization	Title
Medardo Galeano	Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)	
Nate Dentino	Hill Country MHDD Centers	TCOOMMI Program Director
Taylor Bordelon	Cenikor Youth Recovery Community	Youth Recovery Community Team Lead
Tisha Kolek	Dripping Springs ISD	Director of Counseling & Health Services
Sarah Myers, LMSW	Wimberley ISD	Wellness Center Coordinator
Lisa Day	Hays County Juvenile Probation	Chief Juvenile Probation
Erin Barker	Hays County Sheriff's Office	Mobile Crisis Outreach Liaison
Michelle Cohen	Hays County	County Commissioner
Joseph Osborne	San Marcos Police Department	Police Corporal
Maritza Gonzalez	Hays CISD	Director Guidance & Counseling
Nate Waters	Kyle Police Department	Mental Health Officer
Michelle Kewley	Baylor Scott & White Buda	Baylor Scott & White Buda Emergency Department Nurse Manager
Melissa Ramirez	Hill Country MHDD Centers	Director of Children Services
Steve Cunningham	Hays County Sheriff's Office	Sergeant
Tera Simmons	Hill Country MHDD Centers Youth Crisis Respite Center	Program Specialist
Anthony Winn	Hill Country MHDD Centers	Director of Clinical Operations
Lizzy Orman	Greater San Marcos Youth Council	Lead Family Support Specialist
Jackie Platt	Communities In Schools of Central Texas	Senior Program Director
Micaela Hernandez	San Marcos CISD	Mental Health & Behavioral Health Specialist
Mahgul Mansoor	Texas Institute for Excellence in Mental Health	Research Assistant
Stan Standridge	San Marcos Police Department	Chief of Police

Matthew Leathers	Kyle Police Department	Mental Health Officer
Erica Gallardo	Communities In Schools of Central Texas	Program Director of Campus-Based Services
Adriana Guerrero	San Marcos CISD	San Marcos CISD Director of Social-Emotional Learning & Guidance
Michael Watson	Hays CISD	
Tristen McNeal	Hill Country MHDD Centers	Multi-Systemic Therapy Therapist
Bear Heiser	City of Kyle	Councilmember
Beth Smith	Precinct 2	Justice of the Peace
Amy Lowrie	Hill Country MHDD Centers	
Lisa Cisneros	Hill Country MHDD Centers	
Lauren Mitchell	Hill Country MHDD Centers	Youth Crisis Respite Center Director
Landon Sturdivant	Hill Country MHDD Centers	Deputy CEO
Michelle Zaumeyer	Hill Country MHDD Centers	Clinic Director

## Appendix G: List of Acronyms

Acronym	Full Name
ARD	Admission, Review, and Dismissal
CIS	Communities In Schools
CISD	Consolidated Independent School District
CIT	Crisis Intervention Team
COC	Code of Conduct
CPS	Child Protective Services
CRCG	Community Resource Coordination Group
CSCD	Community Supervision and Corrections Department
DAEP	Disciplinary Alternative Education Program
DFPS	Department of Family and Protective Services
DPR	Drug Prevention Resources
EMS	Emergency Medical Services
FERPA	Family Educational Rights and Privacy Act
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HOTBHN	Heart of Texas Behavioral Health Network
IDD	Intellectual and Developmental Disability
ISD	Independent School District
JJAEP	Juvenile Justice Alternative Education Program
LE	Law Enforcement

<b>LIDDA</b>	Local Intellectual and Developmental Disability Authority
<b>LBHA</b>	Local Behavioral Health Authority
<b>LMHA</b>	Local Mental Health Authority
<b>MAYSI</b>	Massachusetts Youth Screening Instrument
<b>MCOT</b>	Mobile Crisis Outreach Team
<b>MHDD</b>	Mental Health and Developmental Disabilities
<b>MI</b>	Mental Illness
<b>MOU</b>	Memorandum of Understanding
<b>MTSS</b>	Multi-Tiered System of Support
<b>NAMI</b>	National Alliance on Mental Illness
<b>OCOF</b>	Our Community Our Future
<b>OFC</b>	Office of Forensic Coordination
<b>OJJDP</b>	Office of Juvenile Justice and Delinquency Prevention
<b>PACT</b>	Positive Achievement Change Tool
<b>PCEs</b>	Positive Childhood Experiences
<b>PRA</b>	Policy Research Associates
<b>QMHP</b>	Qualified Mental Health Professional
<b>ROI</b>	Release of Information
<b>RTC</b>	Residential Treatment Center
<b>SAFE</b>	Student and Family Empowerment Program
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SIM</b>	Sequential Intercept Model

<b>SMI</b>	Serious Mental Illness
<b>SUD</b>	Substance Use Disorder
<b>TA</b>	Technical Assistance
<b>TEA</b>	Texas Education Agency
<b>TCHAT</b>	Texas Child Health Access Through Telemedicine
<b>TCOOMMI</b>	Texas Correctional Office on Offenders with Medical or Mental Impairments
<b>YAC</b>	Youth Advisory Council