

Texas Youth Sequential Intercept Model Mapping Report: Tom Green County

**Texas Health and Human Services
July 2024**



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Background

Acknowledgements

This report was prepared by the Texas Health and Human Services Commission (HHSC). The workshop was convened by Deputy Chief of Mental Health for Tom Green County Juvenile Justice Center (JJC) Chelsea Jones. The planning committee members included:

- Elizabeth Berry, Chief Public Defender, Concho Valley Public Defender's Office
- Gregory Hickey, LPC, Mental Health Specialist, Region 15 Education Service Center (ESC)
- Judge Tommy LaFon, Criminal Magistrate Court
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- Jensen Martinez, Assistant District Attorney, Tom Green County District Attorney's Office
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- Dusty McCoy, Chief Executive Officer, West Texas Counseling & Guidance (WTCG)
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- Monica Schniers, Chief Juvenile Probation Officer, Tom Green County Juvenile Justice Center (JJC)
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- JG Wood, Deputy Chief of Juvenile Probation, Tom Green County Juvenile Justice Center (JJC)
- Rebecca Zapata, Clinical Director, West Texas Counseling & Guidance (WTCG)

The planning committee members played a critical role in making the Tom Green County Texas 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 Catherine Bialick, MPAff; Paul Boston, LCSW; Elizabeth Conville, MPA; and Jennie Simpson, PhD.

About the Texas Behavioral Health and Justice Technical Assistance Center

The Texas Behavioral Health and Justice Technical Assistance Center (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 a mental illness (MI), substance use disorder (SUD), and/or intellectual and developmental disability (IDD). Established in 2022, the TA Center is supported by HHSC and 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 working collaboratively across systems to improve outcomes for people with MI, SUD, and/or IDD.

The TA Center, on behalf of HHSC, has adopted the SIM as a strategic planning tool for the state and communities across Texas. The TA Center hosts SIM mapping workshops to bring together community leaders, government agencies, and systems to identify strategies for diverting people with MI, SUD, and/or IDD, when appropriate, away from the justice system into clinically appropriate services. The goal of the Texas SIM Mapping Initiative is to ensure that all counties have 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 Tom Green County*. Austin, TX: Texas Health and Human Services Commission.

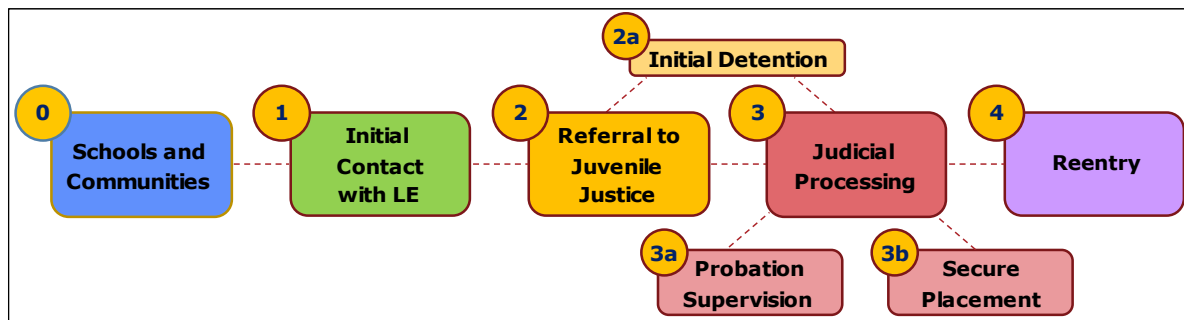
Introduction

The Texas Youth SIM helps community stakeholders understand how youth with MI, SUD, and/or 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/or IDD to services and prevent further involvement with the criminal justice system.

HHSC's Office of Forensic Services and Coordination (OFSC) led the development of the Texas Youth SIM. OFSC 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/or 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 OFSC 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 the figure below.
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.
5. Create a customized local map and local action plan to address identified gaps.

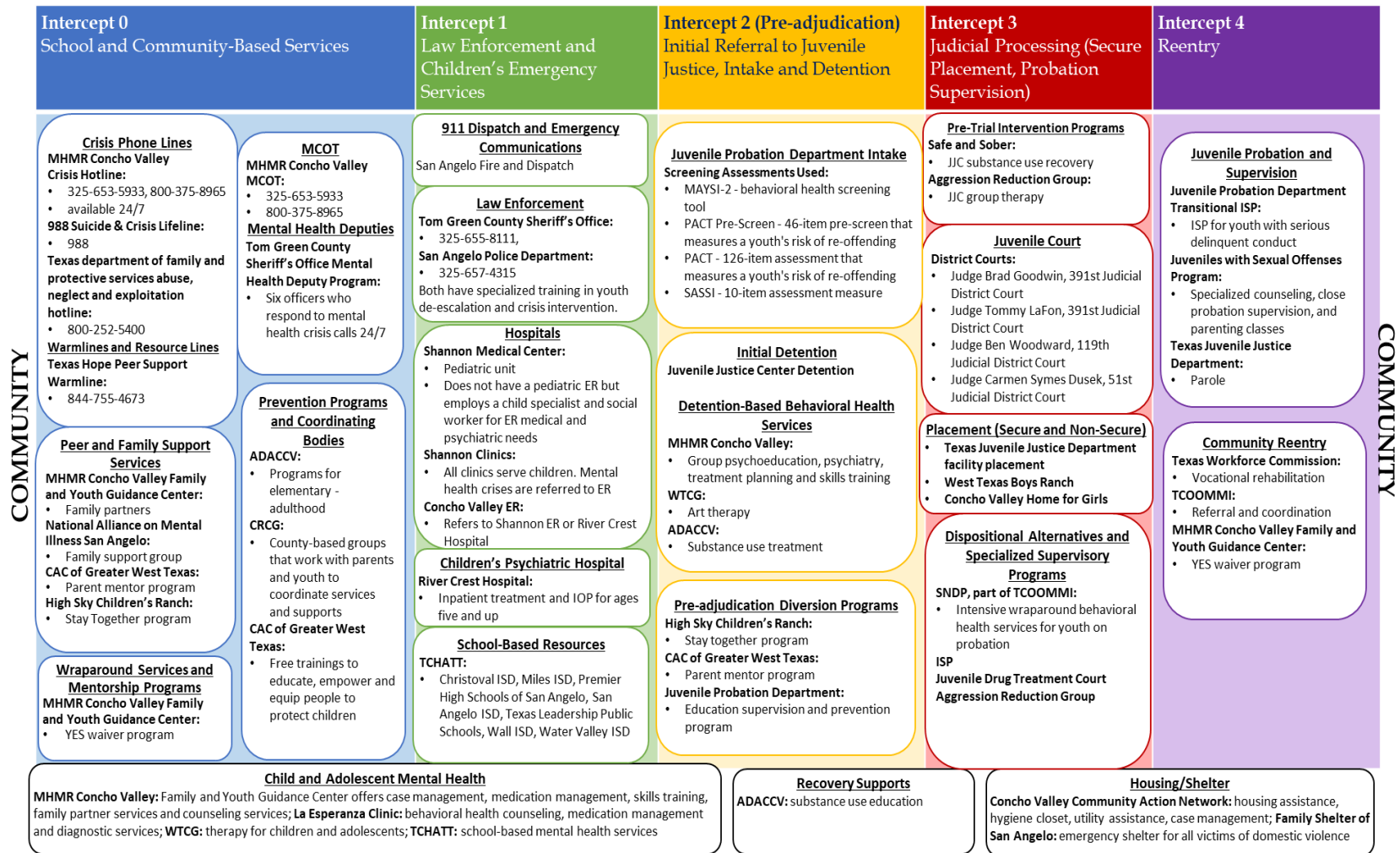


In 2023, Deputy Chief of Mental Health for Tom Green County JJC Chelsea Jones requested an HHSC Texas Youth SIM mapping workshop to help foster collaboration among behavioral health and juvenile justice stakeholders and to improve early intervention and diversion for youth with MI, SUD, and/or IDD. The workshop took place on July 12 -13, in San Angelo, Texas. See [Appendix A](#) for a detailed workshop agenda.



Note: This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the July 2024 Tom Green County Texas 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 and opportunities and action planning priorities identified in this report reflect the opinions of participating stakeholders, not HHSC.

Texas Youth SIM Map for Tom Green County



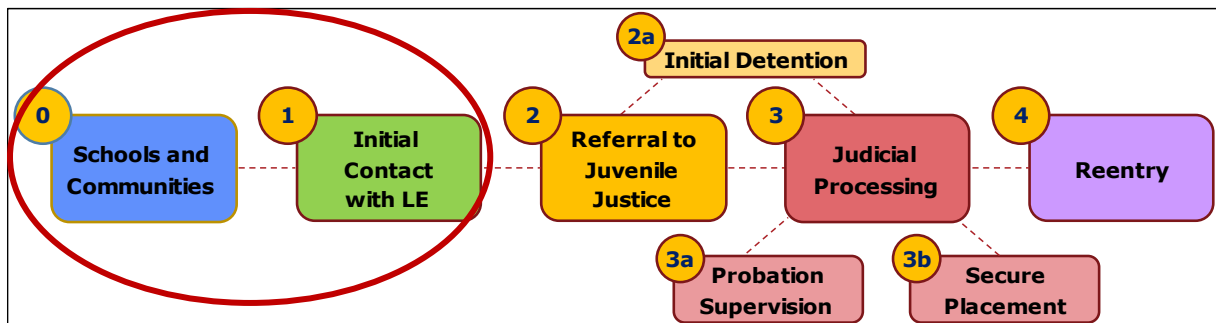
See [Appendix B](#) for detailed description. See [Appendix I](#) for a list of acronyms and initialisms.

Opportunities and Gaps at Each Intercept

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

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: Schools and Communities, Initial Contact with Law Enforcement



Overview: Intercepts 0 and 1

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

Intercept 1 includes initial contact with community-based and school-based law enforcement (written as "LE" on SIM Map) or other emergency

services. Law enforcement officers have considerable discretion with how they respond to a situation in the community involving youth with MI, SUD, and/or 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

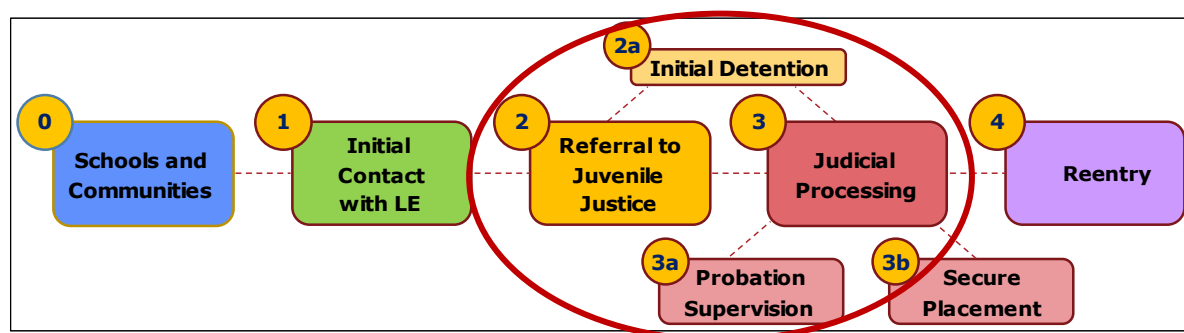
Gaps	Opportunities
<ul style="list-style-type: none"> • Difficulty utilizing Texas Child Health Access Through Telemedicine (TCHATT) due to challenges with: <ul style="list-style-type: none"> ▶ Parental consent. ▶ Appointments overlapping with core classes. 	<ul style="list-style-type: none"> • Consult with TCHATT Health Related Institution, Texas Tech University Health Sciences Center, on how to address challenges implementing TCHATT services. • Explore opportunities to utilize the San Angelo Independent School District

Gaps	Opportunities
<ul style="list-style-type: none"> ▶ Communication and follow-up between TCHAT providers and the school. • Lack of mental health professionals in schools across the county. • Insufficient time and resources for school staff to perform home visits. • Inconsistent behavioral health crisis protocols across school districts and campuses. • Increased referrals to Disciplinary Alternative Education Programs (DAEP) because of House Bill 114, 88th Legislature, Regular Session, 2023, which makes vaping a mandatory offense. • Limited implementation of evidence-based social emotional learning across grade levels. • Limited mental health training for law enforcement assigned to schools. • Lack of family partners in San Angelo ISD to support family engagement and service coordination. 	<p>(ISD) Texas Education Agency (TEA) Stronger Connections grant to implement multi-tiered systems of support (MTSS) and enhance behavioral health supports.</p> <ul style="list-style-type: none"> • Explore how schools access and utilize the Region 15 ESC parent engagement specialists. • Consider changes to policy and procedure to encourage increased utilization of the Region 15 ESC parent engagement specialists across Tom Green County. • Create a youth crisis workgroup as part of the newly established behavioral health leadership team (see Strategic Action Plans). Include staff from schools, WTCG, MHMR Concho Valley, and school resource officers (SROs), and develop a plan to document and standardize crisis response across schools in Tom Green County. • Consider evidence-based practices, standardized assessments, and procedures to ensure timely and safe handoffs for youth in crisis. • Utilize WTCG to respond to high-acuity crises in schools. • Explore opportunities to share San Angelo ISD's crisis assessment and crisis protocol with other districts. • Reduce barriers to family engagement by exploring opportunities to provide home services to families (e.g., High Sky Children's Ranch meets families in their homes). • Implement a Handle with Care program through Tom Green County school districts, including the San Angelo ISD Carver Learning Center. • Explore opportunities for specialty SRO training through organizations like Texas

Gaps	Opportunities
<ul style="list-style-type: none"> Limited diversion options for youth in crisis leading to overutilization of hospital emergency departments. Limited communication from hospitals to local mental health providers hinders coordination of hospitalization aftercare. Few options for intensive mental health services for youth, like partial hospitalization programs (PHPs) and intensive outpatient programs (IOPs) to support youth who do not meet criteria for hospitalization. No mental health crisis respite or receiving center options for youth. Limited open intake hours at MHMR Concho Valley. 	<p>Association of School Resource Officers that offer training from national entities.</p> <ul style="list-style-type: none"> Distribute admissions criteria and payer information about River Crest Hospital's PHP, which allows youth to remain enrolled and engaged in school while receiving intensive mental health assessment and treatment. Explore opportunities to engage youth with high-acuity behavioral health needs in WTCG services. Plan for a youth crisis, assessment, receiving, or diversion center (see Strategic Action Plans for resources).
<ul style="list-style-type: none"> General lack of youth SUD treatment resources. Shortage of local, licensed mental health providers. Long waitlists for community-based private psychotherapists (more than 50 days). Lack of specialty behavioral health providers in the community (e.g., eye movement desensitization and reprocessing, family therapy, applied behavioral analysis, etc.). 	<ul style="list-style-type: none"> Expand knowledge of and access to WTCG services for youth with high-acuity behavioral health needs.
<ul style="list-style-type: none"> Community misunderstandings about the role of law enforcement in serving justice-involved youth and youth at risk of justice involvement. Difficulty engaging parents in juvenile justice and education issues. 	<ul style="list-style-type: none"> Use San Angelo ISD's new TEA Stronger Connections grant to support parent engagement initiatives. Research best and promising practices for parent engagement to ensure maximum grant effectiveness (see Strategic Action Plans for parent engagement resources).

Gaps	Opportunities
<ul style="list-style-type: none"> Limited resources to address underlying factors that can contribute to youth truancy and parental disengagement. Lack of resources for adults to address issues like familial poverty, intergenerational trauma, parental mental health and substance use issues. Difficulty engaging families and the community due to beliefs about mental health, SUD and punitive approaches. Limited resources to support homeless and runaway youth. 	<ul style="list-style-type: none"> Explore adding Region 15 ESC parent engagement specialists to community meetings like the existing Community Resource Coordination Group (CRCG). Host a multi-agency parents' night to meet parents and assess community need. Plan to incentivize participation (e.g., prizes and food) and reduce the burden of participation (e.g., transportation assistance and childcare).
<ul style="list-style-type: none"> Minimal opportunities for youth empowerment, leadership, and input. No existing youth advisory councils (YAC) or similar opportunities. 	<ul style="list-style-type: none"> Consider the establishment of a YAC for City of San Angelo and Tom Green County. Partner with settings that serve at-risk youth (e.g., Carver Learning Center) and convene a focus group with students to learn more about their challenges and needs.

Intercept 2 and Intercept 3: Referral to Juvenile Justice and Judicial Processing



Overview: Intercepts 2 and 3

Intercept 2 of the model begins when an initial referral to juvenile probation is made. At Intercept 2, youth can remain in the community or become detained at a juvenile detention facility while their case is processed. It 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/or IDD.

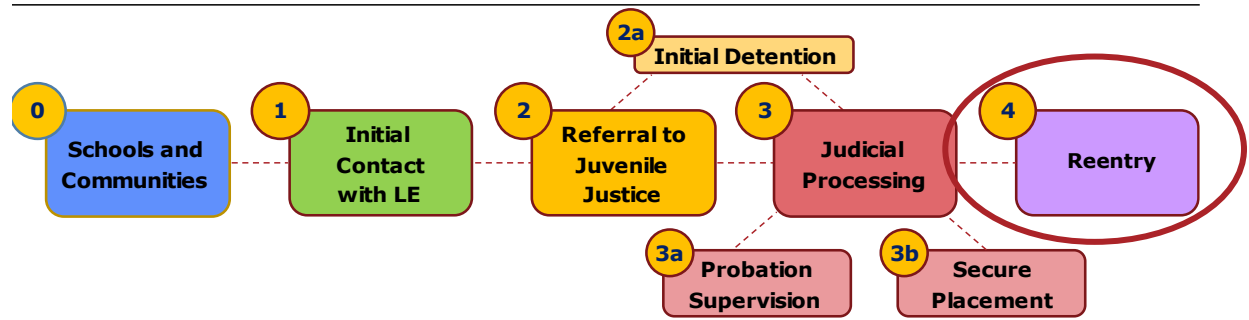
Intercept 3 most often presents when a juvenile case is referred to a prosecutor to be disposed. At Intercept 3, youth with MI, SUD, and/or IDD not yet diverted at earlier intercepts, may be eligible for court-based diversion programs, referral to specialty courts and specialized probation caseloads. It also includes post-adjudication placement.

Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • Inability to hire a staff psychotherapist for the juvenile detention center. • Limited services and juvenile probation placement options for justice-involved youth with co-occurring MI, SUD, and/or IDD. • Limited placement options for youth whose families refuse to pick them up from detention. • Misunderstandings of the role of Child Protective Services (CPS) and their ability to take custody of youth left in detention. • Insufficient educational supports for youth in detention, who have Individualized Education Programs and require additional learning supports. • Difficulty deploying new therapeutic services, like Multisystemic Therapy, due to behavioral health workforce shortages. 	<ul style="list-style-type: none"> • Consider Tom Green County JJC participation in nationwide efforts to transform safety in juvenile justice settings, such as the Zero Suicide Initiative. • Explore opportunities to open a youth respite center to enhance community diversion options and to provide youth and their families a place to seek access to short term, enhanced, and readily accessible services. • Explore opportunities to enhance community coordination and leadership to address challenges in the juvenile justice system. • Establish a behavioral health leadership team (see Strategic Action Plans); include juvenile probation, juvenile detentions, MHMR Concho Valley, CPS, the court, local hospitals, WTCG, schools, court appointed special advocates (CASA), and other relevant stakeholders.
<ul style="list-style-type: none"> • Insufficient public transportation for families involved with the Tom Green County JJC, including for associated services like psychotherapy. • Difficulty engaging families. • Long wait times for MHMR Concho Valley 	<ul style="list-style-type: none"> • Expand the use of family partners in the Tom Green County JJC to support parent engagement and discharge planning from detention. • Consider the feasibility of embedding a family partner in the mental health diversion court.

Gaps	Opportunities
intake appointments.	<ul style="list-style-type: none"> Utilize individually tailored conditions of release from juvenile detention that are sensitive to family capacity or include provisions to address common barriers like transportation.
<ul style="list-style-type: none"> Changes in statutory criteria for CPS involvement when parents refuse to pick up children released from juvenile detention. Shortage of placements for youth in foster care. <ul style="list-style-type: none"> No residential treatment centers in or close to Tom Green County. Previously used placements and resources are no longer available because of foster care redesign. Misunderstandings of child welfare and the changing child welfare system. Local rule in child welfare court forbids placing children more than 150 miles from the county, restricting placement options. 	<ul style="list-style-type: none"> Explore the development of a youth respite center to reduce out-of-home placements and provide options for youth who are not picked up from the Tom Green County JJC. Partner with West Texas Together, a local foster care advocacy organization, to engage stakeholders to address the placement crisis. Explore opportunities to implement a crossover court to better serve justice-involved youth in foster care. Create collaborative partnerships between Tom Green County JJC staff and CPS staff to share information about and to foster a better understanding of the juvenile justice and child welfare systems.
<ul style="list-style-type: none"> Underutilization of Texas Family Code, Chapter 55 – Proceedings Concerning Children with Mental Illness or Intellectual Disability. 	<ul style="list-style-type: none"> Consult HHSC for technical assistance regarding navigating Texas Family Code, Chapter 55. Review Judicial Commission on Mental Health’s Bench Book, which outlines Chapter 55: Bench Books & Code Book Texas Judicial Commission on Mental Health.

Intercept 4: Reentry



Overview: Intercept 4

Intercept 4 encompasses transition planning and continuity of care for youth with behavioral health needs reentering the community. It considers juvenile probation and juvenile parole services. A well-supported reentry process uses assessments to identify individual needs and risk factors for reoffending. Collaborative case management strategies recruit stakeholders from the mental health system, community corrections, nonprofits, and other community-based social service programs to meet needs identified through earlier assessment of youth and their families.

Intercept 4 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> Lack of non-clinical supportive settings for youth with SUD, like a 12-step or other similar mutual aid groups. There are no youth SUD treatment services available from the Alcohol & Drug Awareness Center for the Concho Valley (ADACCV). Services are limited to educational classes on substance use. Lack of SUD residential treatment options for youth. Lack of intensive SUD outpatient programs since River Crest Hospital's program recently closed. Limited virtual SUD treatment options for people with Medicaid. Charlie Health does not accept Medicaid. 	<ul style="list-style-type: none"> Partner with SMART Recovery to expand access to SUD mutual aid group meetings. Partner with MHMR Concho Valley to expand youth SUD services.

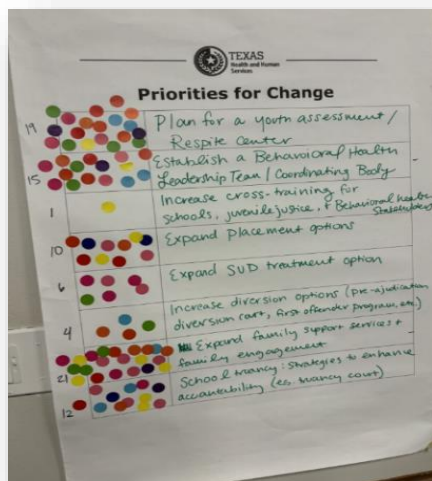
Gaps	Opportunities
<ul style="list-style-type: none"> • Lack of communication between out-of-home placement facilities and schools when transitioning a youth back to the community. • Absence of an up-to-date education record when a youth returns from placement. • Difficult engaging parents of youth returning from detention. 	<ul style="list-style-type: none"> • Consider consulting school district staff to create a list of essential documents to update a student's educational record for youth returning to school from placement and share with placing agencies and placements. • Explore ways to expand mental health services and coordination for youth with mental health needs who do not qualify for Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) services. • Explore how new family partners from the TEA Stronger Connections grant can support families and educational continuity for youth leaving detention or another placement. • Identify opportunities to reduce barriers for families to engage in services.
<ul style="list-style-type: none"> • Lack of knowledge and training opportunities for local organizations working with justice-involved or high acuity youth and their families. • Lack of resources or inability for families to get prescriptions for medications filled. • Limited providers who will work with a family while a youth is in placement, making it difficult to address conditions at home such as poverty, intergenerational trauma, MI, and SUD in the family, that tend to be causal factors to justice-involvement. • Lengthy wait times for a CRCG staffing. 	<ul style="list-style-type: none"> • Work with MHMR Concho Valley certified family partners to help connect juvenile justice-impacted families to mental health services. • Explore how the CRCG can work as a hub to support reentry and appropriately share client-level needs to support reentry. • Consider collaboration between the Tom Green County JJC and the CRCG to develop a 30-day referral protocol to ensure timely referrals to the CRCG for every youth who would benefit. • Utilize existing nonprofits like WTCG who have some capacity to serve youth reentering the community.
<ul style="list-style-type: none"> • Limited information sharing between schools, behavioral health providers, and juvenile justice stakeholders. 	<ul style="list-style-type: none"> • Review Appendix E, Texas and Federal Privacy and Information Sharing Provisions, for guidance on creating information sharing processes across agencies and providers.
<ul style="list-style-type: none"> • Limited IDD service availability. • Lack of IDD assessment and diagnosis 	<ul style="list-style-type: none"> • Ensure youth with suspected IDD are referred to MHMR Concho Valley for a

Gaps	Opportunities
for youth, making service and reentry planning difficult.	<p>Determination of Disability assessment.</p> <ul style="list-style-type: none"> Identify and refer youth with additional reentry needs to the CRCG 30 days prior to reentry. Include the special education liaison at Region 15 ESC and special education school staff in reentry planning for youth with diagnosed or suspected IDD.

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 July 12, 2024. The top priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	Expand family support and engagement services and explore strategies to address truancy.	21
2	Plan for a youth assessment center or youth crisis respite center.	19
3	Establish a behavioral health leadership team or other coordinating body.	15
4	Expand early intervention and prevention options.	14
5	Develop a community response to school truancy issues (e.g., truancy court and associated services).	12
6	Expand placement options for youth needing out-of-home placement or residential treatment.	10
7	Expand SUD treatment options for youth.	6
8	Increase juvenile justice-diversion options (e.g., implement a first offender program).	4



Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top four priorities for change. This section includes action plans developed by Tom Green County stakeholder workgroups, as well as additional considerations from HHSC on resources and best practices that could help inform implementation of each action plan. 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 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 publication, [Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book, Third Edition](#),
- Substance Abuse and Mental Health Services Administration's (SAMHSA) publication, [National Guidelines for Child and Youth Behavioral Health Crisis Care](#),
- Texas Attorney General, [2020 Juvenile Justice Handbook](#), and
- The Council of State Governments Justice Center's project on [Navigating Concerns on Youth Crime, Violence, and Behavioral Health](#).

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 exposure to a traumatic event compared to 25 percent of the general population.¹ It is critical that professionals in both the health

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

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: Expand Family Support and Engagement Services and Explore Strategies to Address Truancy

Objective	Action Steps
Improve parent engagement.	<ul style="list-style-type: none">• Review best practices and national standards for family engagement:

Objective	Action Steps
	<ul style="list-style-type: none"> ▶ Family Engagement in the Juvenile Justice System, Guidance Framework, Annie E. Casey Foundation ▶ National Association for Family, School, and Community Engagement • Explore opportunities to expand peer support to families. <ul style="list-style-type: none"> ▶ Build on existing programs such as the CASA parent mentor program and High Sky Children’s Ranch. • Consider opportunities to incentivize participation by: <ul style="list-style-type: none"> ▶ Partnering with other family-serving agencies to lower barriers to access (e.g., multiple agencies hosting a resource fair or offering services in the same location at the same times to reduce the burden of travel). ▶ Engaging with the business community to solicit donations (e.g., a local restaurant provides a meal for families during outreach meetings or parent education groups). • Work with juvenile justice and school staff to convene a focus group for juvenile justice-impacted families or families at risk for multi-system engagement (e.g., truancy, child welfare, juvenile justice, adult justice systems) to identify concrete barriers to participation, parental perspectives or perceptions that hinder participation, and strategies to better meet parent needs. <ul style="list-style-type: none"> ▶ Consider strategies to incentivize focus group participation and reduce the impacts of participation (e.g., providing food and childcare).
Improve attendance at high schools.	<ul style="list-style-type: none"> • Review local school truancy policies. • Identify barriers to school attendance. Consider: <ul style="list-style-type: none"> ▶ Hosting student and parent discussions. ▶ Creating a truancy prevention survey. ▶ Engaging student leaders to create “stay in school” teams led by students. • Review national best practices related to addressing issues with school truancy: <ul style="list-style-type: none"> ▶ Coalition for Juvenile Justice: Safety, Opportunity, and Success Project ▶ Student Absenteeism – National Conference of State Legislatures ▶ International Association for Truancy and Dropout Prevention • Convene a meeting of truancy coordinators, service providers, and the court to discuss issues with the current truancy system and identify opportunities for improvement. • Identify opportunities to provide wraparound support for families

Objective	Action Steps
	<p>of frequently absent youth.</p> <ul style="list-style-type: none"> Explore possibilities for co-locating juvenile justice staff in schools to increase family contact and engagement.
Improve attendance at middle and elementary school.	<ul style="list-style-type: none"> Identify strategies for early intervention with youth before they become frequently absent. Consider opportunities for school personnel or other school-based professionals to engage with families in the community and in their homes. Explore ways that school partners like Communities in Schools can assist with home in-reach and absentee engagement. Consider a parent's night for families with young children. Think about ways local partners can support or incentivize participation.

Team Leads: Yvonne Busenlehner, Claudia Beccerra, Sierra Mullan

Workgroup Members: Eddie Wallace, Quinton Havlak, Adrea Mount, Wayne Timmerman, Lovely Baity, Joanna Davis, Aracely Villa, Cathy Love

Priority Two: Plan for a Youth Assessment Center or Youth Crisis Respite Center

Objective	Action Steps
Conduct an environmental scan.	<ul style="list-style-type: none"> Establish a workgroup to support planning for a youth assessment center and youth crisis center. Consider including personnel from the police department, sheriff's office, emergency medical services, SUD providers, defense attorneys and prosecutors working in juvenile justice, mental health providers, and social service agencies that support youth. Reach out to stakeholders in communities that have implemented these programs to learn more about the virtual co-response program (i.e., Harris County). Identify national and state models. Explore the National Assessment Center Association for key resources and examples of programs in other states. Connect with peers or peer programs across West Texas who are also exploring peer inclusion in the diversion center model. Connect with existing youth respite and assessment centers. Identify necessary stakeholders for implementation and long-term sustainability of a future facility. Produce a report with findings of environmental scan, which can

Objective	Action Steps
	be used to support development of a grant proposal to fund any future assessment or respite center.
Conduct a local system and resources scan.	<ul style="list-style-type: none"> • Work with local partners to identify local data that might help make a case of the need for a youth assessment center. Consider all data related to youth mental health, including data from schools, crisis services, law enforcement, juvenile justice, and emergency rooms (ER). Consider encounters, services provided, and costs. • Identify a data lead or local university partner to help analyze data and potential impact and cost savings of services over time. • Leverage the planning workgroup and newly collected data to determine the most appropriate model for Tom Green County. • Produce a report on the findings and present to leaders.
Community outreach and buy-in.	<ul style="list-style-type: none"> • Identify and solicit input from key community stakeholders for workgroup members to engage with workgroup findings and program type recommendation provided in the workgroup report. • Work within the larger leadership group to solicit funds to construct and implement a youth assessment or respite center. • Identify sources of funding and work with local partners to apply for grants to support the construction and operation of the center. • Convene regular meetings of local service providers to solicit feedback on center services and to identify new partners for youth and families in crisis.

Team Lead: Lauren McCollum, JG Wood, Chelsea Jones

Workgroup Members: Jannica Hickey, Jensen Martinez, Justin DeLoach, Greg Rowe, Dusty McCoy

Priority Three: Establish a Behavioral Health Leadership Team Or Other Coordinating Body

Objective	Action Steps
Foster collaboration.	<ul style="list-style-type: none"> • Identify key members for the behavioral health leadership team, titled the Concho Valley Family Prevention and Intervention (FPI) Task Force. • Make a list of youth-serving organizations, representing Tom Green County community services, behavioral health services,

Objective	Action Steps
	<p>juvenile justice stakeholders, and schools.</p> <ul style="list-style-type: none"> • Create a directory with services and contact information. • Work with Judge LaFon and Judge Watkins’s court liaisons to formalize key contacts and coordinate first FPI Task Force meeting.
Identify funding to hire an FPI Task Force coordinator.	<ul style="list-style-type: none"> • While the court liaisons will be helpful in promoting initial coordination of the task force, a full-time coordinator may be necessary for longer-term coordination of local school, juvenile justice, and behavioral health priorities. • Consider how existing fundraising and development staff can help identify resources to staff this position.
Create a behavioral health leadership team subcommittee to carry out SIM workshop action plans and other FPI Task Force priorities.	<ul style="list-style-type: none"> • Identify how Texas Youth SIM mapping workgroups will fit into the larger structure of the FPI Task Force. • Work to develop the local university (Angelo State University) as a resource to support collaboration, strategic planning and data collection, and evaluation for the FPI Task Force. • Find ways for the FPI Task Force to engage at-risk youth and their families: <ul style="list-style-type: none"> ▶ Explore opportunities to develop a communication hub for families and family-services providers. ▶ Develop a focus group or consultation group made up of people with lived experience of the juvenile justice system to inform ongoing planning efforts, including current youth and parents of justice-involved youth.

Team Lead: Judge Elizabeth Watkins, Judge Tommy LaFon

Workgroup Members: Rebecca Zapata, Sylvia Morin, Heather Ward, Monica Schniers, Jerry Duncan, Marshall Herrin, Dusty McCoy, Greg Rowe, Sissy Cunningham

Priority Four: Expand Early Intervention and Prevention Options

Objective	Action Steps
Improve community education.	<ul style="list-style-type: none"> • Develop a plan to engage pediatricians and other medical providers including federally qualified health centers (FQHCs). • Identify local parenting groups and partner with providers to expand their scope and facilitate greater integration of parenting

Objective	Action Steps
	classes and local family services providers.
Identify and contact key stakeholders.	<ul style="list-style-type: none"> Each member of the working group will draft a list of potential stakeholders with an interest in improving earlier access to behavioral health care and social supports for at-risk youth and their families. Stakeholders will be invited to the next meeting of the workgroup. Consider inviting: FQHC leadership, school staff from elementary and middle schools, and representatives from agencies that administer state-funded Prevention and Early Intervention programs in Tom Green County.
Hold an initial meeting.	<ul style="list-style-type: none"> Work with stakeholders to select a date. Define roles and responsibilities. Create an agenda to discuss additional planning needs to carry the work forward.

Team Leads: Destiney Scott, Gregory Hickey

Workgroup Members: Camille Duarte, Cara Barker, Dawn Smith, Alex Robles

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. Tom Green 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 best practices and innovative adaptations to common problems (Steadman, Case, Noether, Califano, & Salasin, 2015).

Communication and Information Sharing

Misunderstanding 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 enhance local coordination and service delivery. Boundary spanners can use their knowledge to advocate for people at key junctures in the 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 people with behavioral health needs creates an opportunity for system-wide support of identified behavioral health and justice system priorities.

Expanding Family Support and 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 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 suggestions about how to better engage community partners and support transformative efforts.
- The Office of Juvenile Justice and Delinquency Prevention's [Model Programs Guide Literature Review: Family Engagement in Juvenile Justice](#) focuses on synthesizing descriptions of the role of family engagement for youth 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.

Creating a Behavioral Health Leadership Team

Best Practices

- Identify the right partners. Ensure the right education, behavioral health, child welfare, and juvenile justice stakeholders are included and are championing leadership team efforts.
- Define the scope and authority of the leadership team (i.e., regional leadership team or single-county teams).
- Learn from other county leadership team structures. Connect with communities that have successfully established leadership teams.
- Collect data to track community trends and inform decision making. Consider:
 - ▶ What questions you want answered;
 - ▶ What data is currently being collected across key stakeholders;
 - ▶ Which agencies or organizations have the capacity to receive and analyze data; and
 - ▶ What information sharing agreements are needed.

County Spotlights

- Williamson County developed a guide, titled [Impacting Our Community](#), which provides information on their task force work for children.
- Kaufman County established [bylaws](#) and a [charter](#) to guide the direction and structure of their leadership team.
- The Klaras Center for Families established a local committee called [Our Community Our Future](#) to identify needs of youth and adolescents and guide decision making in their community.

Key Resources

- [Data Collection Across the Sequential Intercept Model](#) provides leadership teams a guide to collecting data to support strategic planning.

Addressing Student Truancy Conduct

Best Practices

- Engage families to provide resources and support to address barriers to attendance, such as transportation and health issues.
- Collaborate between schools and county services to develop tailored programs to meet the specific needs of the student population.
- Implement a balanced approach of rewards for good attendance and consequences for truancy.
- Assess and evaluate truancy programs regularly to identify what works and what needs improvement.

County Spotlights

- [Fort Bend County's Truancy Reduction Program](#) – “Saved by the Bell” is Fort Bend’s truancy program that began in 2008 with grant funding.

Key Resources

- [Texas Truancy Court Resource Manual – Texas Municipal Courts Education Center](#) is an informational resource to help justice and municipal courts address the challenge of understanding and applying Texas truancy statutes.
- [Truancy: Texas Justice Court Training Center: Texas State University](#) is a compilation of forms, articles, and more to help courts conduct a truancy court.
- [Texas Association for Dropout and Truancy Prevention](#) is an organization designed to provide training and legislative updates to educators and other professionals, provide networking opportunities to share best practices, and educate stakeholders about the needs of at-risk students.
- [Truancy and Assessment Service Centers](#) provide early identification and assessment of truant children and the prompt delivery of coordinated interventions to prevent continued unauthorized school absences.

Developing a Youth Assessment or Respite Center

Best Practices

- Conduct a thorough assessment to understand the specific needs of the youth in the community.
- Develop a strategic plan that outlines the goals, objectives, and services of the center.
- Secure funding from various sources, such as grants, donations, and community fundraising.
- Strategize with community stakeholders to create center staff development and training plan.

County Spotlights

- [Texas Behavioral Health and Justice TA Center: Profile of Chase House](#) – Heart of Texas Behavioral Health Network’s youth respite center
- [Youth and Family Assessment Center](#) – Travis County

Key Resources

- [National Assessment Center Association](#) guides a partnership of assessment centers that advance best practice through advocacy, education, technical assistance, and community engagement.
- [Idaho’s Youth Assessment Centers – Juvenile Corrections](#) provides guidance on how Idaho is developing youth assessment centers.
- [National Academy for State Health Policy: Leading State Priorities and Considerations for Youth Crisis Receiving and Stabilization Facilities](#) outlines what stakeholders need to take into account when considering developing a youth crisis respite facility.
- [Texas System of Care: Youth Crisis Respite Webinar](#) features youth and family voice and subject matter experts describing and detailing how to design community-based youth crisis respite centers.

Building Prevention and Early Intervention Strategies

Best Practices

- Introduce a school-based universal prevention curricula beginning in elementary school.
- Promote positive youth development models that support the development of a youth's assets and resilience.
- Choose targeted interventions that address youth with known risk factors.
- Engage community partners to serve as positive role models.

County Spotlights

- [Community Connection at Rainbow Days](#) in Dallas County is home to the Curriculum-Based Support Group Program for School or Community-Based Settings. It is a multi-cultural prevention support group for children and youth, ages four to 17, whose adverse situations, attitudes and behaviors place them at elevated risk for substance abuse, delinquency, and violence.

Key Resources

- SAMHSA's [Strategic Prevention Framework](#) is a comprehensive guide for professionals to plan, implement and evaluate prevention practices and programs.
- HHSC's [Family Support Services](#) page offers multiple resources for communities working to locate community programs and fund programs to prevent child abuse, juvenile delinquency, and truancy.
- [National Mentoring Resource Center](#) provides an overview of research related to mentoring as a prevention strategy for delinquent behavior.

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/or IDD in the juvenile justice system.

- Share contact information and invite people to previously existing workgroups, starting with:
 - Inviting CPS and the district attorney's office to the placement workgroup; and
 - Sharing contact information from San Angelo ISD's Carver Learning Center with Judge LaFon.
- Work with the court coordinators to facilitate first meeting of the FIP Task Force.
- Partner with Region 15 ESC mental health liaison to convene school districts and discuss opportunities to increase utilization of TCHAT and reduce implementation barriers.

Appendix A. Workshop Agenda

Texas Youth Sequential Intercept Model Mapping Workshop: Tom Green County

July 11-12, 2024

Education Service Center, 612 S. Irene St., San Angelo, TX 76903
Bluebonnet Room

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and snacks provided by Region 15 Education Service Center
8:30 a.m.	Opening Remarks	Opening Remarks: <ul style="list-style-type: none"> • <i>Honorable Tommy LaFon, Judge, Criminal Magistrate Court, Adult Felony Drug Court and Juvenile Drug Court</i> • <i>Monica Schniers, Chief Juvenile Probation Officer, Tom Green County JJC</i> • <i>Dr. Jennie Simpson, Associate Commissioner and State Forensic Director, HHSC</i>
8:45 a.m.	Workshop Overview and Keys to Success	Overview of the Workshop Community Polling
9:15 a.m.	Presentation and Mapping of Intercepts 0 and 1	Overview of Intercepts 0 and 1 County Data Review Program Spotlights Panel: <ul style="list-style-type: none"> • <i>Cara Barker, Child and Adolescent Services Program Director, MHMR Concho Valley</i> • <i>Rebecca Cline, Director of Assessment and Counseling, San Angelo ISD</i> • <i>Steven Garlock, MCOT Director, MHMR Concho Valley</i> • <i>Michael Kalnbach, Director of Student and Safety Services, San Angelo ISD</i> • <i>Lieutenant Quentin Williams, Mental Health Corporal, Tom Green County Sheriff's Office</i> Map Intercepts 0 and 1 Examine Gaps and Opportunities

11:45 a.m.	Lunch	Lunch provided by <i>River Crest Hospital and Rosa's Cafe</i>
12:30 p.m.	Presentation and Mapping of Intercepts 2 and 3	<p>Overview of Intercepts 2 and 3 County Data Review Intercept 2 Panel:</p> <ul style="list-style-type: none"> • <i>Lovely Baity, Court Supervisor, Tom Green County JJC</i> • <i>Joanna Davis, Assistant District Attorney, Juvenile Court, Tom Green County District Attorney's Office</i> • <i>Marshall Herrin, Field Training Officer, Tom Green County JJC</i> • <i>Chelsea Jones, Deputy Chief of Mental Health, Tom Green County JJC</i> • <i>Honorable Tommy LaFon, Judge, 391st District Criminal Magistrate Court, Adult Felony Drug Court and Juvenile Drug Court</i> • <i>Lauren McCollum, Assistant Public Defender, Concho Valley Public Defender's Office</i> • <i>Crystal Vasher, Deputy Chief of Detention, Tom Green County JJC</i> • <i>JG Wood, Deputy Chief of Juvenile Probation, Tom Green County JJC</i> <p>Map Intercepts 2 and 3 Examine Gaps and Opportunities</p>
2:30 p.m.	Presentation and Mapping of Intercept 4	<p>Overview of Intercept 4 County Data Review Intercept 4 Panel:</p> <ul style="list-style-type: none"> • <i>Cara Barker, Child and Adolescent Services Program Director, MHMR Concho Valley</i> • <i>Sylvia Morin, Region 9 Conservatorship Program Director, DFPS</i> • <i>Valerie Robles, STARR Unit Supervisor, Tom Green County JJC</i> <p>Map Intercept 4 Examine Gaps and Opportunities</p>

3:45 p.m.	Summarize Opportunities, Gaps, and Establish Priorities	Identify Potential, Promising Areas for Modification within the Existing System Establish a List of Top Priorities – Round Robin
4:15 p.m.	Wrap Up	Review the Day Homework
4:30 p.m.	Adjourn	

**Texas Youth Sequential Intercept Model Mapping Workshop:
Tom Green County**

July 11-12, 2024

Education Service Center, 612 S. Irene St., San Angelo, TX 76903

Bluebonnet Room

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and snacks to be provided by <i>Region 15 Education Service Center</i>
8:30 a.m.	Welcome	Opening Remarks: <ul style="list-style-type: none"> <i>Gregory Hickey, LPC, Mental Health Specialist, Region 15 Education Service Center</i>
8:40 a.m.	Preview and Review	Review Day 1 Accomplishments Preview of Day 2 Agenda Best Practice Presentation
9:15 a.m.	Action Planning	Group Work
10:45 a.m.	Workgroup Report Outs	Each Group Will Report Out on Action Plans
11:00 a.m.	Next Steps and Summary	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
11:30 a.m.	Closing Remarks	Closing Remarks: <ul style="list-style-type: none"> <i>Chelsea Jones, Deputy Chief of Mental Health, Tom Green County JJC</i>
11:45 a.m.	Adjourn	

Appendix B. Texas Youth Sequential Intercept Model Map for Tom Green County, July 2024

Community Public Health and Support Services

Child and Adolescent Mental Health:

- **MHMR Concho Valley:** Family and Youth Guidance Center offers case management, medication management, skills training, family partner services, and counseling services.
- **La Esperanza Clinic:** Behavioral health counseling, medication management and diagnostic services
- **WTCG:** Therapy for children and adolescents
- **TCHAT:** School-based mental health services

Recovery Supports:

- **ADACCV:** Substance use education classes

Housing and Shelter:

- **Concho Valley Community Action Network:** Housing assistance, hygiene closet, utility assistance, case management
- **Family Shelter of San Angelo:** Emergency shelter for all victims of domestic violence

Intercept 0: School and Community-Based Services

Crisis Phone Lines:

- **MHMR Concho Valley Crisis Hotline:** (325) 653-5933, 1-800-375-8965, available 24/7
- **988 Suicide & Crisis Lifeline:** 988

- **Texas Department of Family and Protective Services Abuse, Neglect and Exploitation Hotline:** 1-800-252-5400

Warmlines and Resource Lines:

- **Texas Hope Peer Support Warmline:** 1-844-755-4673

Peer and Family Support Services

- **MHMR Concho Valley Family and Youth Guidance Center:** Family partners
- **National Alliance on Mental Illness San Angelo:** Family support group
- **Children’s Advocacy Center (CAC) of Greater West Texas:** Parent mentor program
- **High Sky Children’s Ranch:** Stay Together program

Wraparound Services and Mentorship Programs

- **MHMR Concho Valley Family and Youth Guidance Center:** Youth Empowerment Services (YES) Waiver program

Mobile Crisis Response Team (MCOT)

- **MHMR Concho Valley MCOT:** (325) 653-5933, 1-800-375-8965

Mental Health Deputies

- **Tom Green County Sheriff’s Office Mental Health Deputy Program:** Six officers who respond to mental health crisis calls, 24/7

Prevention Programs and Coordinating Bodies

- **ADACCV:** Programs for elementary school age through adulthood
- **CRCG:** County-based groups that work with parents and youth to coordinate services and support
- **CAC of Greater West Texas:** Free trainings to educate, empower, and equip people to protect children

Intercept 1: Law Enforcement, SROs, and Children's Emergency Services

911 Dispatch and Emergency Communications:

- **San Angelo Public Safety Communications and Dispatch**

Law Enforcement:

- **San Angelo Police Department:** (325) 657-4315; have specialized training in youth de-escalation and crisis intervention
- **Tom Green County Sheriff's Office:** (325) 655-8111; have specialized training in youth de-escalation and crisis intervention

Hospitals

- **Shannon | San Angelo Medical Center:** Pediatric unit; does not have a pediatric ER but employs a child specialist and social worker for medical and psychiatric needs.
- **Shannon Clinics:** All clinics serve children; mental health crises are referred to ER.
- **Concho Valley ER:** Refers to Shannon ER or River Crest Hospital for youth ages 5 and up.

Children's Psychiatric Hospital

- **River Crest Hospital:** Inpatient treatment and IOP for ages five and up

School-Based Resources

- **TCHATT:** Christoval ISD, Miles ISD, Premier High Schools of San Angelo, San Angelo ISD, Texas Leadership Public Schools, Wall ISD, Water Valley ISD

Intercept 2: (Pre-adjudication) Initial Referral to Juvenile Justice, Intake, and Detention

Juvenile Probation Department Intake

- **Screening Assessments Used:**
 - ▶ Massachusetts Youth Screening Instrument-2 (MAYSI-2) – behavioral health screening tool
 - ▶ Positive Achievement Change Tool (PACT) Pre-Screen – 46-item pre-screen that measures a youth’s risk of re-offending
 - ▶ PACT – 126-item assessment that measures a youth’s risk of re-offending
 - ▶ Substance Abuse Subtle Screening Inventory (SASSI) – 10-item assessment measure

Initial Detention

- **Juvenile Justice Center Detention**

Detention-Based Behavioral Health Services

- **MHMR Concho Valley:** Group psychoeducation, psychiatry, treatment planning, and skills training
- **WTCG:** Art therapy
- **ADACCV:** Substance use treatment

Pre-Adjudication Diversion Programs

- **High Sky Children’s Ranch:** Stay Together program
- **CAC of Greater West Texas:** Parent mentor program
- **Juvenile Probation Department:** Education supervision and prevention program

Intercept 3: Judicial Processing (Secure Placement and Probation Supervision)

Pre-Trial Intervention Programs

- **Safe and Sober:** Tom Green County JJC substance use recovery
- **Aggression Reduction Group:** Tom Green County JJC group therapy

Juvenile Court:

- **District Courts:**
 - ▶ Judge Brad Goodwin, 391st Judicial District Court
 - ▶ Judge Tommy LaFon, Criminal Magistrate Court
 - ▶ Judge Gonzalo Rios, 119th Judicial District Court
 - ▶ Judge Carmen Symes Dusek, 51st Judicial District Court

Placement (Secure and Non-Secure):

- **Texas Juvenile Justice Department facility placement**
- **West Texas Boys Ranch**
- **Concho Valley Home for Girls**

Dispositional Alternatives and Specialized Supervisory Programs

- **Special Needs Diversionary Program (SNDP), part of TCOOMMI:**
Intensive wraparound behavioral health services for youth on probation
- **Intensive Supervision Program (ISP)**
- **Juvenile Drug Treatment Court**
- **Aggression Reduction Group**

Intercept 4: Reentry

Juvenile Probation and Supervision

- **Juvenile Probation Department Transitional ISP:** ISP for youth with serious delinquent conduct
- **Juveniles with Sexual Offenses Program:** Specialized counseling, close probation supervision and parenting classes
- **Texas Juvenile Justice Department:** Parole

Community Reentry

- **Texas Workforce Commission:** Vocational rehabilitation
- **TCOOMMI:** Referral and coordination
- **MHMR Concho Valley Family and Youth Guidance Center:** YES Waiver program

Appendix D. Community Impact Measures

Item	Measure	Intercept	Category
1	Number of youth at Tier 2 and Tier 3 of the MTSS (#)	Intercept 0	Schools and Communities
2	Number of youth referred to community mental health and SUD services by the school district (#)	Intercept 0	Schools and Communities
3	Mental health crisis line calls (with child as subject) (#)	Intercept 0	Schools and Communities
4	Childrens emergency department admissions for psychiatric reasons (#)	Intercept 0	Schools and Communities
5	Psychiatric hospital admissions (#)	Intercept 0	Schools and Communities
6	MCOT episodes (with child as subject) (#)	Intercept 0	Schools and Communities
7	MCOT calls responded to in the community (with child as subject) (%)	Intercept 0	Schools and Communities
8	MCOT calls, repeat calls (% of calls)	Intercept 0	Schools and Communities
9	Crisis center admissions (e.g., children's respite center, children's crisis stabilization unit) (#)	Intercept 0	Schools and Communities
10	Number of youth removed from home (DFPS) (#)	Intercept 0	Schools and Communities
11	Number of school-based law enforcement (#)	Intercept 1	Law Enforcement
12	Number of school-based law enforcement responses to school mental health crisis (#)	Intercept 1	Law Enforcement
13	Designated mental health officers (e.g., mental health deputies, Crisis Intervention Team officers) (#)	Intercept 1	Law Enforcement
14	Mental health crisis calls handled by law enforcement (with child as subject) (#)	Intercept 1	Law Enforcement
15	Law enforcement transport to crisis facilities with child as subject (e.g., emergency department, crisis centers, psychiatric hospitals) (#)	Intercept 1	Law Enforcement
16	Law enforcement response to youth experiencing a mental health crisis resulting in a diversion (%)	Intercept 1	Law Enforcement

Item	Measure	Intercept	Category
17	Emergency detention orders with child as subject (#)	Intercept 1	Law Enforcement
18	Referrals to juvenile probation (#)	Intercept 2	Initial Juvenile Justice Referral
19	Youth detained at county juvenile detention facility (#)	Intercept 2	Initial Juvenile Justice Referral
20	MAYSI-2 screenings, percent screening above caution cut off score on at least two of the six clinical scales (%)	Intercept 2	Initial Juvenile Justice Referral
21	MAYSI-2 screenings, percent screening above caution cut off score on the alcohol drug use scale (%)	Intercept 2	Initial Juvenile Justice Referral
22	MAYSI-2 screenings, percent screening above caution cut off score on suicidal ideation scale (%)	Intercept 2	Initial Juvenile Justice Referral
23	PACT Pre-Screen, percent screening as low risk to re-offend (%)	Intercept 2	Initial Juvenile Justice Referral
24	Number of youth with both CPS and juvenile justice system involvement (i.e., cross-over youth) (#)	Intercept 2	Initial Juvenile Justice Referral
25	Average cost per day to house someone in juvenile detention (\$)	Intercept 2	Initial Juvenile Justice Referral

Appendix E. Texas and Federal Privacy and Information Sharing Provisions

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

Guidance and Resources for Information Sharing

These [HIPAA and FERPA Basics](#) from the American Academy of Pediatrics provide school and health care staff guidance on Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) Privacy Rules and multiple links to other information sharing resources.

[Guidelines for Juvenile Information Sharing](#) by Office of Juvenile Justice and Delinquency Prevention offers a course of action for key agency and organization stakeholders involved in a state or local effort to implement and sustain juvenile information sharing.

The [Information Sharing in Criminal Justice/Mental Health Collaborations: Working with Privacy Laws](#) presentation by Meadows Mental Health Policy Institute provides an overview of key Texas Statutory Provisions and HIPAA regulation related to information sharing across both adult and youth behavioral health and justice systems.

The [Texas School Mental Health](#) website by TEA has a series of sample information sharing agreements and consent documents. See [Universal Screening Consent and Assent Processes](#), [Sample General Memorandum of Understanding \(MOU\)](#), [sample MOU between ISD and local mental health authority](#).

School Records Sharing

See the [Joint Guidance on the Application of the Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) 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

[Texas Family Code Chapter 58](#)

Section 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.

(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](#).

(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.

Section 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.

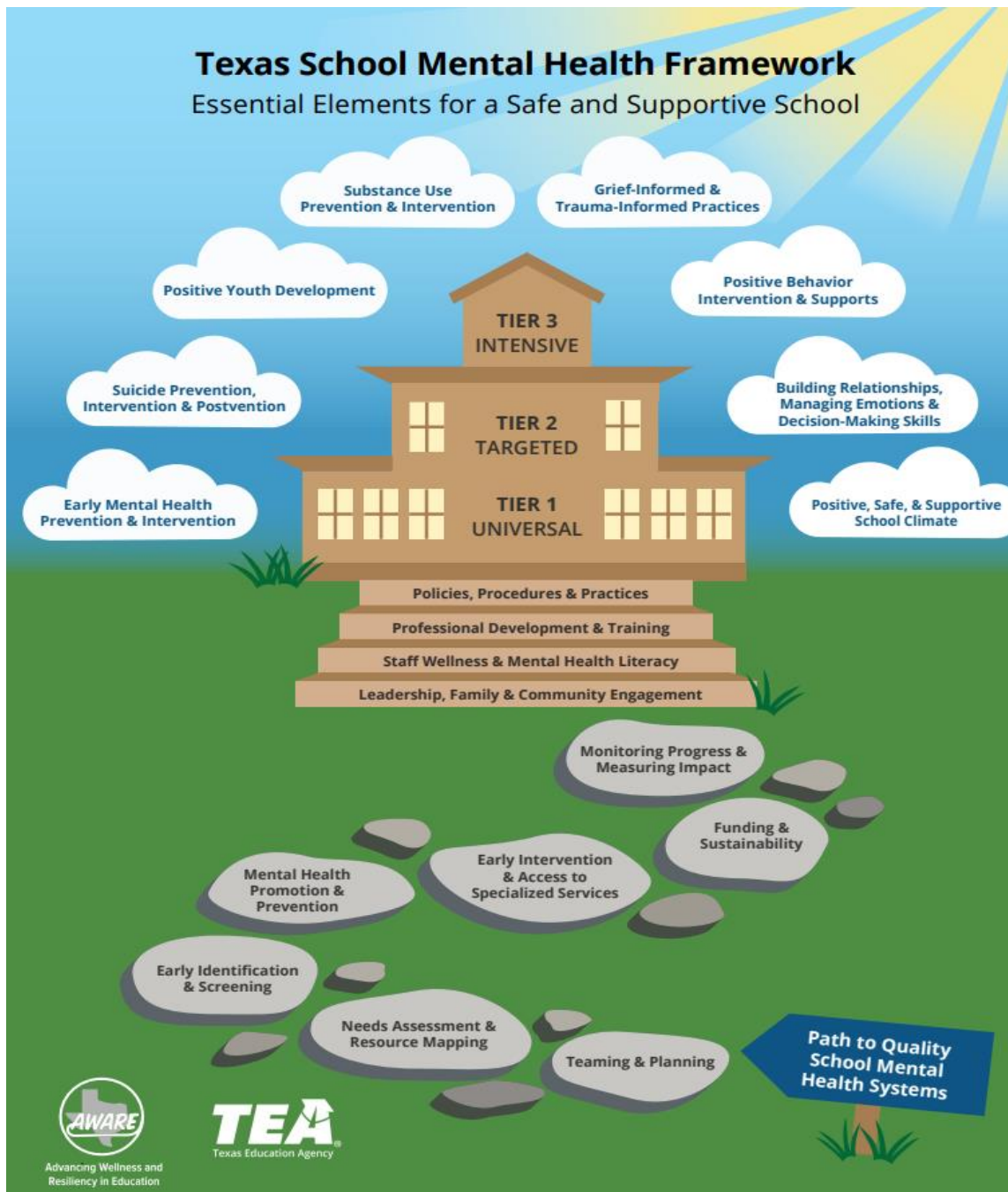
(f) This section does not affect the confidential status of the information being shared. The information may be released to a third party only as directed by a court order or as otherwise authorized by law. Personally identifiable information disclosed to a juvenile service provider under this section 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:

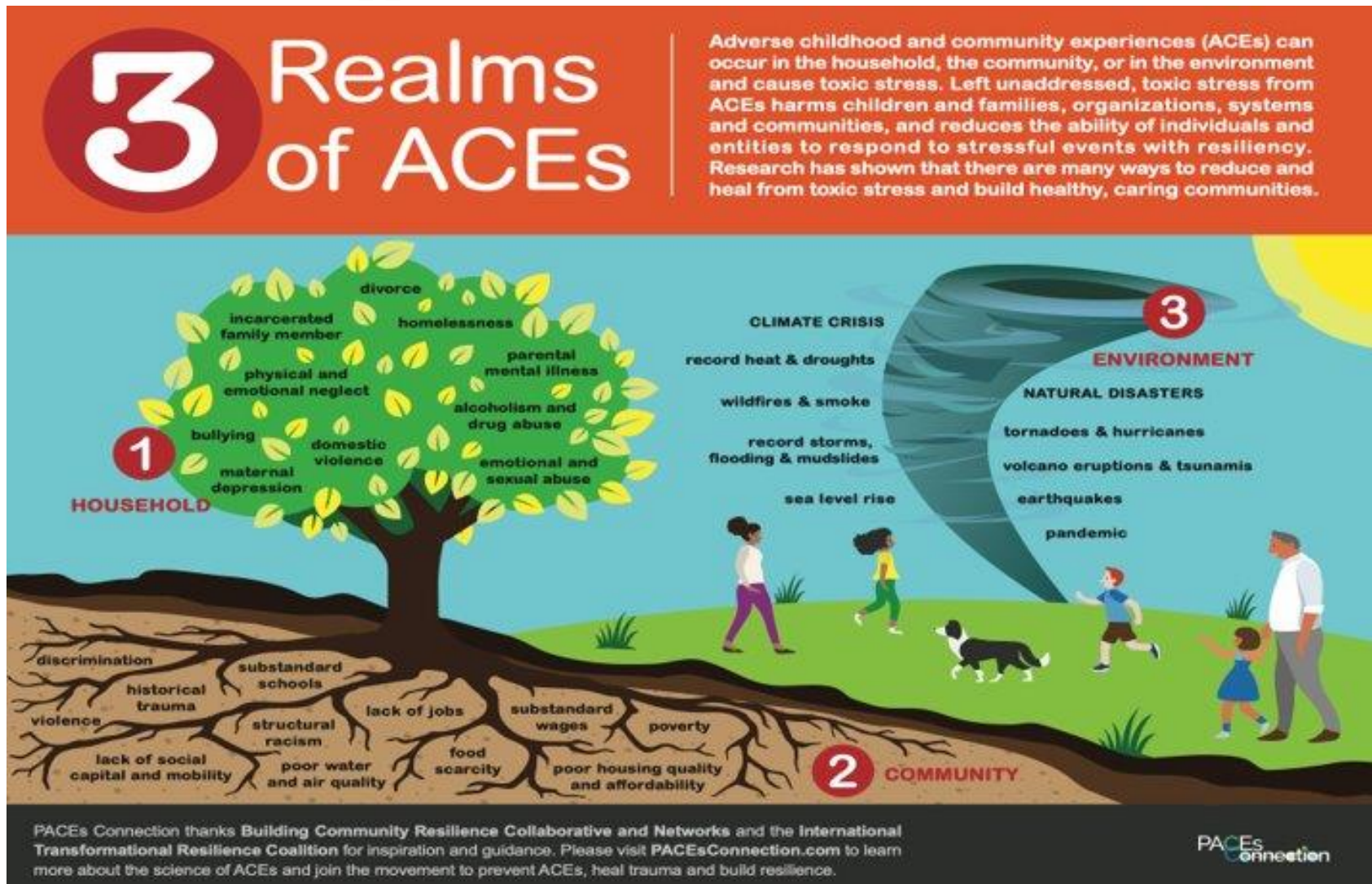
- (1) a memorandum of understanding between the requesting provider and the disclosing provider:
 - (A) prohibits the payment of a fee;
 - (B) provides for the waiver of a fee; or
 - (C) provides an alternate method of assessing a fee;
- (2) the disclosing provider waives the payment of the fee; or
- (3) disclosure of the information is required by law other than this subchapter.

Appendix F. Texas School Mental Health Framework (Multi-Tiered System of Supports)²



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

Appendix G. Three Realms of ACEs³



³ [3 Realms of ACEs | PACesConnection](https://PACesConnection.com)

Appendix H. SIM Mapping Workshop Participant List

Name	Agency/Organization	Title
Adrea Mount	Tom Green County Juvenile Justice Center	Intern
Alex Robles	My Health My Resources Concho Valley	Behavioral Health Partnership Program Liaison
Aracely Villa	Tom Green County Juvenile Justice Center	Probation Officer
Bill Montgomery	Private practice	Psychologist
Camille Duarte	Tom Green County Juvenile Justice Center	Juvenile Probation Officer
Candice Majors	Children's Advocacy Center of Greater West Texas	Parent Mentor
Cara Barker	My Health My Resources Concho Valley	Child and Adolescent Services Program Director
Cathy Love	Children's Advocacy Center of Greater West Texas	Recruitment Specialist
Chelsea Jones	Tom Green County Juvenile Justice Center	Deputy Chief of Mental Health
Christopher Morris	San Angelo Police Department	Police Officer
Christopher Roque	Tom Green County Sheriff's Office	Chaplain Deputy
Claudia Becerra	San Angelo Independent School District	Disciplinary Alternative Education Program, Principal
Dawn Smith	My Health My Resources Concho Valley	Associate Director of Crisis Diversion

Name	Agency/Organization	Title
Destiney Scott	Tom Green County Juvenile Justice Center	Assistant Facility Administrator
Divetrea Whitaker	My Health My Resources Concho Valley	Intensive Services Supervisor
Dusty McCoy	West Texas Counseling & Guidance	Chief Executive Officer (CEO)
Eddie Wallace	My Health My Resources Concho Valley	Chief of Behavioral Health
Elizabeth Berry	Concho Valley Public Defender's Office	Chief Public Defender
Elizabeth Watkins	Child Protection Court	Judge
Greg Rowe	My Health My Resources Concho Valley	Chief Executive Officer
Gregory Graham	Children's Advocacy Center of Greater West Texas	Clinical Director
Gregory Hickey	Region 15 Education Service Center	Mental Health Specialist
Heather Ward	New Horizons and One Accord for Kids	Senior Strategist, Consultant
Jannica Hickey	Shannon Medical Center	Licensed Clinical Social Worker
Jennifer Denson	River Crest Hospital	Business Development
Jenny Butts	My Health My Resources Concho Valley	Texas Correctional Office on Offenders with Medical or Mental Impairments Program Director
Jensen Martinez	Tom Green County District Attorney's Office	Assistant District Attorney

Name	Agency/Organization	Title
Jerry Duncan	My Health My Resources Concho Valley	Texas Correctional Office on Offenders with Medical or Mental Impairments Case Manager
JG Wood	Tom Green County Juvenile Justice Center	Deputy Chief of Juvenile Probation
Joanna Davis	Tom Green County District Attorney's Office	Assistant District Attorney
Justin DeLoach	Children's Advocacy Center of Greater West Texas	Chief Executive Officer
Lauren McCollum	Concho Valley Public Defender's Office	Assistant Public Defender
Lovely Baity	Tom Green County Juvenile Justice Center	Court Supervisor
Marrissa Rivas	Carver Learning Center	Instructional Aide
Marshall Herrin	Tom Green County Juvenile Justice Center	Field Training Officer
Melanie Brevard	Children's Advocacy Center of Greater West Texas	Director of Youth Services
Mica Allgood	River Crest Hospital	Business Development Director
Monica Schniers	Tom Green County Juvenile Justice Center	Chief Juvenile Probation Officer
Quentin Williams	Tom Green County Sheriff's Office	Lieutenant
Quinton Havlak	Municipal Court	Juvenile Case Manager
Rachel Wright	Children's Advocacy Center of Greater West Texas	Director of Court Appointed Special Advocates
Rebecca Cline	San Angelo Independent School District	Director of Assessment and Counseling

Name	Agency/Organization	Title
Rebecca Garza	Texas Department of Family and Protective Services	Preparation for Adult Living Coordinator
Rebecca Zapata	West Texas Counseling & Guidance	Clinical Director
Rebekah Beltran	The WHIT Program Inc.	Director of Development
Sherry Morton Blair	San Angelo Independent School District Carver Learning Center	Teacher
Sierra Mullan	Youth Empowerment in Action	Founder/Start-Up
Sissy Cunningham	Carver Learning Center	Educational Aide
Sofia B. Vaughn	Tom Green County Juvenile Justice Center	Counselor I
Steven Garlock	My Health My Resources Concho Valley	Mobile Crisis Outreach Team Director
Sylvia Morin	Department of Family and Protective Services	Region 9 Conservatorship Program Director
Tommy LaFon	Tom Green County Criminal Magistrate Court	Judge
Wayne Timmerman	Tom Green County Regional Juvenile Probation	Supervisor, Juvenile Probation Officer
William Tucker	High Sky Children's Ranch	Transition Specialist
Yvonne Busenlehner	San Angelo Independent School District	School Counselor

Appendix I. List of Acronyms and Initialisms

Acronym	Full Name
ADACCV	Alcohol & Drug Awareness Center for the Concho Valley
CAC	Children’s Advocacy Center of Greater West Texas
CPS	Child Protective Services
CRCG	Community Resource Coordination Group
DAEP	Disciplinary Alternative Education Program
DFPS	Texas Department of Family and Protective Services
ER	Emergency Room
FERPA	Family Educational Rights and Privacy Act
HHSC	Texas Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
IOP	Intensive Outpatient Program
ISD	Independent School District
ISP	Intensive Supervision Program
JJC	Juvenile Justice Center
LE	Law Enforcement
MAYSI-2	Massachusetts Youth Screening Instrument-Second Version
MCOT	Mobile Crisis Outreach Team
MHMR	My Health My Resources

Acronym	Full Name
MI	Mental Illness
MOU	Memorandum of Understanding
MTSS	Multi-Tiered System of Support
OFSC	Office of Forensic Services and Coordination
PACT	Positive Achievement Change Tool
SAMHSA	Substance Abuse and Mental Health Services Administration
SASSI	Substance Abuse Subtle Screening Inventory
SIM	Sequential Intercept Model
SNDP	Special Needs Diversionary Program
SRO	School Resource Officer
SUD	Substance Use Disorder
TCHATT	Texas Child Health Access Through Telemedicine
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TEA	Texas Education Agency
WTCG	West Texas Counseling & Guidance
YAC	Youth Advisory Council
YES	Youth Empowerment Services Waiver Program