

# Texas Youth Sequential Intercept Model Mapping Report: Brazoria County

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**Texas Health and Human Services  
February 2026**

**Workshop Dates: November 14-15, 2024**

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**TEXAS**  
Health and Human  
Services

# Table of Contents

<b>Background</b> .....	<b>3</b>
Acknowledgements .....	3
About the Texas Behavioral Health and Justice Technical Assistance Center.....	4
Recommended Citation .....	4
<b>Introduction</b> .....	<b>5</b>
<b>Texas Youth SIM Map for Brazoria County</b> .....	<b>7</b>
<b>Opportunities and Gaps at Each Intercept</b> .....	<b>8</b>
Intercept 0 and Intercept 1: Schools and Communities, Initial Contact with Law Enforcement .....	9
Intercept 2 and Intercept 3: Referral to Juvenile Justice and Judicial Processing	12
Intercept 4: Reentry .....	14
<b>Priorities for Change</b> .....	<b>16</b>
<b>Strategic Action Plans</b> .....	<b>17</b>
Priority One: Expand School-Based Services and Early Intervention and Prevention Programs .....	19
Priority Two: Establish a Behavioral Health Leadership Team and Promote Cross-Training and Collaboration .....	20
Priority Three: Expand IDD Services for Youth and Stakeholder Training Opportunities .....	22
Priority Four: Expand Youth Diversion Options, Including Specialized Crisis Response Options and Youth Crisis Facilities .....	23
<b>Resources to Support Action Plan Implementation</b> .....	<b>25</b>
Task Force and Networking .....	25
Communication and Information Sharing .....	25
Boundary Spanner .....	25
Local Champions .....	25
Ability to Measure Outcomes .....	26
Peer Involvement .....	26
Behavioral Health Leadership Teams.....	26
<b>Quick Fixes</b> .....	<b>27</b>
<b>Parking Lot</b> .....	<b>28</b>
<b>Creating a Behavioral Health Leadership Team</b> .....	<b>30</b>
Best Practices .....	30
County Spotlights .....	30
Key Resources .....	30

<b>Developing a Youth Assessment or Respite Center .....</b>	<b>31</b>
Best Practices .....	31
County Spotlights .....	31
Key Resources .....	31
<b>Appendix A. Workshop Agenda .....</b>	<b>32</b>
<b>Appendix B. Texas Youth Sequential Intercept Model Map for Brazoria County, November 2024.....</b>	<b>37</b>
Community Public Health and Support Services .....	37
Intercept 0: School and Community-Based Services.....	38
Intercept 1: Law Enforcement, SROs, and Children’s Emergency Services.....	39
Intercept 2: (Pre-adjudication) Initial Referral to Juvenile Justice, Intake, and Detention .....	41
Intercept 3: Judicial Processing (Secure Placement and Probation Supervision).	42
Intercept 4: Reentry .....	43
<b>Appendix D. Community Impact Measures.....</b>	<b>44</b>
<b>Appendix E. Texas and Federal Privacy and Information Sharing Provisions .....</b>	<b>46</b>
Guidance and Resources for Information Sharing .....	46
School Records Sharing .....	46
Mental Health Record Protections .....	47
Records Sharing for Justice Involved Youth .....	50
<b>Appendix F. Texas School Mental Health Framework (Multi-Tiered System of Supports).....</b>	<b>58</b>
<b>Appendix G. Three Realms of Adverse Childhood and Community Experiences (ACEs).....</b>	<b>59</b>
<b>Appendix H. SIM Mapping Workshop Participant List.....</b>	<b>60</b>
<b>Appendix I. List of Acronyms and Initialisms.....</b>	<b>65</b>

# Background

## Acknowledgements

This report was prepared by the Texas Institute for Excellence in Mental Health (TIEMH) and the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of the Texas Health and Human Services Commission (HHSC). The workshop was convened by Gulf Coast Center. The planning committee members included:

- Arielle Gray, Program Manager of Co-Response Teams and Justice Services, Gulf Coast Center
- Jerry Freshour, Senior Director for Crisis and Justice Services, Gulf Coast Center
- Kyle Teat, Chief Juvenile Probation Officer, Brazoria County Juvenile Justice Department
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- Jennifer Kelly, Director of Special Programs, Columbia-Brazoria Independent School District
- Robert Lee, Chief of Police, Alvin Police Department
- Doug Sanders, Chief of Police, Columbia-Brazoria Independent School District
- Bo Stallman, Sheriff, Brazoria County
- Thomas Traylor, Chief of Police, Manvel Police Department
- Lupe Velez, Chief of Police, Angleton Police Department

The planning committee members played a critical role in making the Brazoria 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 Amanda Britton, M. Ed., LPC, NCC; Catherine Bialick, M.P.Aff.; Michelle Collins, M.P.A., M.A.C., LPC; and Jennie Simpson, Ph.D.

# 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 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. (2026). *Texas youth sequential intercept model mapping report for Brazoria 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 2024, Gulf Coast Center 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 November 14 -15, 2024, in Angleton, 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 November 2024 Brazoria 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 Brazoria 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	Intercept 3 Judicial Processing (Secure Placement and Probation Supervision)	Intercept 4 Reentry
<p><b>Crisis Phone Lines</b> GCC Crisis Hotline:</p> <ul style="list-style-type: none"> <li>1-866-729-3848</li> <li>Available 24/7</li> </ul> <p>988 Suicide &amp; Crisis Lifeline:</p> <ul style="list-style-type: none"> <li>Call or text 9-8-8</li> </ul> <p>Community Health Network:</p> <ul style="list-style-type: none"> <li>(281) 824-1480</li> <li>Ask for crisis team</li> </ul> <p>Warmlines and Resource Lines GCC Text Line:</p> <ul style="list-style-type: none"> <li>(832) 479-2135</li> <li>Clinicians available for emotional support</li> </ul> <p>National Alliance on Mental Illness Gulf Coast HelpLine:</p> <ul style="list-style-type: none"> <li>(281) 585-3100</li> <li>Available Monday – Friday from 9 a.m. – 4 p.m.</li> </ul> <p><b>Prevention Programs, Mentorship Programs, and Coordinating Bodies</b></p> <ul style="list-style-type: none"> <li>Youth and Family Counseling Services</li> <li>Boys &amp; Girls Club</li> <li>CRCG</li> <li>Brazoria County Suicide Prevention and Mental Wellness Coalition</li> </ul> <p><b>Family and Peer Support Services</b></p> <ul style="list-style-type: none"> <li>GCC YES Waiver program</li> <li>GCC family partner services</li> <li>Youth and Family Counseling Services</li> <li>Southwest Key MST program</li> </ul>	<p><b>Mobile Crisis Response GCC MCOT:</b></p> <ul style="list-style-type: none"> <li>Includes a virtual crisis clinician for law enforcement</li> </ul> <p><b>GCC SLECT GCC IDD Crisis Services</b></p> <p><b>School-Based Services</b> TCHATT:</p> <ul style="list-style-type: none"> <li>Alvin ISD, Angleton ISD, Brazosport ISD, Pearland ISD, Danbury ISD, Damon ISD, Columbia-Brazoria ISD, Sweeny ISD</li> </ul> <p><b>Communities in Schools:</b></p> <ul style="list-style-type: none"> <li>Alvin ISD, Angleton ISD, Brazosport ISD, Pearland ISD, Columbia-Brazoria ISD</li> </ul> <p><b>Social and Emotional Support Counselors:</b></p> <ul style="list-style-type: none"> <li>Alvin ISD</li> <li>Four social and emotional learning counselors serving high schools and middle schools</li> </ul> <p><b>Mental Health and Behavioral Team:</b></p> <ul style="list-style-type: none"> <li>Angleton ISD</li> <li>Caseworker, licensed social workers, and licensed professional counselors to assist students and families</li> </ul> <p><b>911 Dispatch and Emergency Communications</b></p> <ul style="list-style-type: none"> <li>Gulf Coast Regional 911 Emergency Communications District</li> </ul> <p><b>Mental Health Law Enforcement Units and Co-Response</b> Brazoria County Sheriff's Office:</p> <ul style="list-style-type: none"> <li>Mental health deputy program</li> <li>Brazoria County Crisis Co-Response Team pairs qualified mental health professionals from GCC with mental health deputies for co-response to crises</li> </ul> <p><b>Alvin Police Department:</b></p> <ul style="list-style-type: none"> <li>Mental Health Detective</li> </ul> <p><b>School Resource Officers</b></p> <ul style="list-style-type: none"> <li>Alvin ISD, Angleton ISD, Brazosport ISD, Pearland ISD, Danbury ISD, Columbia-Brazoria ISD</li> </ul> <p><b>Disciplinary Alternative Education Programs</b></p> <ul style="list-style-type: none"> <li>Alvin ISD, Angleton ISD, Brazosport ISD, Columbia-Brazoria ISD, Danbury ISD, Pearland ISD, Sweeny ISD</li> </ul> <p><b>Hospitals</b></p> <ul style="list-style-type: none"> <li>UTMB Health Clinics in Galveston</li> <li>HCA Houston in Alvin and Pearland</li> <li>St. Luke's Health in Brazosport and Lake Jackson</li> <li>Memorial Hermann in Houston and Pearland</li> <li>Pearland Hospital</li> <li>Sweeny Hospital</li> <li>Texas Emergency Care Center in Pearland</li> <li>Houston Methodist in Pearland</li> </ul> <p><b>Children's Psychiatric Hospitals</b></p> <p>Sun Behavioral Houston (GCC provides state funding for youth inpatient beds); Westpark Springs; Houston Behavioral Healthcare Hospital; Behavioral Hospital of Bellaire; Dunn Behavioral Sciences Center; IntraCare North Hospital; Kingwood Pines Hospital; Menninger Clinic of Houston; West Oaks Hospital; Cypress Creek Hospital</p>	<p><b>Juvenile Detention Facility</b></p> <ul style="list-style-type: none"> <li>Brazoria County Juvenile Detention Facility</li> </ul> <p><b>Detention-Based Services</b></p> <ul style="list-style-type: none"> <li>Facility-based professional mental health staff</li> </ul> <p><b>Detention Hearings Evaluations or Assessments Ordered:</b></p> <ul style="list-style-type: none"> <li>Psychological evaluations</li> <li>Psychosexual evaluations</li> </ul> <p><b>Conditions of Release:</b></p> <ul style="list-style-type: none"> <li>Utilized to route youth into services</li> </ul> <p><b>Juvenile Probation Department Intake</b></p> <p><b>Screening and Assessments Used:</b></p> <ul style="list-style-type: none"> <li>MAYSI-2 - brief behavioral health screening tool</li> <li>PACT - juvenile risk and needs assessment</li> <li>CSE-IT - screening for trafficking and trafficking risk</li> <li>Psychosocial assessment</li> </ul> <p><b>Referrals Made:</b></p> <ul style="list-style-type: none"> <li>GCC</li> <li>Community behavioral health providers</li> </ul>	<p><b>Pre-Trial Intervention Programs</b></p> <ul style="list-style-type: none"> <li>Deferred prosecution</li> <li>Vaping program</li> <li>First offender program</li> </ul> <p><b>Juvenile Courts</b></p> <ul style="list-style-type: none"> <li>County Court at Law #1 - Judge Courtney T. Gilbert</li> <li>County Court at Law #2 - Judge Thomas Pfeiffer</li> <li>County Court at Law #3 - Judge Jeremy E. Warren</li> <li>County Court at Law #4 - Judge Lori Rickert</li> </ul> <p><b>Court-Ordered Juvenile Probation Specialized Caseloads:</b></p> <ul style="list-style-type: none"> <li>Mental health</li> <li>Sex offender</li> <li>Intensive supervision probation</li> </ul> <p><b>Placements (Secure and Non-Secure)</b></p> <ul style="list-style-type: none"> <li>Brazoria County Residential Program</li> <li>Robert N. Barnes Regional Juvenile Facility</li> <li>Cherokee Children's Home</li> <li>Pegasus Schools, Inc.</li> <li>Travis County</li> <li>Unity Children's Home</li> <li>Rite of Passage</li> <li>Grayson County Juvenile Services</li> <li>Everyday Life</li> <li>Victoria County</li> <li>North Texas State Hospital - Vernon, Adolescent Forensic Program</li> </ul> <p><b>Juvenile Justice Alternative Education Program</b></p> <ul style="list-style-type: none"> <li>Communities in Schools</li> </ul>	<p><b>Juvenile Probation Placement Aftercare:</b></p> <ul style="list-style-type: none"> <li>Juvenile probation officers continue supervision of a youth while in placement and then facilitate the youth's transition from placement back into the community</li> </ul> <p><b>Community Reentry Services</b></p> <ul style="list-style-type: none"> <li>Communities in Schools</li> <li>Unboundnow.org</li> <li>Youth Advocate Program</li> <li>Southwest Keys</li> <li>Southwest Keys MST Program</li> <li>GCC YES Waiver</li> </ul> <p><b>Juvenile Parole</b> Texas Juvenile Justice Department Reentry and Parole Services - Southeast Region 6</p> <ul style="list-style-type: none"> <li>Only for juveniles discharging from a state Texas Juvenile Justice Department facility</li> </ul>
<p><b>Child and Adolescent Mental Health</b> GCC: Youth mental health and IDD services; Community Health Network; Southwest Key Programs; Counseling Connections for Change; Greater Houston Psychiatric Associates; Pearland Family Health Center; Safe Haven Counseling Center; MYS Counseling; National Alliance on Mental Illness Gulf Coast; Youth and Family Counseling Services; Charlie Health Intensive Outreach Program</p>		<p><b>Recovery Supports</b> GCC: Youth substance use recovery services; ADAPT Programs: Available in Alvin, Angleton, Manvel; Community Health Network: Available in Alvin, Freeport, Pearland, Angleton; Cenikor Adolescent Facility</p>		<p><b>Housing and Shelter</b> Brazoria County Homeless Coalition; McKinney-Vento Liaisons: Available in all school districts</p>

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- and school-based law enforcement 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"> <li>While all officers are required to complete a 40-hour crisis intervention team (CIT) training, the training does not provide sufficient depth or specialization to address the unique behavioral health needs of youth in crisis.</li> </ul>	<ul style="list-style-type: none"> <li>Build onto the existing 40-hour CIT training by incorporating specialized youth-focused modules (e.g., youth and adolescent brain development, trauma-informed practices, family engagement, youth-appropriate de-escalation techniques) to ensure officers are better equipped to respond effectively to youth in crisis.</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient resources to support parents and families with mental health education and reducing stigma</li> </ul>	<ul style="list-style-type: none"> <li>Develop community education programs for schools and families to reduce mental health stigma.</li> </ul>
<ul style="list-style-type: none"> <li>Limited community-based services and programs for youth mental health</li> </ul>	<ul style="list-style-type: none"> <li>Establish partnerships between schools, community organizations, and law</li> </ul>

Gaps	Opportunities
	enforcement to enhance youth mental health services.
<ul style="list-style-type: none"> <li>Gaps in data sharing and tracking related to juvenile mental health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Introduce robust data tracking systems to monitor juvenile mental health outcomes and intervention effectiveness.</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient training and resources for dispatchers to manage mental health crisis calls effectively</li> </ul>	<ul style="list-style-type: none"> <li>Develop dispatcher training and protocols for mental health crisis calls. Implement telehealth assessments to reduce unnecessary emergency room visits and streamline care for youth in crisis.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of co-response units to handle mental health crises collaboratively between law enforcement and professionals</li> </ul>	<ul style="list-style-type: none"> <li>Increase co-response units, integrating mental health professionals with law enforcement personnel to address crises in a collaborative manner.</li> </ul>
<ul style="list-style-type: none"> <li>Limited diversion programs for youth to reduce unnecessary involvement in juvenile justice system</li> </ul>	<ul style="list-style-type: none"> <li>Develop evidence-based diversion programs to prevent unnecessary justice involvement for youth with mental health needs.</li> </ul>
<ul style="list-style-type: none"> <li>Educational gaps regarding mental health resources, including who to contact during a crisis</li> </ul>	<ul style="list-style-type: none"> <li>Provide targeted workshops and resources for parents to effectively navigate mental health crises.</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient support for special populations, such as people with IDD, in accessing necessary mental health services</li> </ul>	<ul style="list-style-type: none"> <li>Enhance services for special populations, such as IDD, by increasing accessibility to tailored programs.</li> </ul>
<ul style="list-style-type: none"> <li>Inadequate interdepartmental collaboration between agencies addressing juvenile behavioral health</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen interagency collaboration to improve outcomes for youth in behavioral health crises.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of youth mental health crisis facilities in Brazoria County</li> </ul>	<ul style="list-style-type: none"> <li>Establish youth mental health crisis facilities in Brazoria County to address urgent needs locally.</li> </ul>
<ul style="list-style-type: none"> <li>Parents face challenges navigating the complex network of mental health resources and services, resulting in delays, missed referrals, or incomplete</li> </ul>	<ul style="list-style-type: none"> <li>Develop navigation supports such as parent liaisons, peer support partners, or a centralized resource hub to guide families through referrals, ensure follow-up, and connect youth with appropriate</li> </ul>

<b>Gaps</b>	<b>Opportunities</b>
follow-up care that leave youth without timely or consistent support.	behavioral health services before needs escalate.
<ul style="list-style-type: none"> <li>Limited follow-up services for youth re-entering schools or communities after a mental health crisis</li> </ul>	<ul style="list-style-type: none"> <li>Develop follow-up and peer support systems to ensure successful reentry into schools and communities.</li> </ul>
<ul style="list-style-type: none"> <li>Low reimbursement rates for mental health services, making it difficult to sustain necessary programs</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for increased funding and reimbursement rates to sustain mental health programs and services for youth.</li> </ul>
<ul style="list-style-type: none"> <li>Limited options, beyond emergency detention, for youth requiring mental health services</li> </ul>	<ul style="list-style-type: none"> <li>Expand the continuum of youth mental health services by developing residential treatment programs, step-down placements, and intensive community-based supports that provide sustained care beyond emergency detention.</li> </ul>

# 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 this intercept, 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 this intercept, 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"><li>Lack of pre-adjudication initial referral to juvenile justice and detention</li></ul>	<ul style="list-style-type: none"><li>Enhance judicial processing with secure placement, probation, supervision, and detention alternatives.</li></ul>
<ul style="list-style-type: none"><li>Access issues (e.g., wait times) for programs and services</li></ul>	<ul style="list-style-type: none"><li>Streamline access to programs and services by reducing wait times and enhancing efficiency.</li></ul>
<ul style="list-style-type: none"><li>Youth in crisis often lack access to dedicated stabilization options, leaving detention centers or emergency rooms as the default placements, which can delay treatment and disrupt continuity of care.</li></ul>	<ul style="list-style-type: none"><li>Introduce youth crisis beds for short-term stabilization to improve access to appropriate treatment, reduce reliance on detention or emergency departments, and ensure youth receive timely behavioral health support.</li></ul>
<ul style="list-style-type: none"><li>Youth who require placement after offenses often face limited options, including a lack of conditional or step-down placements, which result in detention being used when less restrictive or more therapeutic settings</li></ul>	<ul style="list-style-type: none"><li>Expand placement options by developing conditional and step-down programs that are trauma-informed and person-centered, ensuring youth have access to safe, therapeutic alternatives to</li></ul>

<b>Gaps</b>	<b>Opportunities</b>
would be more appropriate.	detention that better match their needs.
<ul style="list-style-type: none"> <li>• Staffing shortages for transports and holds when awaiting placement or mental health clearance</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate for increased Medicaid reimbursement rates to address staffing and service gaps.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited education and training for law enforcement regarding mental health and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Provide comprehensive education for law enforcement to strengthen system-wide collaboration.</li> </ul>
<ul style="list-style-type: none"> <li>• Insufficient resources and training for clinicians to serve people with co-occurring MI and IDD</li> </ul>	<ul style="list-style-type: none"> <li>• Expand training for professionals to better serve people with co-occurring MI and IDD.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of coordination among juvenile justice, behavioral health, and community systems</li> </ul>	<ul style="list-style-type: none"> <li>• Improve interdepartmental coordination to create seamless transitions for youth in crisis.</li> </ul>

# 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"> <li>The efficacy of screening tools remains inconsistent, limiting accurate identification of needs.</li> </ul>	<ul style="list-style-type: none"> <li>Standardize forms and procedures to improve consistency in screening and referrals.</li> </ul>
<ul style="list-style-type: none"> <li>Youth in detention centers often lack access to adequate mental health services, particularly prevention and early intervention supports, creating a reliance on reactive rather than proactive care.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance prevention services through early identification and education programs that address behavioral health needs before they escalate, reducing reliance on detention-based interventions and ensuring youth receive timely, developmentally appropriate support.</li> </ul>
<ul style="list-style-type: none"> <li>Probation and supervision officers do not receive adequate training on behavioral health strategies, limiting their ability to support youth with mental health, substance use, or developmental needs.</li> </ul>	<ul style="list-style-type: none"> <li>Provide standardized training models for probation and supervision officers (i.e., adapting CIT training to apply to their roles) to ensure consistent, evidence-based approaches to youth with behavioral health needs.</li> </ul>
<ul style="list-style-type: none"> <li>Brazoria County Community Resource Coordination Groups (CRCGs) lack sufficient staffing to effectively identify youth needs and make timely connections to appropriate resources, resulting in missed opportunities for support.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen Brazoria County CRCGs by securing funding and partnerships to increase staffing capacity, ensuring there are enough coordinators and specialists to connect youth and families to the full range of available services.</li> </ul>

<b>Gaps</b>	<b>Opportunities</b>
<ul style="list-style-type: none"><li>Challenges in engaging families and parents in the judicial process for youth support</li></ul>	<ul style="list-style-type: none"><li>Implement multi-disciplinary reentry planning that intentionally incorporates family engagement strategies, such as parent partners, family liaison roles, and structured opportunities for parents to participate in case planning and transition meetings.</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 November 15, 2024. The top priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	<b>Expand school-based services and early intervention and prevention programs.</b>	<b>34</b>
2	<b>Establish a behavioral health leadership team and promote cross-training and collaboration.</b>	<b>31</b>
3	<b>Expand IDD services for youth and stakeholder training opportunities.</b>	<b>14</b>
4	<b>Expand youth diversion options, including specialized crisis response options and youth crisis facilities.</b>	<b>10</b>
5	Explore placement options for high-need and high-risk youth.	9
6	Enhance reentry planning and supports for youth returning from placement or hospitalization.	1

## 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 Brazoria 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](#)
- Texas Attorney General, [2020 Juvenile Justice Handbook](#)
- 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. The first is **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.

The second is **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.<sup>1</sup> It is critical that professionals in both the 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:

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

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 School-Based Services and Early Intervention and Prevention Programs

Objective	Action Steps
<p>Establish a workgroup for school-based behavioral health services under the behavioral health leadership team established for priority two.</p>	<ul style="list-style-type: none"> <li>• Identify leadership for a school-based behavioral health services workgroup for Brazoria County.</li> <li>• Identify representatives from each school district to serve on the workgroup:               <ul style="list-style-type: none"> <li>▶ Brazosport Independent School District (ISD) – Allison Jasso</li> <li>▶ Alvin ISD and Pearland ISD representatives to be determined</li> <li>▶ Angleton ISD, Columbia-Brazoria ISD, Damon ISD, Danbury ISD, and Sweeny ISD - Communities in Schools will coordinate with school district staff to identify representatives from each ISD to participate on the workgroup.</li> </ul> </li> </ul>
<p>Facilitate meetings between key school district staff and community stakeholders.</p>	<ul style="list-style-type: none"> <li>• Host school district-specific roundtable discussions between identified school staff, community stakeholders, and service providers to:               <ul style="list-style-type: none"> <li>▶ Assess school district needs and make connections for services.</li> <li>▶ Educate stakeholders on district policies and procedures for outside services and support.</li> <li>▶ Identify resources and prevention programs during meetings with stakeholders.</li> </ul> </li> <li>• Choose first school district to host a community stakeholder meeting: Brazosport ISD with assistance from Communities in Schools.</li> </ul>
<p>Create a subcommittee for family support services.</p>	<ul style="list-style-type: none"> <li>• Name representatives from school districts and community stakeholders to participate in a family support services subcommittee.</li> <li>• Create list of priorities identified in subsequent workgroup meetings.</li> </ul>

**Team Leads:** Donna Montes, Allison Jasso

**Workgroup Members:** Nicole Evans, Robert Galan, Lavenda Malbrough, Megan Taylor, Nekeisha Giridy, Fe Cooper, Stefania Raborn, Julie Engelking, Pierre Nolot, Megan Massengill, Rita McGee, Christina Moor, Kayla Edwards, Tabitha Henry

## Priority Two: Establish a Behavioral Health Leadership Team and Promote Cross-Training and Collaboration

Objective	Action Steps
Establish purpose of the behavioral health leadership team.	<ul style="list-style-type: none"> <li>• Reconvene the priority one workgroup to formalize the roles, responsibilities, scope, and goals of the behavioral health leadership team.</li> <li>• Consider drafting by-laws for the coordinating body (see <a href="#">Hays County Behavioral Advisory Team charter</a> for an example).</li> <li>• Consider coordination and collaboration with existing leadership groups (e.g., suicide task force, county health task force).</li> <li>• Establish meeting logistics (e.g., location, frequency, dates and times, agendas).</li> </ul>
Identify key behavioral health leadership team partners.	<ul style="list-style-type: none"> <li>• Identify key behavioral health, education, and juvenile justice stakeholders who should be represented on the behavioral health leadership team.</li> <li>• Send formal invitations to the identified stakeholders to participant in the behavioral health leadership team.</li> </ul>
Explore opportunities for cross-training.	<ul style="list-style-type: none"> <li>• Review opportunities for training discussed through the SIM workshop.</li> <li>• Check with the other three SIM mapping priority workgroups to see if there are additional unmet training needs.</li> <li>• Inventory existing trainings within the community that can meet these needs.</li> <li>• Identify opportunities to ensure people are connected with existing trainings.</li> <li>• Explore opportunities to host trainings and incentivize attendance (e.g., continuing education credits, lunch and learns).</li> <li>• Develop plans to fill gaps in training in order to create more opportunities for cross-training.</li> </ul>
Increase data collection and information sharing across local behavioral health, juvenile justice, and education stakeholders.	<ul style="list-style-type: none"> <li>• Aggregate data.</li> <li>• Identify key data measures that the community would like to track over time to understand the needs of youth with behavioral health needs who are involved with or at risk of involvement with the juvenile justice system. Utilize the youth SIM impact measures as a starting point.</li> <li>• Consider opportunities to collect aggregate measures and consolidate and share across agencies over time.</li> <li>• Explore how to make data collected and any supporting analysis</li> </ul>

Objective	Action Steps
	<p>consistently available to the behavioral health leadership team and other key stakeholders.</p> <ul style="list-style-type: none"> <li>• Ensure data is leveraged for grant applications.</li> <li>• Explore data sharing options for personally identifiable information: <ul style="list-style-type: none"> <li>▶ Identify opportunities where individual-level data sharing could help improve continuity of care and case management for youth with behavioral health needs.</li> <li>▶ Consider an inventory of existing memoranda of understanding (MOUs) and releases of information used across school districts, behavioral health entities, and juvenile justice stakeholders as a starting point. Consider what additional information could be shared.</li> <li>▶ Consider surveying key agencies and organizations to better understand their specific needs as it relates to information sharing and supporting youth with behavioral health needs who are involved with the juvenile justice system.</li> </ul> </li> </ul>
<p>Increase advocacy and community impact.</p>	<ul style="list-style-type: none"> <li>• Build rapport with youth and parents.</li> <li>• Plan resource fairs for the community.</li> </ul>

**Team Leads:** Joseph Earl, Jerry Freshour, Bianca Wooten, Amanda Gisler, Delma Garza, Jan Melis, Leticia Rodriguez

**Workgroup Members:** Kyle Teat, Kristina Sandoval, Lesa Trombley, Jeffrey Gardner, Deinisha Tryals, Jan Melis, Michael Shane Vandergriff, Amy McMahan, Sandra M. Baez-Curcio

# Priority Three: Expand IDD Services for Youth and Stakeholder Training Opportunities

Objective	Action Steps
Develop an IDD subcommittee.	<ul style="list-style-type: none"> <li>• Identify members of the subcommittee.</li> <li>• Set projected date for the first meeting.</li> <li>• Identify existing resources and gaps in resources.</li> </ul>
Expand education and training.	<ul style="list-style-type: none"> <li>• Identify community stakeholders who would benefit from education and training.</li> <li>• Identify existing training and gaps.</li> <li>• Identify the frequency and need for specific training topics.</li> </ul>
Gather data.	<ul style="list-style-type: none"> <li>• Gather policies and procedures from organizations.</li> <li>• Find gaps in data being collected.</li> <li>• Look at best practices in data gathering and sharing.</li> </ul>

**Team Lead:** Jamie White

**Workgroup Members:** Rachel Griffitts, Hortencia Alas, Crystal Rangel, Amy McMahon

## Priority Four: Expand Youth Diversion Options, Including Specialized Crisis Response Options and Youth Crisis Facilities

Objective	Action Steps
Explore training opportunities to support law enforcement response to youth in crisis.	<ul style="list-style-type: none"> <li>• Work with local police departments, including municipal police departments, sheriff's offices and school resource officers (SROs), to understand training needs related to youth crisis response and youth with behavioral health needs. Consider the use of surveys.</li> <li>• Inventory existing trainings available (e.g. Youth Mental Health First Aid, Counseling on Access to Lethal Means, Applied Suicide Intervention Skills Training, Texas Commission on Law Enforcement youth trainings).</li> <li>• Explore opportunities to incentivize training (e.g., Texas Commission on Law Enforcement credits, lunch and learns).</li> <li>• Coordinate across county partners to develop new, targeted law enforcement trainings on youth brain development, adverse childhood experiences, positive childhood experiences, de-escalation approaches (e.g., youth crisis intervention training).</li> <li>• Develop action cards that support law enforcement decision-making in the field.</li> </ul>
Explore opportunities to improve data collection and analysis across local police departments.	<ul style="list-style-type: none"> <li>• Establish a data workgroup with representatives from Gulf Coast Center and local law enforcement agencies.</li> <li>• Understand what each department is currently capturing related to interactions with youth and mental health calls for service. Use the Youth SIM impact measures as a starting point.</li> <li>• Continue to collect and analyze data related to the implementation of specialized response units across the county (e.g., mental health detectives, mental health deputies, co-response units).</li> <li>• Discuss opportunities to improve data collection across the county and scale successful programs.</li> <li>• Attend chief's meeting to discuss opportunities.</li> </ul>
Explore funding opportunities to expand specialized crisis response options.	<ul style="list-style-type: none"> <li>• Explore federal, state and local funding opportunities to expand specialized law enforcement response options.</li> <li>• Start with funding recommendations from the Texas Youth SIM mapping workshop presentation.</li> </ul>
Enhance collaboration between local police	<ul style="list-style-type: none"> <li>• Explore opportunities to establish ongoing meetings with local police departments, Gulf Coast Center and other crisis stakeholders to discuss opportunities to enhance crisis response</li> </ul>

Objective	Action Steps
departments and Gulf Coast Center.	<p>for youth, address common challenges, and recommend improvements to the local system.</p> <ul style="list-style-type: none"> <li>• Identify opportunities to enhance data collection and information sharing between local law enforcement and Gulf Coast Center.</li> <li>• Explore new partnerships with the mobile crisis outreach team (MCOT) for local police departments including a direct call line, embedded clinicians at 911, a fourth mental health option at 911, expanded co-response teams, and expanded remote co-responses.</li> <li>• Reassess the crisis and mental health hierarchy and consider the development of tools to inform law enforcement decision making.</li> <li>• Promote public education of available mental health and crisis resources.</li> <li>• Engage Child and Protective Services in conversations.</li> </ul>
Consider next steps in the process.	<ul style="list-style-type: none"> <li>• Engage local emergency rooms and emergency response services in workgroups and planning conversations.</li> <li>• Explore youth emergency detention order data.</li> <li>• Explore training and support for 911 call takers and dispatchers.</li> <li>• Initiate a conversation with the Chamber of Commerce regarding youth crisis facility and beds, and ensure they have appropriate diversion data.</li> </ul>

**Team Lead:** Arielle Gray

**Workgroup Members:** Christina Cortinas, Kimberly Dugas, Jenny Humbird, Jennifer Vrana, Joseph Earl, Kristy Mercado, Adeola Oyewole, Candace Cogswell, Amy Smith

# 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. Brazoria 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.

## 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.

- ADAPT Programs has funding to work with schools on SUD prevention.
- Expand telehealth support for emergency medical services.
- Expand the number of community partners accessing BrazCo Resource Network services.
- Add more local partners to Brazoria County CRCG (e.g., housing, peer support, faith-based organizations).

## Parking Lot

While most priorities identified during the Texas Youth SIM mapping workshop require significant planning and resources to implement, the parking lot includes priorities that were identified and bear returning to for further thought and development. Note that some of these areas may have been incorporated into the workshop priorities that were identified by community participants of the workshop.

- Advocate for increasing the reimbursement rate for SUD services.
- Advocate for increased insurance reimbursement rates for mental health services.
- Advocate for increased state funding for school-based mental health services.
- Gain clarification of federal terms, definitions, and eligibility information for youth experiencing homelessness.
- Advocate for statutory changes to extend the hold time for Emergency Detention Orders from 48 to 72 hours, allowing additional time for assessment and stabilization of youth in crisis.
- Explore statutory authority to hold parents accountable when they refuse behavioral health services for a child in crisis, outside of the emergency detention process.
- Gain clarification of medical clearance requirements.
- Gain clarification on Texas Family Code provisions regarding conditions under which youth may be detained for behavioral health reasons.
- Clarify detention authority and understanding across systems regarding the lawful reasons a child may be detained, particularly as it relates to mental health crisis rather than delinquent code.
- Improve the design of hospitalization programs.
- Advocate for increased state funding to support prevention and intervention programs, ensuring counties have sustainable resources to expand services beyond short-term or grant-based initiatives.

# Building Prevention and Early Intervention Strategies

## Best Practices

- Introduce a school-based universal prevention curriculum 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 prevention support group for children and youth, ages 4–17, 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.

# Creating a Behavioral Health Leadership Team

## Best Practices

- Identify the right partners. Ensure the right stakeholders in the fields of education, behavioral health, child welfare, and juvenile justice 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, [Impacting Our Community](#), which provides information on their task force work for children.
- Kaufman County established [by-laws](#) 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

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

# 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 a 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 in McLennan County
- [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](#) 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.

# Appendix A. Workshop Agenda

## Texas Youth Sequential Intercept Model Mapping Workshop: Brazoria County

November 14-15, 2024

Brazoria County Sheriff's Office, 3602 County Road 45, Angleton, TX 77515  
Training Room 1

### AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and Snacks Provided by <b>Gulf Coast Center (GCC)</b>
8:30 a.m.	Opening Remarks	Opening Remarks: <ul style="list-style-type: none"> <li>• <i>Bo Stallman, Sheriff, Brazoria County</i></li> <li>• <i>Jennie Simpson, Ph.D., Associate Commissioner and State Forensic Director, HHSC</i></li> </ul>
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 Expert Panels <ul style="list-style-type: none"> <li>• Behavioral Health and Community Services:               <ul style="list-style-type: none"> <li>▶ <i>Dr. Sandra Baez-Curcio, National Director of Clinical Services, Southwest Key Programs</i></li> <li>▶ <i>Joe Gardzina, Chief Executive Officer, ADAPT Programs</i></li> <li>▶ <i>Arielle Gray, Program Manager of Co-Response Teams and Justice Services, GCC</i></li> <li>▶ <i>David Hernandez, Mobile Crisis Outreach Team (MCOT) and MCOT Telehealth Program Manager, GCC</i></li> <li>▶ <i>Amy McMahan, Director of Youth Behavioral Health Services, Youth Empowerment Services (YES) Waiver, Multisystemic Therapy (MST), and</i></li> </ul> </li> </ul>

		<p><i>Coordinated Specialty Care, GCC</i></p> <ul style="list-style-type: none"> <li>▶ <i>Kayla Edwards, YES Waiver Team Lead, GCC</i></li> <li>▶ <i>Christina Moor, Youth Substance Use Recovery Services Program Manager, GCC</i></li> <li>▶ <i>Bettye Smith, Chief Executive Officer, Youth and Family Counseling Services</i></li> <li>▶ <i>James Simmons, Crisis Director, Community Health Network</i></li> <li>▶ <i>Deinisha Tryals, Program Manager of Coordinated Entry and Supportive Housing, GCC</i></li> </ul> <ul style="list-style-type: none"> <li>• <b>Schools:</b> <ul style="list-style-type: none"> <li>▶ <i>Amber Dixon, Coordinator of Counseling, Alvin Independent School District (ISD)</i></li> <li>▶ <i>Christina Cortinas, Licensed Professional Counselor, Angleton ISD</i></li> <li>▶ <i>Joseph Garza, Regional Director, Communities in Schools</i></li> <li>▶ <i>Stacy Gillaspey, Grants Officer, Communities in Schools</i></li> <li>▶ <i>Allison Jasso, Director of Guidance and Counseling, Brazosport ISD</i></li> <li>▶ <i>Lisa Nixon, Assistant Superintendent of Educational Services, Pearland ISD</i></li> <li>▶ <i>Leticia Rodriguez, Juvenile Justice Alternative Education Program Supervisor, Brazoria County Juvenile Justice Department</i></li> </ul> </li> <li>• <b>Law Enforcement:</b> <ul style="list-style-type: none"> <li>▶ <i>Jenny Humbird, Mental Health Detective, Alvin Police Department</i></li> <li>▶ <i>Sergeant Michael Shane Vandergriff, Brazoria County Sheriff's Office, Mental Health Division</i></li> </ul> </li> </ul> <p>Map Intercepts 0 and 1 Examine Gaps and Opportunities</p>
<b>12:00 p.m.</b>	<b>Lunch</b>	Lunch provided by <b>GCC</b>

<p><b>12:45 p.m.</b></p>	<p><b>Presentation and Mapping of Intercepts 2 and 3</b></p>	<p>Overview of Intercepts 2 and 3  County Data Review  Expert Panel:</p> <ul style="list-style-type: none"> <li>• <i>Sergeant Michael Shane Vandergriff, Brazoria County Sheriff's Office, Mental Health Division</i></li> <li>• <i>Leticia Rodriguez, Juvenile Justice Alternative Education Program Supervisor, Brazoria County Juvenile Justice Department</i></li> <li>• <i>Keema Jones, Program Manager, Multistage Program, Texas Department of Family and Protective Services</i></li> <li>• <i>Stacy Gillaspey, Grants Officer, Communities in Schools</i></li> <li>• <i>Joseph Garza, Regional Director, Communities in Schools</i></li> <li>• <i>Megan Massengill, Clinical Outreach Manager, Charlie Health Intensive Outpatient Program</i></li> <li>• <i>Kayla Edwards, YES Waiver Team Lead, GCC</i></li> </ul> <p>Map Intercepts 2 and 3  Examine Gaps and Opportunities</p>
<p><b>3:15 p.m.</b></p>	<p><b>Presentation and Mapping of Intercept 4</b></p>	<p>Overview of Intercept 4  County Data Review  Expert Panel:</p> <ul style="list-style-type: none"> <li>• <i>Leticia Rodriguez, Juvenile Justice Alternative Education Program Supervisor, Brazoria County Juvenile Justice Department</i></li> <li>• <i>Keema Jones, Program Manager, Multistage Program, Texas Department of Family and Protective Services</i></li> <li>• <i>Amy McMahon; Director of Youth Behavioral Health Services, YES Waiver, MST, and Coordinated Specialty Care; GCC</i></li> <li>• <i>Christina Moor, Youth Substance Use Recovery Services Program Manager, GCC</i></li> <li>• <i>James Simmons, Crisis Director, Community Health Network</i></li> </ul> <p>Map Intercept 4  Examine Gaps and Opportunities</p>
<p><b>4:15 p.m.</b></p>	<p><b>Summarize Opportunities,</b></p>	<p>Identify Potential, Promising Areas for Modification Within the Existing System</p>

	<b>Gaps, and Establish Priorities</b>	Establish a List of Top Priorities – Round Robin
<b>4:45 p.m.</b>	<b>Wrap Up</b>	Review the Day Homework
<b>5:00 p.m.</b>	<b>Adjourn</b>	

**Texas Youth Sequential Intercept Model Mapping Workshop:  
Brazoria County**  
November 14-15, 2024  
Brazoria County Sheriff's Office, 3602 County Road 45, Angleton, TX 77515  
Training Room 1

**AGENDA – Day 2**

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15 a.m.</b>	<b>Registration</b>	Coffee and snacks provided by <b>GCC</b>
<b>8:30 a.m.</b>	<b>Welcome</b>	Opening Remarks: <ul style="list-style-type: none"> <li>• <i>Sergeant Michael Shane Vandergriff, Brazoria County Sheriff's Office, Mental Health Division</i></li> </ul>
<b>8:40 a.m.</b>	<b>Preview and Review</b>	Review Day 1 Accomplishments Preview of Day 2 Agenda Best Practice Presentation
<b>9:15 a.m.</b>	<b>Action Planning</b>	Group Work
<b>10:45 a.m.</b>	<b>Workgroup Report Outs</b>	Each Group Will Report Out on Action Plans
<b>11:00 a.m.</b>	<b>Next Steps and Summary</b>	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
<b>11:30 a.m.</b>	<b>Closing Remarks</b>	Closing Remarks: <ul style="list-style-type: none"> <li>• <i>Jerry Freshour, Senior Director for Crisis and Justice Services, GCC</i></li> </ul>
<b>11:45 a.m.</b>	<b>Adjourn</b>	

# **Appendix B. Texas Youth Sequential Intercept Model Map for Brazoria County, November 2024**

## **Community Public Health and Support Services**

### **Child and Adolescent Mental Health:**

- **Gulf Coast Center (GCC):** Youth mental health and IDD services
- **Community Health Network**
- **Southwest Key Programs**
- **Counseling Connections for Change**
- **Greater Houston Psychiatric Associates**
- **Pearland Family Health Center**
- **Safe Haven Counseling Center**
- **MYS Counseling**
- **National Alliance on Mental Illness Gulf Coast**
- **Youth and Family Counseling Services**
- **Charlie Health Intensive Outreach Program**

### **Recovery Supports:**

- **GCC:** Youth substance use recovery services
- **ADAPT Programs:** Available in Alvin, Angleton, Manvel
- **Community Health Network:** Available in Alvin, Freeport, Pearland, Angleton
- **Cenikor Adolescent Facility**

### **Housing and Shelter:**

- **Brazoria County Homeless Coalition**

- **McKinney-Vento Liaisons:** Available in all school districts

## **Intercept 0: School and Community-Based Services**

### **Crisis Phone Lines:**

- **GCC Crisis Hotline:** 1-866-729-3848, available 24/7
- **988 Suicide & Crisis Lifeline:** Call or text 9-8-8
- **Community Health Network:** (281) 824-1480, ask for crisis team

### **Warmlines and Resource Lines:**

- **GCC Text Line:** (832) 479-2135, clinicians available for emotional support
- **National Alliance on Mental Illness Gulf Coast HelpLine:** (281) 585-3100, available Monday–Friday from 9 a.m.–4 p.m.

## **Prevention Programs, Mentorship Programs, and Coordinating Bodies**

- **Youth and Family Counseling Services**
- **Boys & Girls Club**
- **Brazoria County CRCG**
- **Brazoria County Suicide Prevention and Mental Wellness Coalition**

## **Family and Peer Support Services**

- **GCC YES Waiver program**
- **GCC family partner services**
- **Youth and Family Counseling Services**
- **Southwest Key MST program**

## **Mobile Crisis Response**

- **GCC MCOT:** Includes a virtual crisis clinician for law enforcement
- **GCC School and Law Enforcement Crisis Team**

- **GCC IDD Crisis Services**

## **School-Based Services**

- **Texas Child Health Access Through Telemedicine:** Alvin ISD, Angleton ISD, Brazosport ISD, Pearland ISD, Danbury ISD, Damon ISD, Columbia-Brazoria ISD, Sweeny ISD
- **Communities in Schools:** Alvin ISD, Angleton ISD, Brazosport ISD, Pearland ISD, Columbia-Brazoria ISD
- **Social and Emotional Support Counselors:** Alvin ISD, four social and emotional learning counselors serving high schools and middle schools
- **Mental Health and Behavioral Team:** Angleton ISD, caseworker, licensed social workers, and licensed professional counselors to assist students and families

## **Intercept 1: Law Enforcement, SROs, and Children’s Emergency Services**

### **911 Dispatch and Emergency Communications:**

- **Gulf Coast Regional 911 Emergency Communications District**

### **Mental Health Law Enforcement Units and Co-Response:**

- **Brazoria County Sheriff's Office:** Mental health deputy program, Brazoria County Crisis Co-Response Team pairs qualified mental health professionals from GCC with mental health deputies for co-response to crises
- **Alvin Police Department:** Mental Health Detective

### **SROs**

- **Alvin ISD**
- **Angleton ISD**
- **Brazosport ISD**
- **Pearland ISD**

- **Danbury ISD**
- **Columbia-Brazoria ISD**

## **Disciplinary Alternative Education Programs**

- **Alvin ISD**
- **Angleton ISD**
- **Brazosport ISD**
- **Columbia-Brazoria ISD**
- **Danbury ISD**
- **Pearland ISD**
- **Sweeny ISD**

## **Hospitals**

- **University of Texas Medical Branch Health Clinics in Galveston**
- **HCA Houston in Alvin and Pearland**
- **St. Luke's Health in Brazosport and Lake Jackson**
- **Memorial Hermann in Houston and Pearland**
- **Pearland Hospital**
- **Sweeny Hospital**
- **Texas Emergency Care Center in Pearland**
- **Houston Methodist in Pearland**

## **Children's Psychiatric Hospitals**

- **Sun Behavioral Houston:** GCC provides state funding for youth inpatient beds
- **Westpark Springs**
- **Houston Behavioral Healthcare Hospital**
- **Behavioral Hospital of Bellaire**
- **Dunn Behavioral Sciences Center**
- **IntraCare North Hospital**

- **Kingwood Pines Hospital**
- **Menninger Clinic of Houston**
- **West Oaks Hospital**
- **Cypress Creek Hospital**

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

### **Juvenile Detention Facility**

- **Brazoria County Juvenile Detention Facility**

### **Detention-Based Services**

- **Facility-based professional mental health staff**

### **Detention Hearings**

- **Evaluations or assessments ordered:**
  - ▶ Psychological evaluations
  - ▶ Psychosexual evaluations
- **Conditions of release:**
  - ▶ Utilized to route youth into services

### **Juvenile Probation Department Intake**

- **Screening and assessments used:**
  - ▶ Massachusetts Youth Screening Instrument-2 (MAYSI-2) – behavioral health screening tool
  - ▶ Positive Achievement Change Tool (PACT) – juvenile risk and needs assessment
  - ▶ Commercial Sexual Exploitation - Identification Tool - screening for trafficking and trafficking risk
  - ▶ Psychosocial assessment

- **Referrals made:**
  - ▶ GCC
  - ▶ Community behavioral health providers

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

### **Pre-Trial Intervention Programs**

- **Deferred prosecution**
- **Vaping program**
- **First offender program**

### **Juvenile Courts:**

- **County Court at Law #1:** Judge Courtney T. Gilbert
- **County Court at Law #2:** Judge Thomas Pfeiffer
- **County Court at Law #3:** Judge Jeremy E. Warren
- **County Court at Law #4:** Judge Lori Rickert

### **Court-Ordered Juvenile Probation**

- **Specialized Caseloads:**
  - ▶ Mental health
  - ▶ Sex offender
  - ▶ Intensive supervision probation

### **Placements (Secure and Non-Secure):**

- **Brazoria County Residential Program**
- **Robert N. Barnes Regional Juvenile Facility**
- **Cherokee Children's Home**
- **Pegasus Schools, Inc.**
- **Travis County**

- **Unity Children’s Home**
- **Rite of Passage**
- **Grayson County Juvenile Services**
- **Everyday Life**
- **Victoria County**
- **North Texas State Hospital - Vernon, Adolescent Forensic Program**

## **Juvenile Justice Alternative Education Program**

- **Communities in Schools**

## **Intercept 4: Reentry**

### **Juvenile Probation**

- **Placement aftercare:** Juvenile probation officers continue supervision of a youth while in placement and then facilitate the youth’s transition from placement back into the community

### **Community Reentry Services**

- **Communities in Schools**
- **Unboundnow.org**
- **Youth Advocate Programs**
- **Southwest Keys**
- **Southwest Keys MST Program**
- **GCC YES Waiver**

### **Juvenile Parole**

- **Texas Juvenile Justice Department Reentry and Parole Services - Southeast Region 6:** Only for juveniles discharging from a Texas Juvenile Justice Department facility

## Appendix D. Community Impact Measures

Item	Measure	Intercept	Category
1	Number of youth at Tier 2 and Tier 3 of the Multi-Tiered System of Support (#)	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	Children's 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 by the Texas Department of Family and Protective Services (#)	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 crises (#)	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

<b>Item</b>	<b>Measure</b>	<b>Intercept</b>	<b>Category</b>
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 Child Protective Services 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: 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 Texas Education Agency has a series of sample information sharing agreements and consent documents. See [Universal Screening Consent and Assent Processes](#), [Sample General 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.

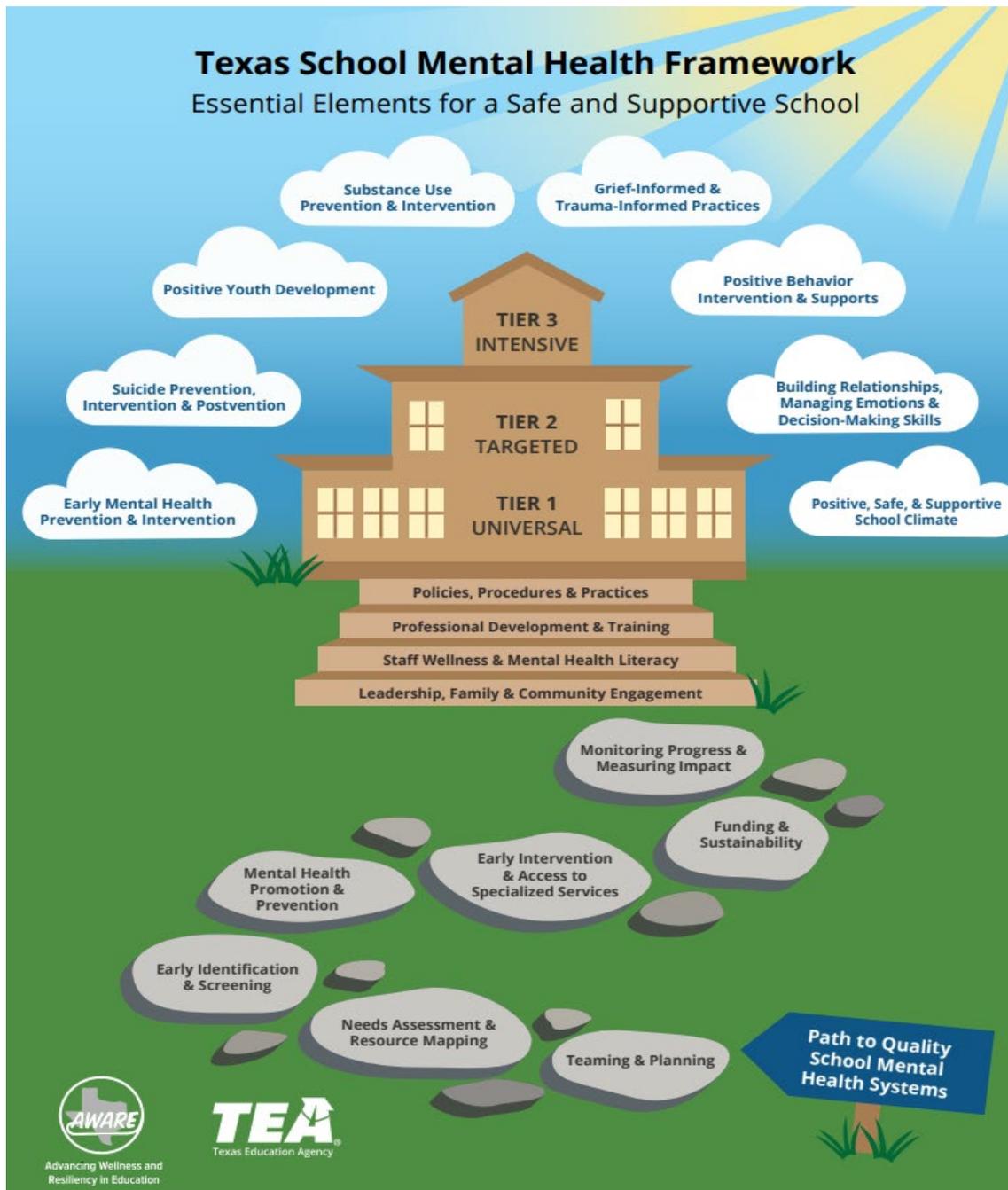
(f) This section does not affect the confidential status of the information being shared. The information may be released to a third party only as directed by a court order or as otherwise authorized by law. Personally identifiable information disclosed to a juvenile service provider under this section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

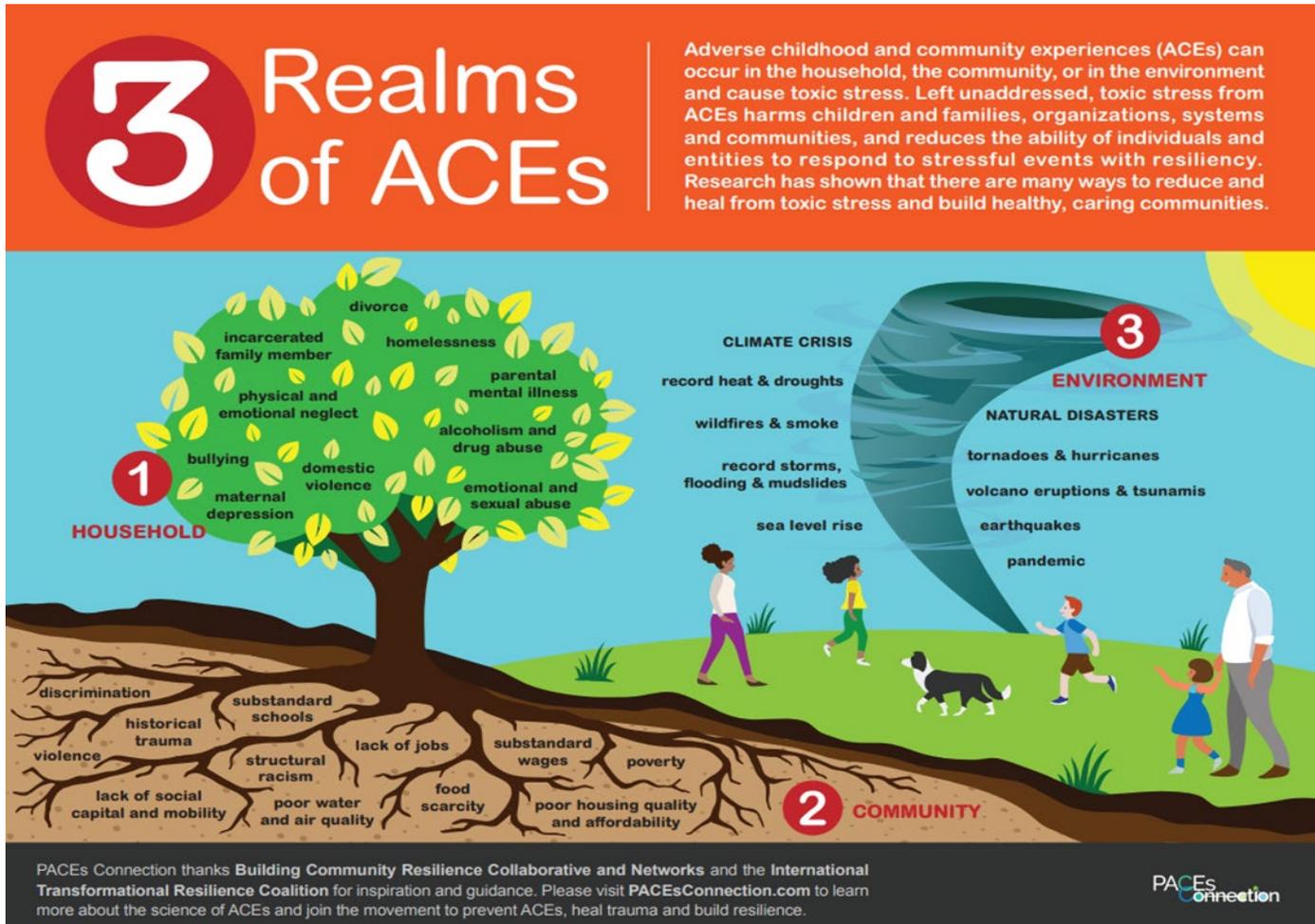
- (1) a memorandum of understanding between the requesting provider and the disclosing provider:
  - (A) prohibits the payment of a fee;
  - (B) provides for the waiver of a fee; or
  - (C) provides an alternate method of assessing a fee;
- (2) the disclosing provider waives the payment of the fee; or
- (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)<sup>2</sup>



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

# Appendix G. Three Realms of Adverse Childhood and Community Experiences (ACEs)<sup>3</sup>



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

## Appendix H. SIM Mapping Workshop Participant List

Name	Agency or Organization	Title
Adeola Oyewole	Gulf Coast Center	Behavioral Health Specialist
Adria Ashby	Gulf Coast Center	Licensed Chemical Dependency Counselor
Allison Jasso	Brazosport Independent School District	Director of Guidance and Counseling, School-Based Services Lead
Amanda Gisler	Angleton Area Emergency Medical Corporation	Paramedic
Amanda Groller	Gulf Coast Center	Special Projects Director
Amber Dixon	Alvin Independent School District	Coordinator of Counseling
Amy McMahon	Gulf Coast Center	Director of Youth Behavioral Health Services, Youth Empowerment Services Waiver, Multisystemic Therapy, and Coordinated Specialty Care
Amy Smith	Gulf Coast Center	Clinical Supervisor, Crisis Services
Andrea Elliott	Brazoria County Alliance for Children	Assistant Director
Arielle Gray	Gulf Coast Center	Program Manager of Co-Response Teams and Justice Services
Bettye Smith	Youth and Family Counseling Services	Chief Executive Officer
Bianca Wooten	Cenikor	Judicial Outreach Manager

<b>Name</b>	<b>Agency or Organization</b>	<b>Title</b>
Bo Stallman	Brazoria County	Sheriff
Candace Cogswell	Gulf Coast Center	Qualified Mental Health Professional
Christina Cortinas	Angleton Independent School District	Licensed Professional Counselor
Christina Moor	Gulf Coast Center	Youth Substance Use Recovery Services Program Manager
Crystal Rangel	Southwest Key	Multisystemic Therapy Supervisor
David Hernandez	Gulf Coast Center	Mobile Crisis Outreach Team and Mobile Crisis Outreach Team Telehealth Program Manager
Deinisha Tryals	Gulf Coast Center	Program Manager of Coordinated Entry and Supportive Housing
Delma Garza	Columbia-Brazoria Independent School District	Behavioral Intervention Specialist
Demi Minter	Community Health Network	Chief Behavioral Health Officer
Donna Montes	Communities in Schools	Chief Executive Officer and School-Based Services Lead
Dr. Sandra M. Baez-Curcio	Southwest Key Programs	National Director of Clinical Services
Fe Cooper	Alvin Independent School District	Social and Emotional Learning Counselor
Garrett Drake	Charlie Health Intensive Outreach Program	Clinical Outreach Senior Manager
Hortencia Alas	Brazoria County Juvenile Justice Department	Mental Health Therapist Coordinator

<b>Name</b>	<b>Agency or Organization</b>	<b>Title</b>
James Simmons	Community Health Network	Crisis Director
Jamie White	Gulf Coast Center	Director of Intellectual and Developmental Disability Services
Jan Melis	National Alliance on Mental Illness	Executive Director
Jason Garner	The University of Texas Medical Branch Health Angleton Danbury Campus	Nurse Manager
Jeffrey Gardner	Brazoria County District Attorney's Office	Assistant District Attorney
Jennifer Vrana	Brazoria County Alliance for Children	Program Director
Jenny Humbird	Alvin Police Department	Mental Health Detective and Wellness Coordinator
Jerry Freshour	Gulf Coast Center	Senior Director for Crisis and Justice Services
Joana Zapata	Brazosport Independent School District	Mental Health Social Worker, Co-Chair of Brazoria County Community Resource Coordination Group
Joe Gardzina	ADAPT Programs and Brazos Place Behavioral Health Center	Chief Executive Officer
Joseph Earl	Freeport Police Department	Corporal
Joseph Garza	Communities in Schools	Regional Director
Julie Engelking	Brazosport Independent School District	At-Risk Coordinator
Kayla Edwards	Gulf Coast Center	Youth Empower Services Waiver Team Lead

<b>Name</b>	<b>Agency or Organization</b>	<b>Title</b>
Keema Jones	Texas Department of Family and Protective Services	Program Manager, Multistage Program
Kimberly Dugas	Guiding Our Youth	Director
Kristina Sandoval	Brazoria County Juvenile Justice Department	Training and Personnel Coordinator
Kristy Mercado	Freeport Police Department	Detective Corporal
Kyle Teat	Brazoria County Juvenile Justice Department	Chief Juvenile Probation Officer
Lauren Albair	Brazosport Independent School District	Mental Health Counselor
Lavenda Malbrough	Pearland Independent School District	McKinney-Vento Liaison
Lesla Trombley	Brazoria County District Attorney's Office	Assistant District Attorney
Leticia Rodriguez	Brazoria County Juvenile Justice Department	Juvenile Justice Alternative Education Program Supervisor
Lisa Nixon	Pearland Independent School District	Assistant Superintendent of Educational Services
Megan Massengill	Charlie Health Intensive Outpatient Program	Clinical Outreach Manager
Megan Taylor	Brazosport Independent School District	Special Services Family Liaison
Melissa Krauss	Gulf Coast Center	Behavioral Health Administrative Specialist
Michael Shane Vandergriff	Brazoria County Sheriff's Department	Sergeant
Nekeisha Girdy	Alvin Independent School District	District Homeless and Foster Liaison

<b>Name</b>	<b>Agency or Organization</b>	<b>Title</b>
Nicole Evans	Pearland Independent School District	Student Outreach Case Manager
Nikita Bhakta	Pearland Police Department	Crime Victims Liaison
Pierre Nolot	ADAPT Programs	Clinical Manager
Rachel Griffitts	Gulf Coast Center	Administrative Specialist
Rita McGee	Gulf Coast Center	Outreach, Screening, Assessment and Referral Team Lead
Robert Galan	Pearland Independent School District	Attendance Officer
Rozlyn Jones	Pearland Police Department	Crime Victim Liaison
Sara Eddy	Brazoswood High School	Licensed Professional Counselor
Sara Hayes	The University of Texas Medical Branch Health Angleton Danbury Campus	Clinical Educator
Sheree Thanars	John S. Dunn Behavioral Sciences Center at UT Health Houston	Business Liaison
Stacy Gillaspey	Communities in Schools	Grants Officer
Stefania Raborn	Alvin Independent School District	Social and Emotional Learning Counselor
Stephanie Catoe	Danbury Independent School District	High School Counselor
Tabitha Henry	Gulf Coast Center	Certified Family Partner
Zenaida Woods	Pearland Police Department	Police Officer

## Appendix I. List of Acronyms and Initialisms

Acronym	Full Name
CIT	Crisis Intervention Team
CRCG	Community Resource Coordination Group
GCC	Gulf Coast Center
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
ISD	Independent School District
MAYSI-2	Massachusetts Youth Screening Instrument-Second Version
MCOT	Mobile Crisis Outreach Team
MI	Mental Illness
MOU	Memorandum of Understanding
MST	Multisystemic Therapy
OFSC	Office of Forensic Services and Coordination
PACT	Positive Achievement Change Tool
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SRO	School Resource Officer
SUD	Substance Use Disorder

<b>Acronym</b>	<b>Full Name</b>
TA Center	Texas Behavioral Health and Justice Technical Assistance Center
TIEMH	Texas Institute for Excellence in Mental Health
YES	Youth Empowerment Services