



Texas Youth Sequential Intercept Model Mapping Report: Executive Summary

Brazoria County Roadmap

In 2024, Program Manager of Co-Response Teams and Justice Services for Gulf Coast Center Arielle Gray requested a Texas Youth Sequential Intercept Model (SIM) mapping workshop from the Texas Health and Human Services Commission. The goal of the workshop was to help foster collaboration among behavioral health and juvenile justice stakeholders and improve early intervention and diversion for youth with mental illness (MI), substance use disorders (SUD), and/or intellectual and development disabilities (IDD). The workshop took place on November 14-15, 2024, in Angleton, Texas. This roadmap summarizes the key gaps, opportunities, and priorities identified by workshop participants. For a full event summary, review the Texas Youth SIM Mapping Report for Brazoria County.

Invest in Strategic Priorities

Priority One: Expand school-based services and early intervention and prevention programs.

Priority Two: Establish a behavioral health leadership team and promote cross-training and collaboration.

Priority Three: Expand IDD services for youth and stakeholder training opportunities.

Priority Four: Expand youth diversion options, including specialized crisis response options and youth crisis facilities.

Support Local Planning, Partnership, and Education

Coordinate

- Strengthen behavioral health and juvenile justice partnerships through regular convening of SIM workgroups dedicated to implementing the action plans.

Partner

- Identify opportunities to strengthen relationships with new stakeholders (e.g., juvenile justice partners, other youth-serving community partners).

Learn

- Connect with other similar-sized counties implementing best practice models.

Train

- Train stakeholder groups, parents, and other invested community partners on identifying, responding, and effectively serving and interfacing with youth living with MI, SUD, and/or IDD.

Build Upon Existing Efforts

- Utilize the Youth Behavioral Health Coalition of Brazoria County, discussed and formed during the workshop action planning session, to formalize a county-level youth behavioral health coordinating body capable of guiding resource implementation efforts across justice, health, and social service systems.
- Leverage current community-based behavioral health service providers, such as the relationship Gulf Coast Center has with many community partners in the area, who are willing to support SIM priorities and establish action plans across intercepts.
- Enhance existing community-based partnerships to develop a robust behavioral health crisis response protocol across school districts and adjacent counties.

Brazoria County Gaps, Opportunities, and Best Practices

As part of the mapping activity, facilitators helped workshop participants identify key services, stakeholders, gaps, and opportunities at each intercept. The tables below capture a few key gaps and opportunities identified by workshop participants. For a full list, review the Texas Youth SIM Mapping Report for Brazoria County.

Intercepts 0 and 1: Schools and Communities, Initial Contact with Law Enforcement

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"> • Gaps in data sharing and tracking related to juvenile mental health outcomes • Insufficient training and resources for dispatchers to manage mental health crisis calls effectively • Lack of co-response units to handle mental health crises collaboratively between law enforcement and professionals • Limited diversion programs for youth to reduce unnecessary involvement in the juvenile justice system • Insufficient support for special populations, such as people with IDD, in accessing necessary mental health services • Inadequate interdepartmental collaboration between agencies addressing juvenile behavioral health 	<ul style="list-style-type: none"> • Introduce robust data tracking systems to monitor juvenile mental health outcomes and intervention effectiveness. • 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. • Increase co-response units, integrating mental health professionals with law enforcement personnel to address crises in a collaborative manner. • Develop evidence-based diversion programs to prevent unnecessary justice involvement for youth with mental health needs. • Enhance services for special populations, such as people with IDD, by increasing accessibility to 	<ul style="list-style-type: none"> • Early identification and prevention • School-based behavioral health supports • Law enforcement mental health training • Law enforcement and mental health professional collaboration • Police-led diversion programs

Selected Gaps	Opportunities	Best Practices
	<p>tailored programs.</p> <ul style="list-style-type: none"> Strengthen interagency collaboration to improve outcomes for youth in behavioral health crises. 	

Intercepts 2 and 3: Referral to Juvenile Justice and Juvenile Processing

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"> Lack of pre-adjudication initial referral to juvenile justice and detention 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. 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 would be more appropriate. Limited education and training for law enforcement regarding mental health and collaboration Insufficient resources and training for clinicians to serve people with co-occurring MI and IDD Lack of coordination among juvenile justice, behavioral health, and community 	<ul style="list-style-type: none"> Enhance judicial processing with secure placement, probation, supervision, and detention alternatives. 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. 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 detention that better match their needs. Provide comprehensive education for law enforcement to strengthen system-wide collaboration. Expand training for professionals to better serve youth with co-occurring MI and IDD. 	<ul style="list-style-type: none"> Validated risk and needs assessment tools Specialized court interventions Juvenile justice stakeholder collaboration Detention-based behavioral health services

Selected Gaps	Opportunities	Best Practices
systems	<ul style="list-style-type: none"> • Improve interdepartmental coordination to create seamless transitions for youth in crisis. 	

Intercept 4: Reentry

Selected Gaps	Opportunities	Best Practices
<ul style="list-style-type: none"> • 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. • 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. • 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. 	<ul style="list-style-type: none"> • 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. • Provide standardized training models for probation and supervision officers (e.g., adapting crisis intervention training to fit their roles) to ensure consistent, evidence-based approaches to youth with behavioral health needs. • Strengthen 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. 	<ul style="list-style-type: none"> • Pre-release intakes with local mental health authorities or community mental health providers • School reenrollment after transition process • Supportive parental skill development • Wraparound behavioral health resources

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