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New Resources to Reduce and Prevent Juvenile Justice System Involvement for Youth with Behavioral Health Needs

August 29, 2024

Office of Forensic Coordination

Improve forensic service coordination and prevent and reduce justice involvement for people with mental illness (MI) and substance use disorders (SUD) **through statewide and cross-agency initiatives** that improve coordination and collaboration among state and local leaders.



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State and Local Planning



Policy and Staffing for the Joint Committee on Access to Forensic Services



Training and Technical Assistance



Research and Data Analysis



Engagement, Education, and Coordination

Texas Behavioral Health and Justice Technical Assistance Center

Key Features

- Free technical assistance and support
- Webinar series
- Original publications
- Innovative spotlights
- Connections to other Texas communities
- National research highlights



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Agenda

- Welcome, introductions
- New research and emerging trends
- Statewide resources to reduce and prevent justice involvement for youth with behavioral health needs:
 - Youth SIM Mapping Workshops
 - System of Care
 - Community Resource Coordination Groups
- Ask the experts
- Question and answer



Module One

New Research and Emerging Trends



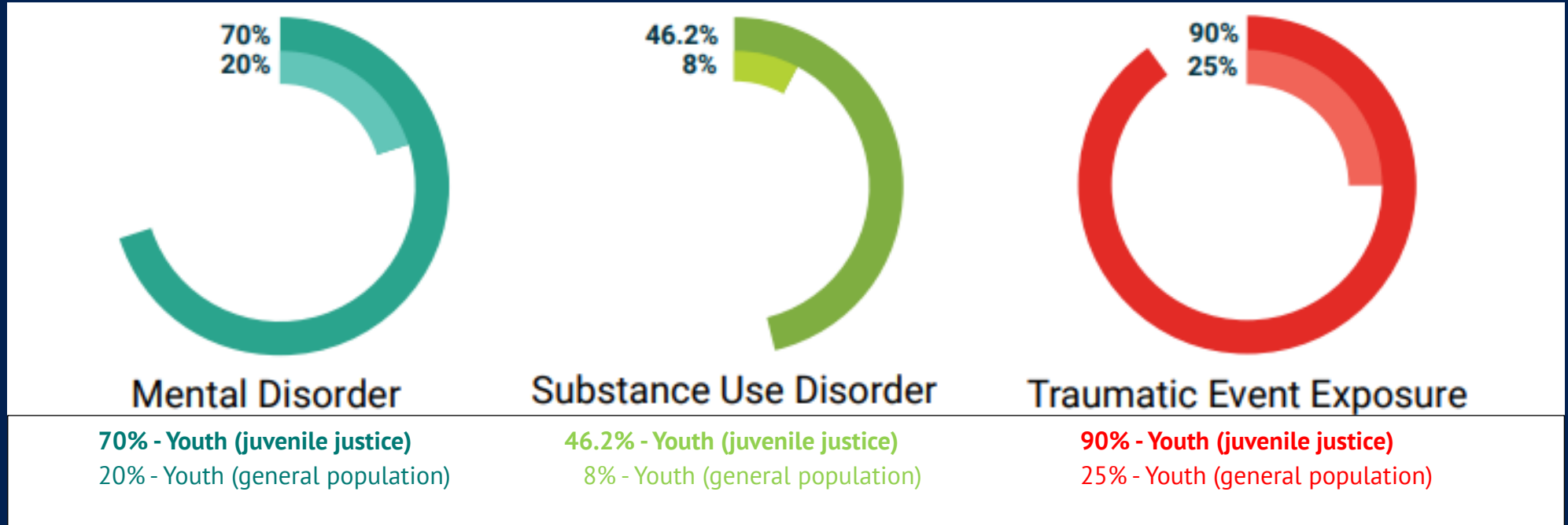
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Youth in Contact with the Juvenile Justice System and Youth in the General Population



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Prevalence Comparison Data



Source: Systems Mapping and Training Center

Navigating Concerns on Youth Crime, Violence, and Behavioral Health: New Project from the Council of State Governments (CSG) Justice Center

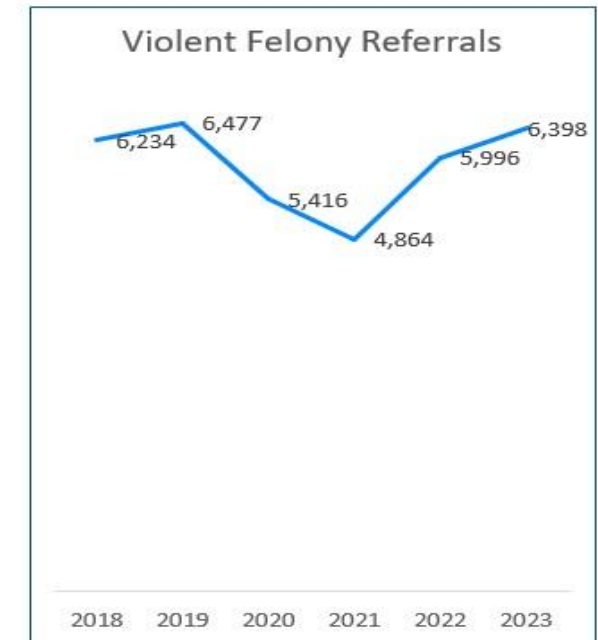
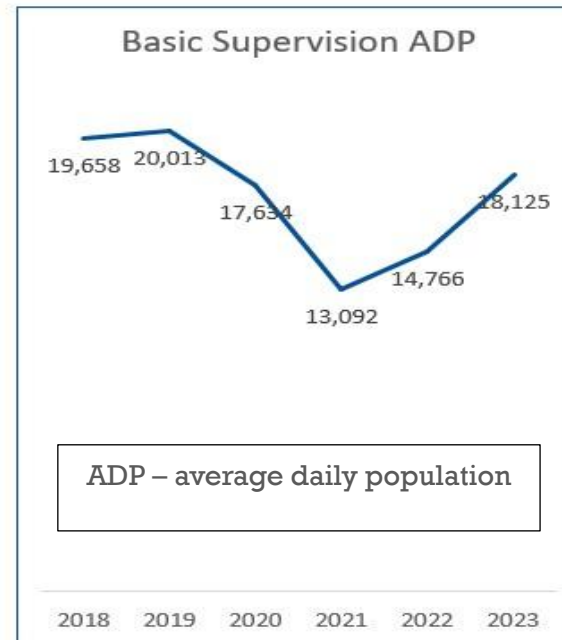
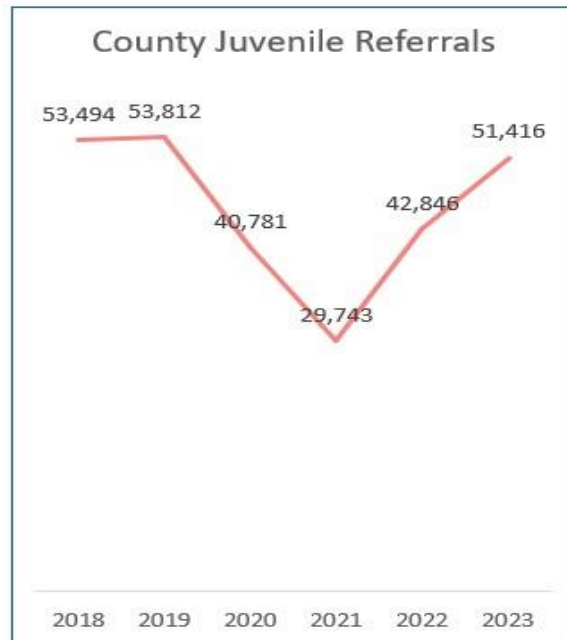
- The CSG Justice Center analyzed the most recent behavioral health, arrest, and juvenile justice system data available to better understand current national trends and identify key implications.
- Key Finding #1: Youth are increasingly struggling with multiple challenges, including mental health issues, school absenteeism, and community violence, that can impact their well-being and risk to themselves and others.
- Key Finding #2: Public systems and providers are struggling to address these challenges and needs.



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Texas Juvenile Referral Activity 2018 - 2023

Overall formal referrals, probation supervision ADP, and violent felony referrals all fell during the pandemic but have since returned to near pre-pandemic levels.



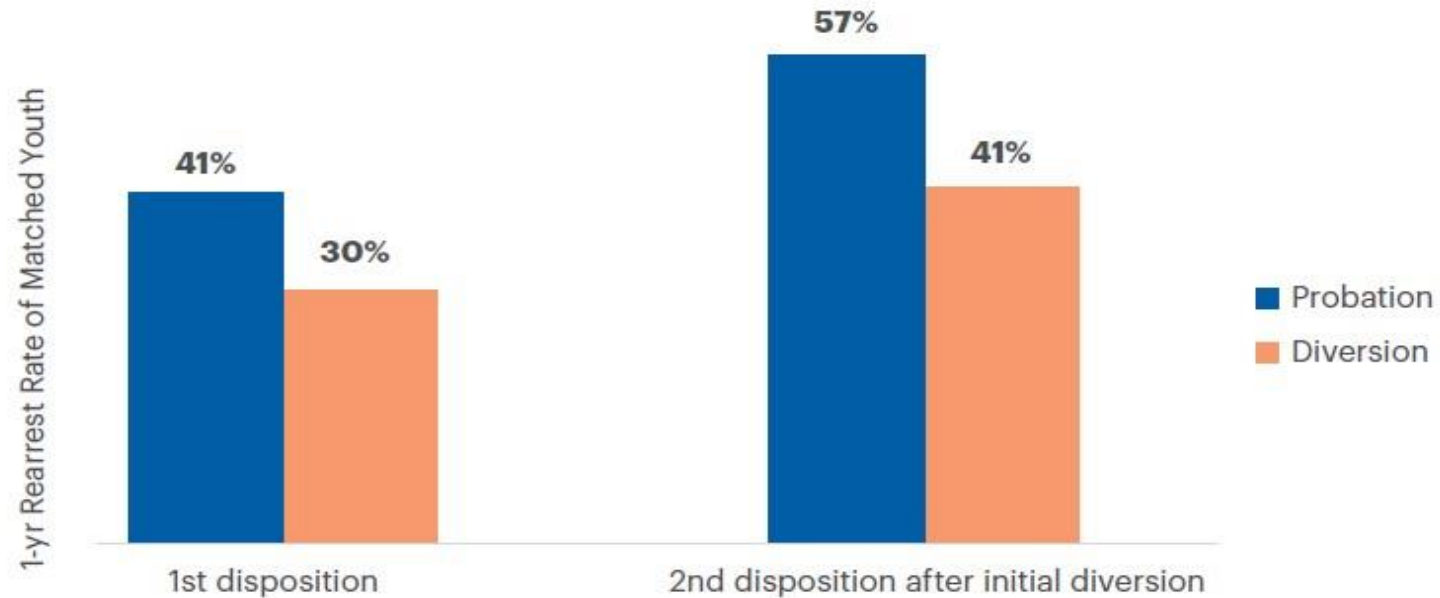
Source: [TJJD Data and Statistics – Texas Juvenile Justice Department](#)



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Juvenile Justice Diversion Study - Texas

Figure 1:
Rearrest Rates of Statistically Matched Texas Youth Assigned to Probation versus Diversion, within One Year of Disposition

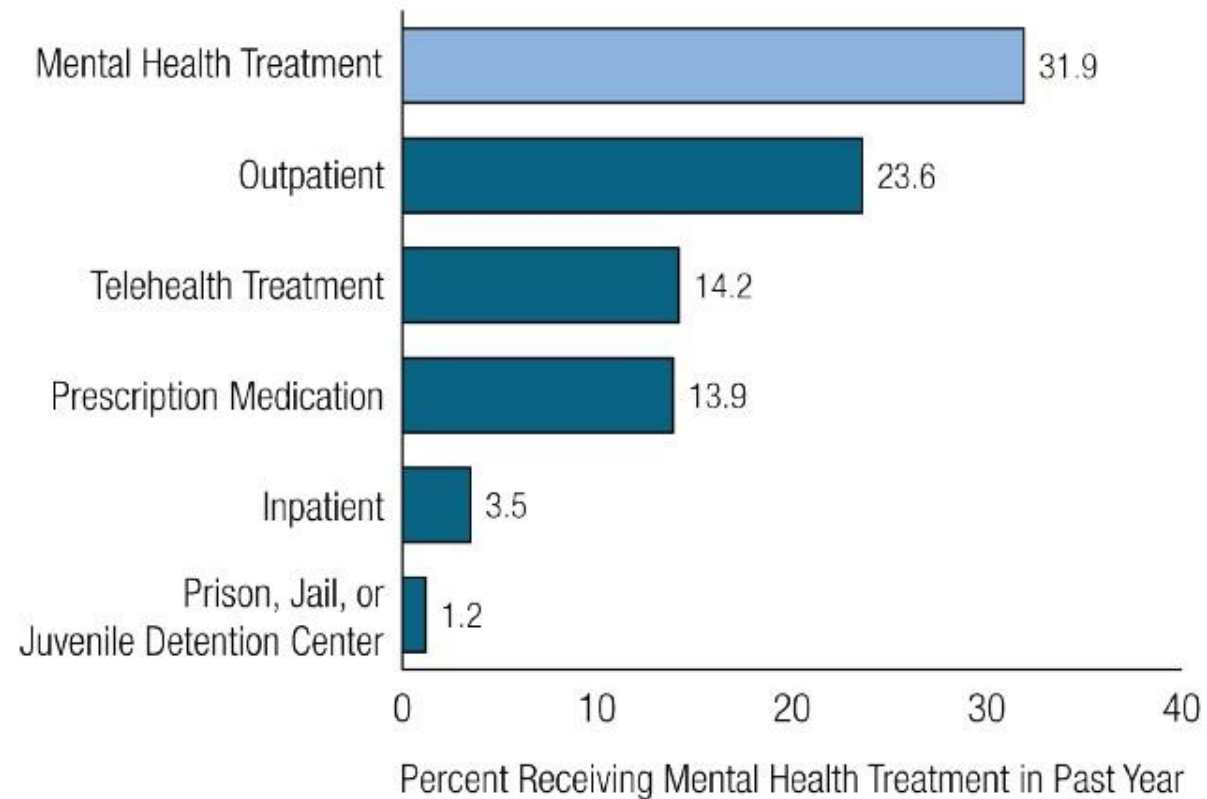


Source: [From First Offense to Future Arrests: The Impact of Probation on Youth - CSG Justice Center](#)



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2023 National Survey on Drug Use and Health – Adolescent Mental Health Treatment



Source: National Survey on Drug Use and Health (NSDUH)
2023 NSDUH Annual National Report | CBHSQ Data ([samhsa.gov](https://www.samhsa.gov))

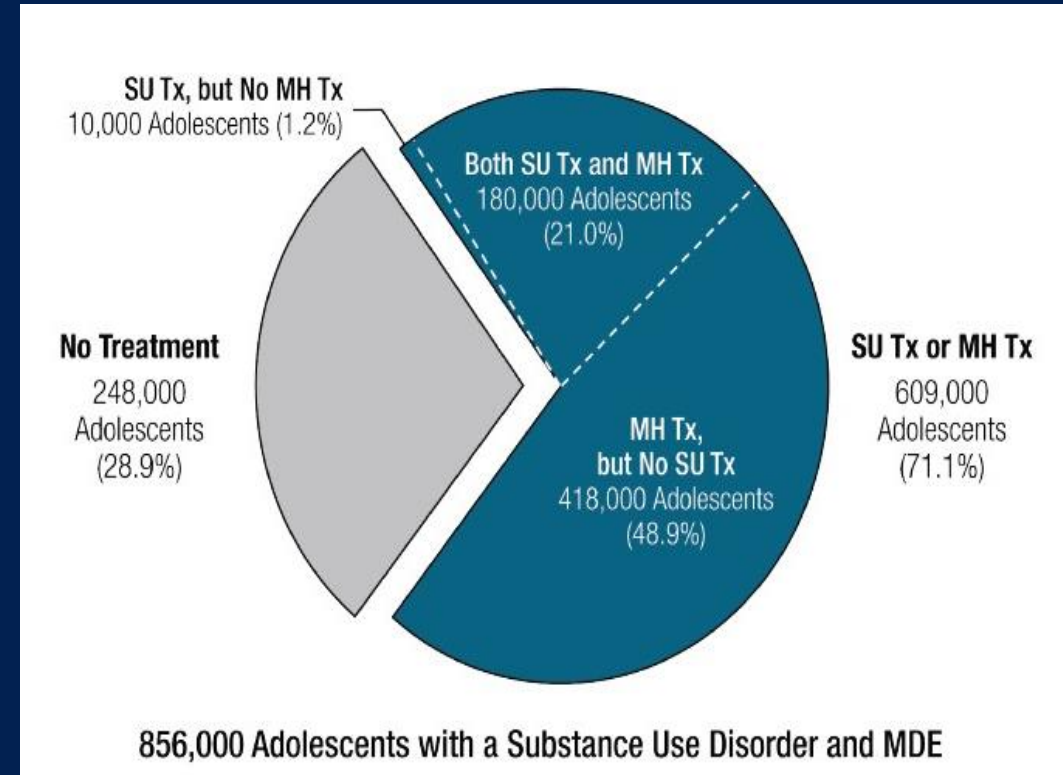
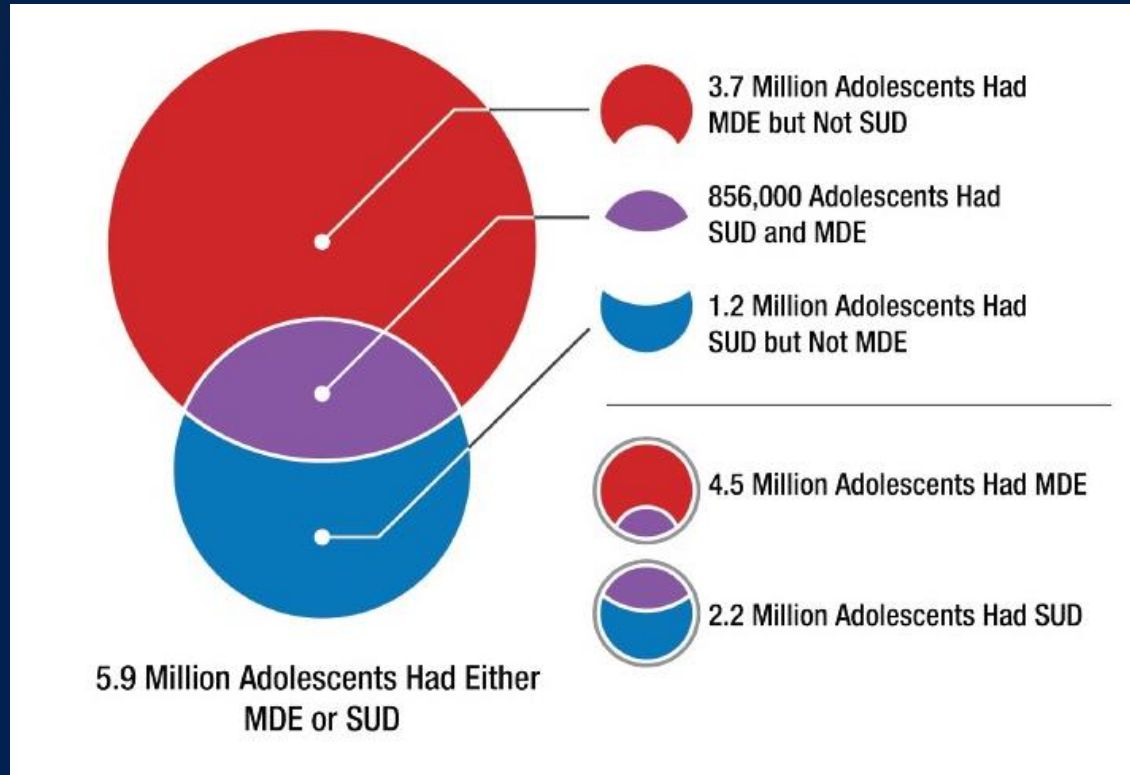


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Adolescent Major Depressive Episode (MDE) and Substance Use Disorder (SUD) – 2023 NSDUH Data



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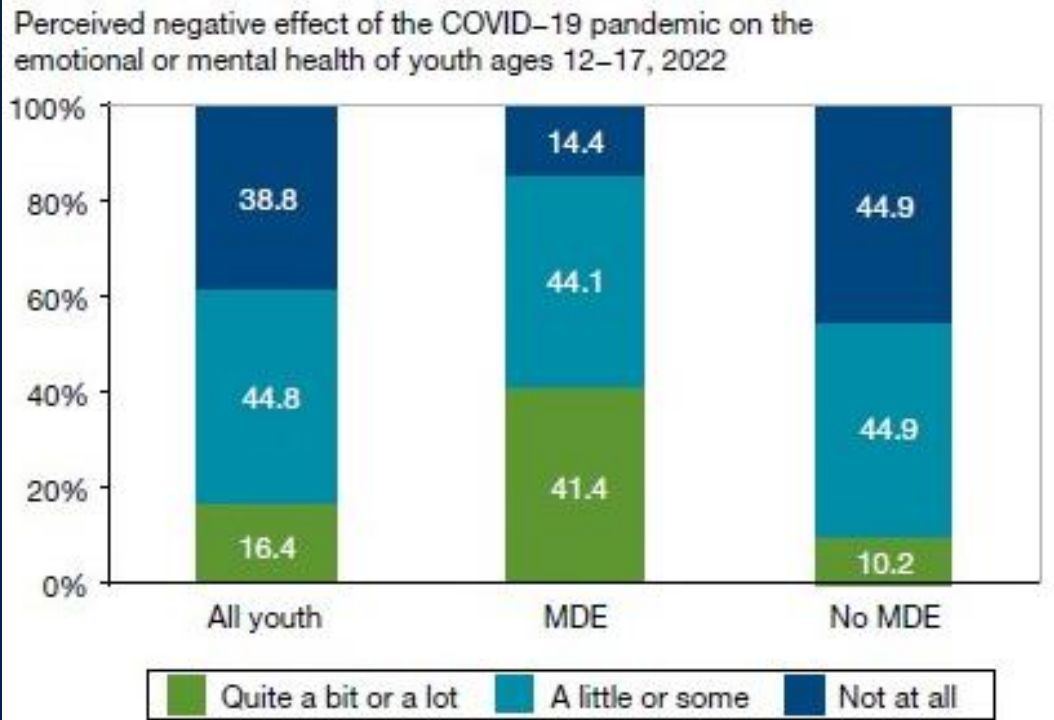


The “COVID Lag”

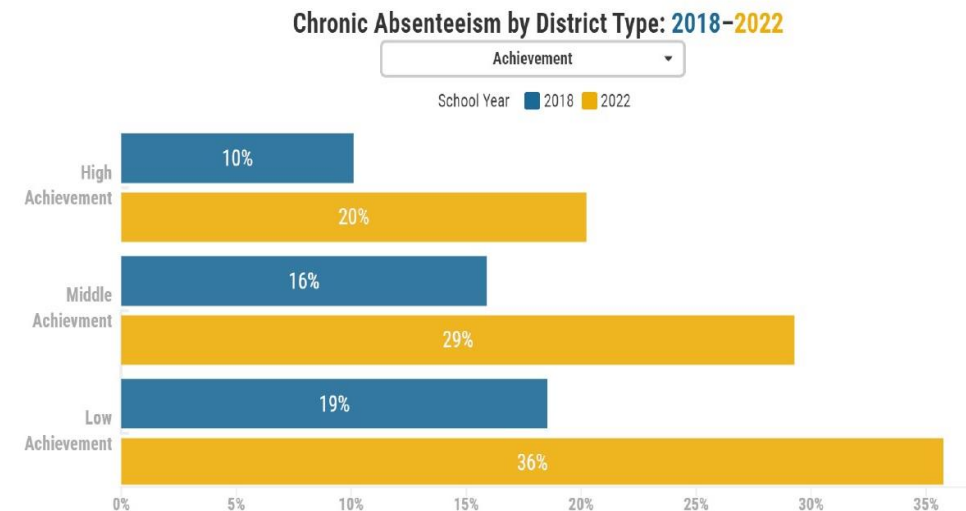


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More than 8 in 10 youth who experienced an MDE in 2022 perceived the pandemic as having a negative impact on their emotional or mental health.



Schools have been a key outlet for identifying and supporting youth with special needs, but absenteeism has surged.



American Enterprise Institute, “Return 2 Learn Tracker,” accessed June 3, 2024, <https://www.returntolearntacker.net/>.

AUGUST 2024



The University of Texas at Austin
**Texas Institute for Excellence
in Mental Health**
School of Social Work

TEXAS YOUTH SEQUENTIAL INTERCEPT MODEL



**TEXAS BEHAVIORAL
HEALTH AND JUSTICE
TECHNICAL ASSISTANCE
CENTER**

**Youth SIM Literature Review and Youth
Diversion Program Survey Results**

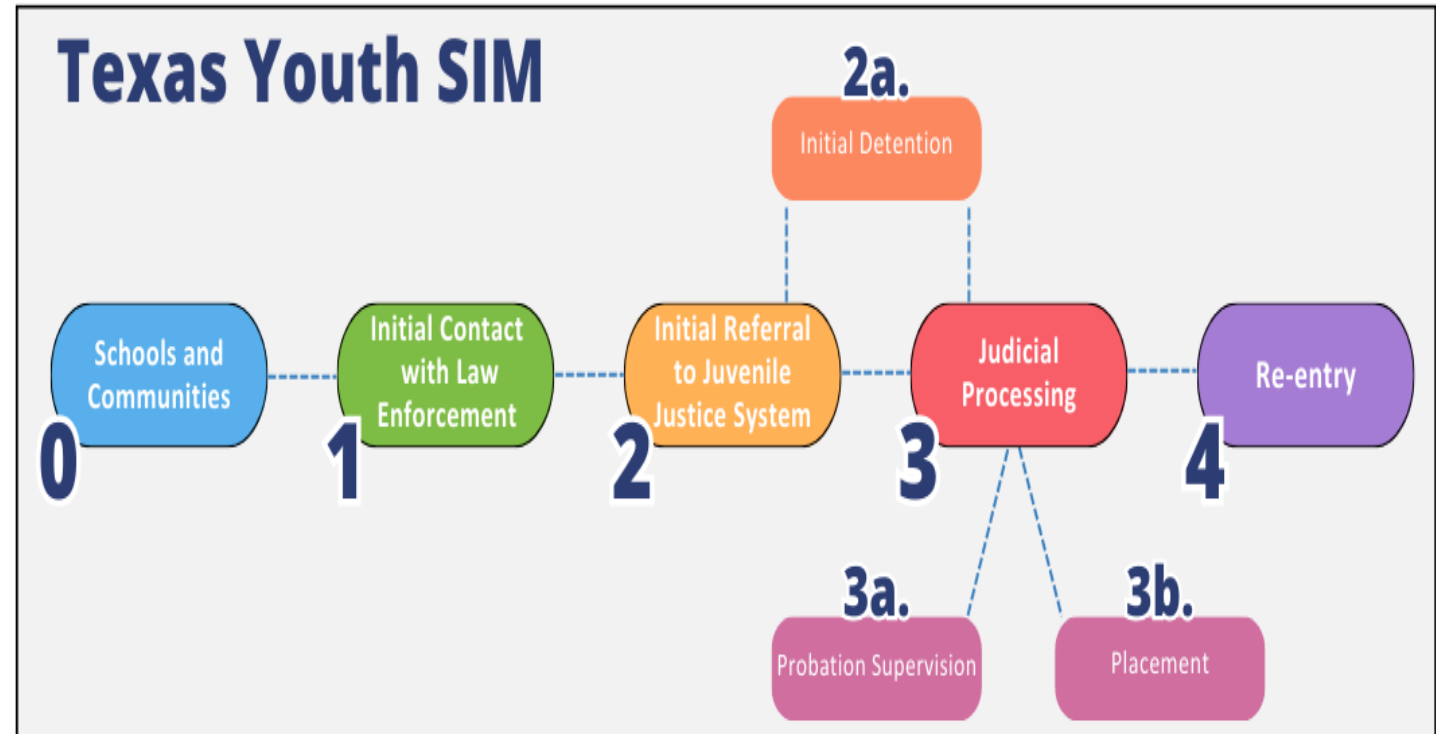
PETER ARELLANO, MSW; MAHGUL MANSOOR, MS; HARRIET VAN LOGGERENBERG, MS

Texas Institute for Excellence In Mental Health, The University of Texas at Austin

Texas Youth SIM Cornerstones

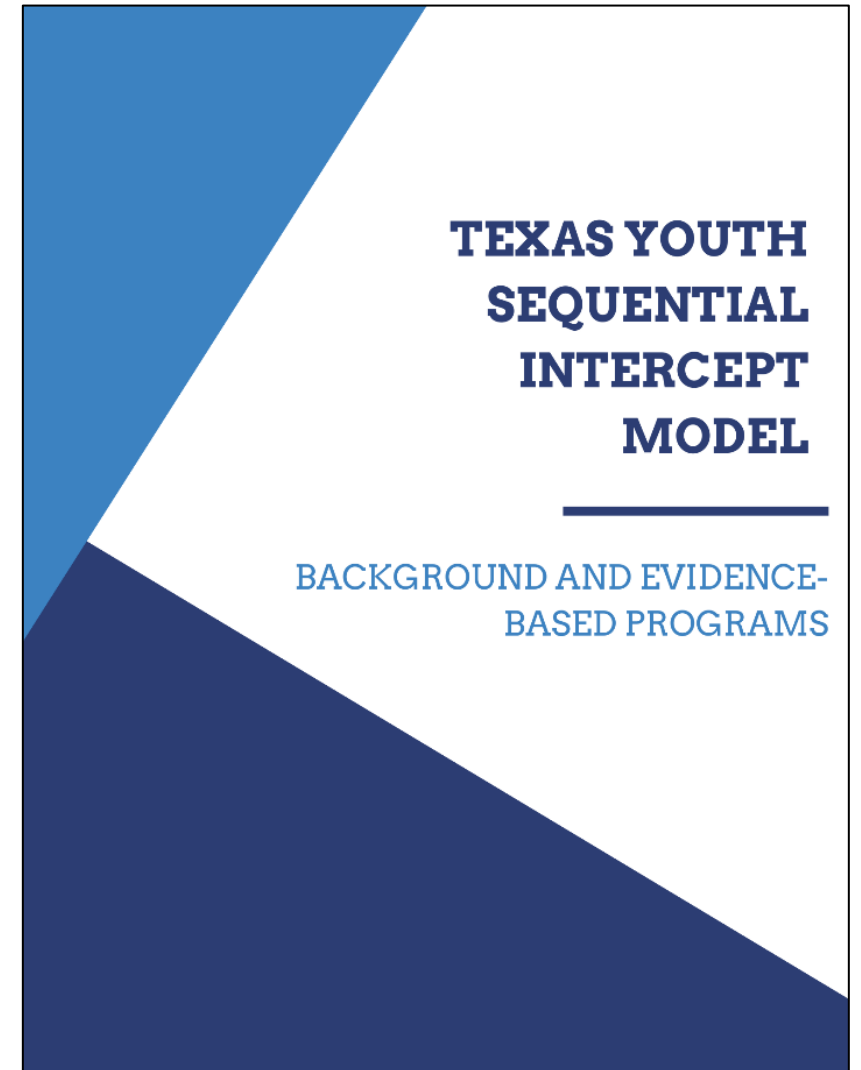


Introduction to the Youth SIM: Framework for the Texas Youth Sequential Intercept Mapping (SIM) Model



Literature Review-How can I use this guide?

- Evidence for framework and each cornerstone
- Evidence for therapeutic and programmatic approaches
- Intercept specific sections with program examples
 - Clickable links, guides, and toolkits



Texas Youth SIM Survey

Survey Goals



- 1** *Inventory and Evaluation:* Inventory and catalog Texas youth-serving diversion programs and assess their alignment with Youth SIM Cornerstones— Collaboration, Identification, Diversion, and Treatment.
- 2** *Resource Planning:* Assist in the deployment of state resources to support youth with behavioral health, mental health, SUD, and IDD challenges.
- 3** *Planning and Collaboration:* Provide an overview of resources for practitioners, aiding in program development and identifying opportunities for collaboration.

Survey Structure and Items

- Demographics
 - Name of Org, Survey Respondent, Stakeholder type, County or Counties served
- Intercept 0-4
 - Which program category does your program fit in? (Intercept specific responses)

Survey Structure and Items

- Programmatic items (same for all intercepts)
 - How are youth referred? (collaboration)
 - What are the eligibility criteria? (identification)
 - Which cornerstone of the Youth SIM does the program align with? (all 4 cornerstones)
 - What modalities/curriculum does this program utilize? (treatment/identification)
 - How is the program funded? (collaboration)

Selected findings and implications

- Lit Review
 - Lots of overlap with best practices throughout the Youth SIM intercepts
 - Many programs encompass multiple intercepts
 - Great examples and resources to replicate locally and nationally
- Survey
 - Intercepts 0 and 1 > Low barrier, wider net
 - Intercepts 2-4 > More focused and specialized
 - Youth SIM framework is already being implemented and considered
 - Strong participation between behavioral health and juvenile probation departments

Collaboration

To appropriately provide effective services to youth with behavioral health conditions, all systems involved in the intercepts should collaborate.

Evidence

- At-risk or justice-involved youth often present with complex needs and require services from multiple agencies representing different systems
- Collaboration leverages the expertise of professionals from different fields to optimize program outcomes for youth
- Collaboration among providers is tied to program effectiveness and its importance increases for youth presenting with mental health conditions

Collaboration

To appropriately provide effective services to youth with behavioral health conditions, all systems involved in the intercepts should collaborate.

Survey Results

- Referral Sources, Stakeholders, and Funding Item
 - Intercept Differences
 - Variety of Stakeholder types
 - Behavioral health providers and juvenile probation/parole were prominent
 - Multiple funding sources for most programs

Identification

The behavioral health needs of youth should be systematically identified at all critical stages of the intercepts

Evidence

- Training appropriate staff to implement behavioral health screening and assessment tools across the intercepts can help identify needs and guide individualized interventions improving long-term outcomes for at-risk youth
- Developing tailored treatment plans based on comprehensive assessments are crucial for achieving positive outcomes

Identification

The behavioral health needs of youth should be systematically identified at all critical stages of the intercepts

Survey Results

- Eligibility Criteria item
 - Intercepts 0 and 1 programs had minimal eligibility criteria.
 - Intercepts 2-4 programs had more stringent and justice-related eligibility criteria
 - Overall, the varying criteria that survey responders reported suggests similarities and differences among communities

Diversion

Whenever possible, youth with identified behavioral health needs should be diverted into effective community-based treatment.

Evidence

- Studies have found that the further a youth penetrates the justice system, the more likely they are to recidivate
- Negative impacts of deeper involvement in the justice system include increased recidivism rates, worsening mental health, and decreased academic performance

Diversion

Whenever possible, youth with identified behavioral health needs should be diverted into effective community-based treatment.

Survey Results

- Services Provided item suggests Diversion is already an important component of Texas programs across intercepts

	Service Types
1	Improved Collaboration, Assessment, Treatment, Diversion
2	Improved Collaboration, Assessment, Treatment
3	Assessment, Treatment
4	Assessment, Treatment, Diversion
5	Improved collaboration, Diversion

Treatment

Youth with behavioral health conditions should have access to effective treatment or interventions to meet their needs at all intercepts.

Evidence

- Using evidence-based treatments or interventions ensures that programs are grounded in research and have demonstrated effectiveness
- Ensuring fidelity when delivering evidence-based interventions and mental health treatment modalities such as Family Functional Therapy and Cognitive Behavioral Therapy is also important

Treatment

Youth with behavioral health conditions should have access to effective treatment or interventions to meet their needs at all intercepts.

Survey Results

- Modalities/Curriculum item
 - A diversity of service types and modalities were consistent across intercepts, though the number of available modalities decreases in higher intercepts (2, 3, and 4)
- Best practice examples
 - Collaborative and Multi-modal approaches
 - Evidence-based treatments
 - Family Involvement and Support

Cultural Responsiveness

An overarching best practice, cultural responsiveness should be the foundation of each cornerstone and all intercepts of the youth SIM model.

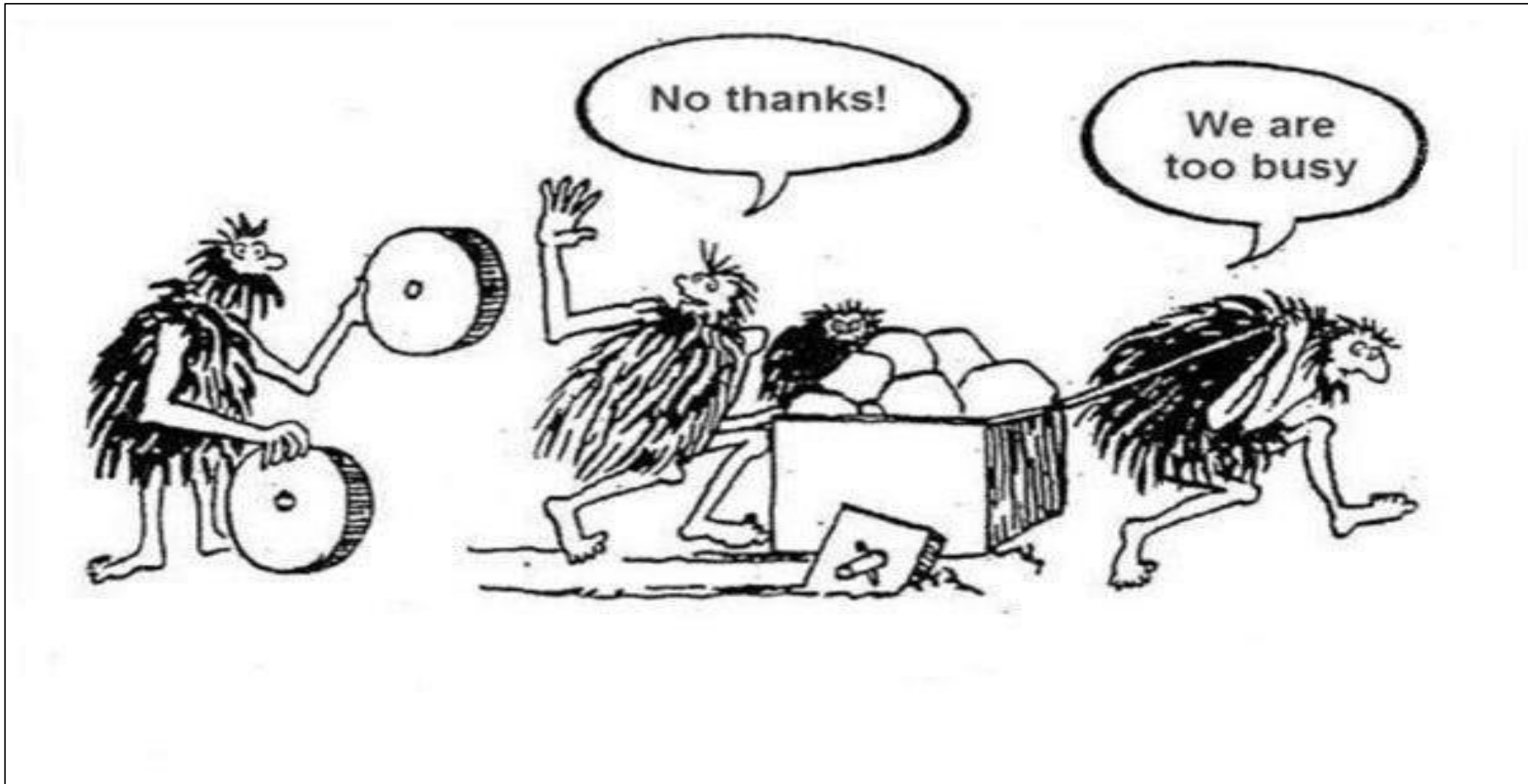
Evidence

- Racial disparities extend to diversion programs, with people of color less frequently placed in such programs.
- Studies affirm that culturally responsive interventions enhance diversion program outcomes.

Practice Implications

- Confronting Racial Disparities
- Culturally Relevant Interventions
- Engaging Diverse Stakeholders

Biggest takeaway



Where can I find these reports?

- <https://txbhjustice.org/>
- Lit Review
 - <https://txbhjustice.org/resources/downloads>
 - Texas Youth Sequential Model: Background and Evidence-Based Programs Literature Review
- Survey Report
 - Will be released in the coming months

Citations

Cuellar, A.C., McCreynolds, L.S., Wasserman, G.A. (2005). A cure for crime: can mental health treatment diversion reduce crime among youth?. *Journal of Policy Analysis and Management*. 25(1) 197-214.

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Ericson, R. D., & Eckberg, D. A. (2016). Racial Disparity in Juvenile Diversion: The Impact of Focal Concerns and Organizational Coupling. *Race and Justice*, 6(1), 35–56.

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Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims & Offenders*, 4(2), 124–147.

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McCarter, S. (2019). Intersection of Mental Health, Education, and Juvenile Justice: The Role of Mental Health Providers in Reducing the School-to-Prison Pipeline. *Ethical Human Psychology & Psychiatry*, 21(1), 7–18.
<https://doi.org/10.1891/1559-4343.21.1.7>.

McGarvey, S. C. (2012). Juvenile justice and mental health: innovation in the laboratory of human behavior. *Jurimetrics*, 53(1), 97–120. <http://www.jstor.org/stable/24395610>.

Citations

Pappas, L. N., & Dent, A. L. (2023). The 40-year debate: a meta-review on what works for juvenile offenders. *Journal of Experimental Criminology*, 19(1), 1-30. <https://doi.org/10.1007/s11292-021-09472-z>.

Skowrya, K. R., & Coccozza, J. J. (2007). Blueprint for change: A comprehensive model for identifying and treating youth with mental health needs in contact with the Juvenile Justice System.

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Wilson, A. C., Mackintosh, K., Power, K., & Chan, S. W. (2019). Effectiveness of self-compassion related therapies: A systematic review and meta-analysis. *Mindfulness*, 10, 979-995.

Yampolskaya, S., & Chuang, E. (2012). Effects of mental health disorders on the risk of juvenile justice system involvement and recidivism among children placed in out-of-home care. *American Journal of Orthopsychiatry*, 82(4), 585–593. <https://doi.org/10.1111/j.1939-0025.2012.01184>.

Module 2

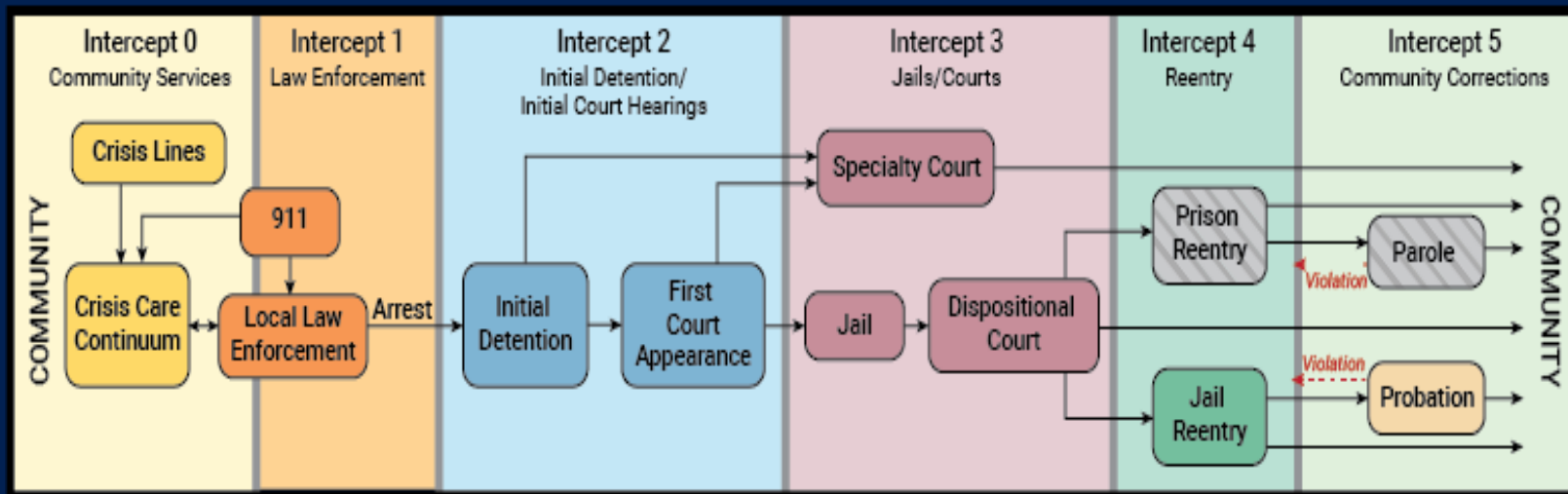
Statewide resources to reduce and prevent justice involvement for youth with behavioral health needs



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The Sequential Intercept Model

The Sequential Intercept Model (SIM) details how people with mental illness (MI), substance use disorders (SUD), and intellectual and developmental disabilities (IDD) come into contact with and move through the criminal justice system.



Modifying the Adult SIM for Youth



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HHSC convened a workgroup of juvenile justice and juvenile behavioral health stakeholders over a **6 month period** to develop the Texas Youth SIM.

the OFC adapted the **Critical Intervention Model** to create a Texas- specific strategic planning tool that considers the size, structure and function of Texas agencies.

Texas Youth SIM Mapping Workgroup Goals:

- To collaborate across agencies working at the intersection of youth behavioral health and justice
- To develop a Texas-specific Youth SIM Map
- To identify key resources, gaps, opportunities, and best practices at each Youth SIM intercept

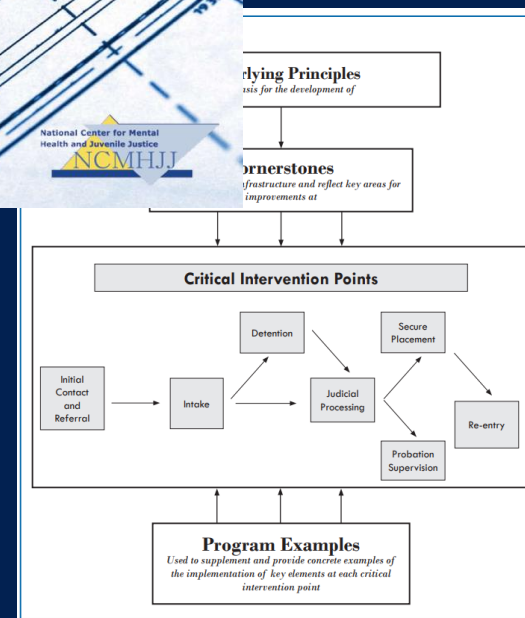
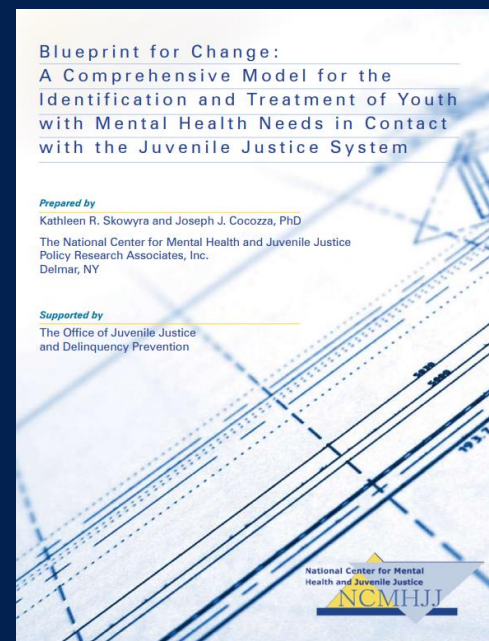
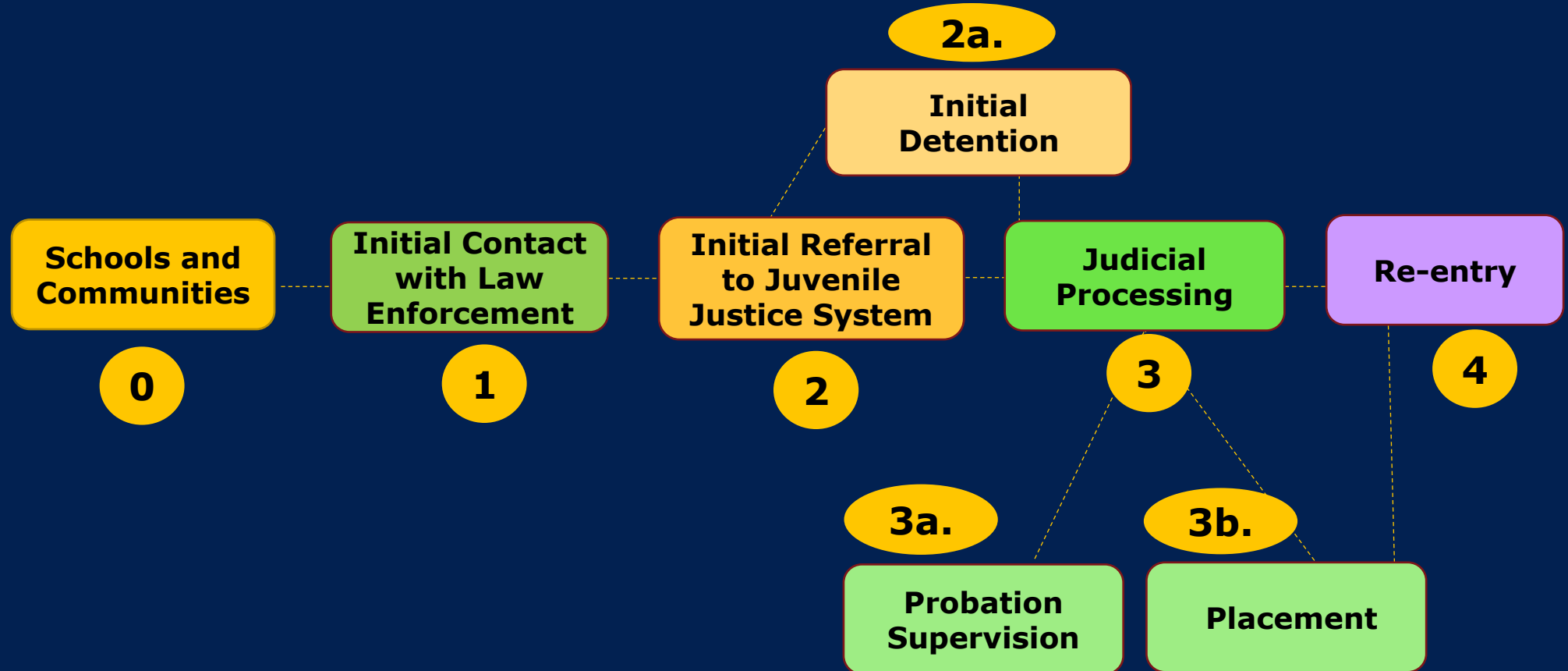


Figure 1. Conceptual Framework of the Comprehensive Model

Texas Youth SIM



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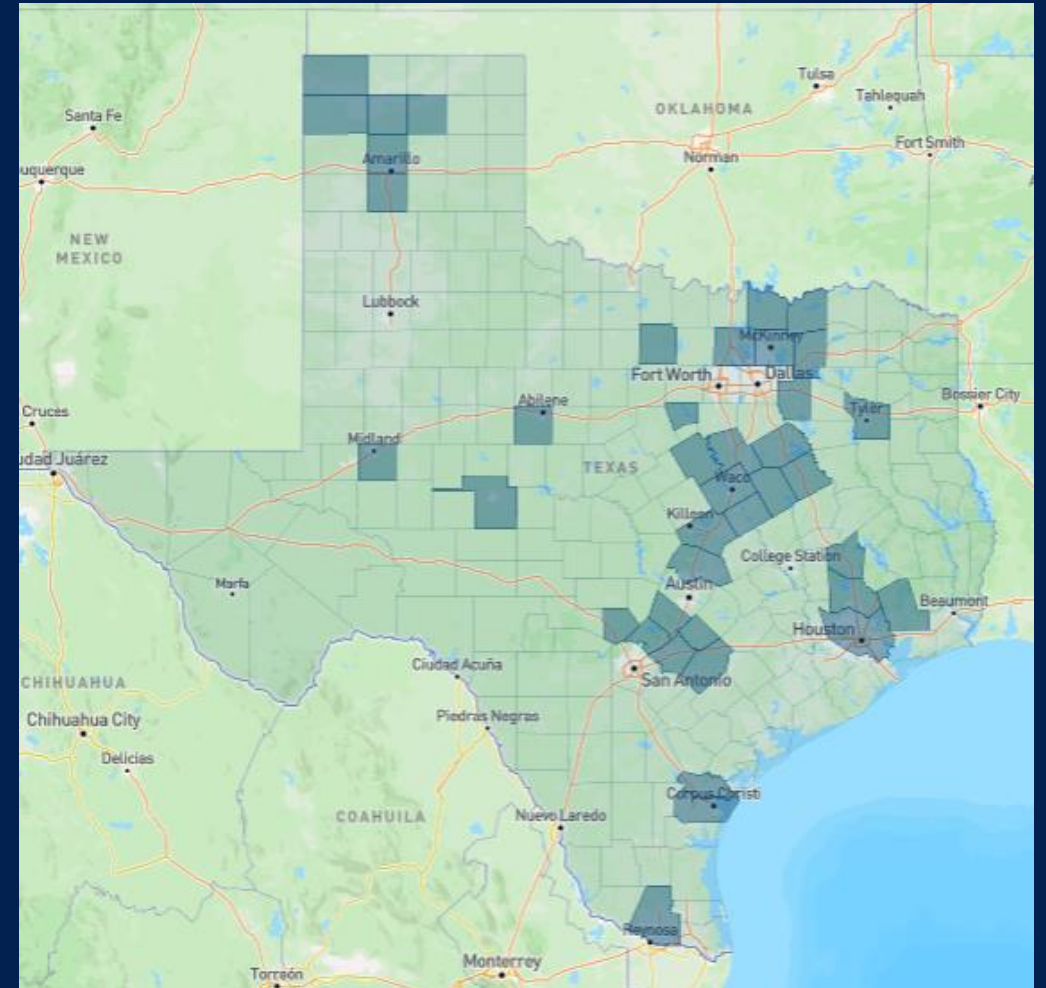
SIM Mapping Workshops by the Numbers



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- 22** SIM Mapping Workshops
- 32** Counties Engaged
- 5** Youth SIM Mapping Workshops
- 17** Adult SIM mapping workshops

New leadership teams, new programs, enhanced collaboration, improved information sharing and new funding



Key Trends and Lessons Learned from One Year of Youth Mapping



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Youth 2023 - 2024 Trends



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5

Workshops
Completed

100

Organizations and
Agencies
Represented

8

Counties Mapped

250

Local Participants

Common Gaps



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Intercepts 0 & 1

School-based behavioral health services (including TCHATT)

Early intervention and prevention resources

Parent engagement and family support services

Enhance Law Enforcement Training and Data Collection related youth

Diversion options for youth, such as youth crisis respite and youth assessment centers

Information sharing between education, juvenile justice and behavioral health stakeholders

Common Gaps



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Intercepts 2 & 3

Information sharing between school districts, behavioral health providers and juvenile courts

Placement options for justice-involved youth with behavioral health needs

Coordination between juvenile probation departments, child protective services and local mental health authorities

Behavioral health treatment and services within county juvenile detention facilities

Understanding and utilization of Texas Family Code Chapter 55

Intercept 4

Continuity of care for youth re-entering the community

Specialized probation caseloads

Family engagement

Community resource expertise in working with justice-involved or high acuity youth

Inpatient and outpatient SUD services for youth



Top Priorities

Transition planning and support services

Substance use treatment services

Peer services and mentorship programs

Truancy

Youth assessment center

School-based behavioral health services

Family

engagement and support services

Behavioral health

Referral pathways

leadership team

Data collection and information sharing

Youth respite center

Early intervention and prevention

Training for law enforcement

Quick Wins



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- Establishment of local Behavioral Health Leadership Teams focused on implementation of youth SIM action plans
- Development of Youth Advisory Council to inform local planning and program development
- New MOUs in place between school districts, local mental health authorities, and juvenile probation departments
- New district contracts with TCHATT
- Expanded access of mental health court to youth (with recent graduates!)

Lessons in Planning



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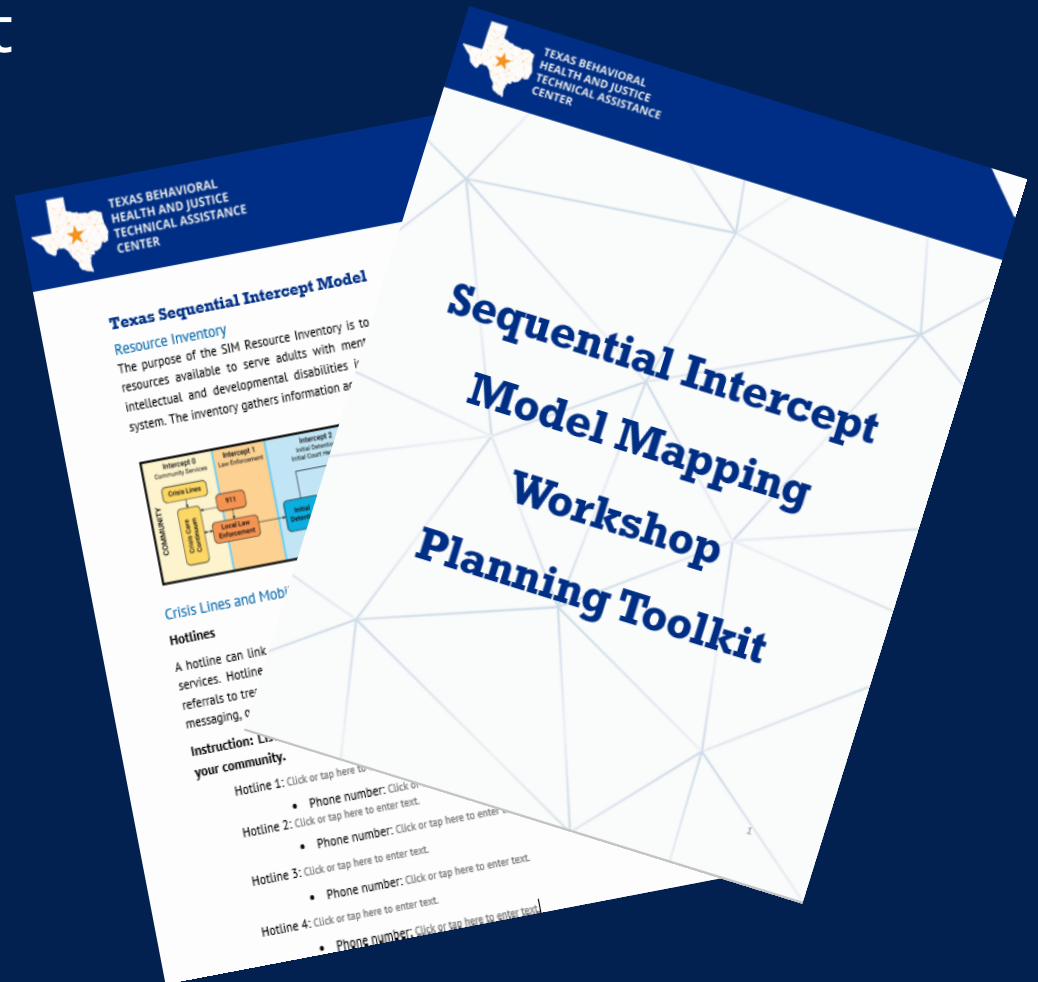
- Establish a multi-disciplinary planning committee - ensure juvenile justice, education and behavioral health stakeholders are represented
- Work with local partners to clarify workshop goals –
- Prioritize school outreach and engagement
- Make the most of this opportunity to inventory resources and collect data across your local systems

Resources

- Youth SIM best practice check-list
- Impact measures spreadsheet
- Resource inventory
- Youth SIM reports
- One-pagers
 - Youth Respite
 - Youth Assessment Centers
 - Parent Engagement
 - Truancy
 - Transition Planning and Reentry
 - And more!



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Texas System of Care Overview

**Sarah Fiorenza, Texas System of Care Project Director
Office of Mental Health Coordination
Texas Health and Human Services Commission**

August 29, 2024

Overview

- System of Care Framework
- System of Care Values
- Texas System of Care
- Advancing the System of Care
- Resources



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System of Care

A national framework and philosophy established over 25 years ago for the transformation of child-serving systems.

- Mental health challenges do not impact only one part of a person's life, but the whole of their life and family.
- Comprehensive individual or family support cannot be obtained from one place or source.
- A system of care is an **approach** to coordinating efforts by agencies, organizations, families and youth in a community so that services and supports are accessible, appropriate and lead to positive outcomes for everyone.
- Systems of Care are emergent, dynamic and adapt to local environments.



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System of Care Values

- **Family-driven** and **youth-guided** with the strengths and needs of the child and family determining the various services and supports provided.
- **Community-based** with the focus of services and system management set within a supportive, adaptive infrastructure of structures, processes and relationships at the community level.
- **Culturally and linguistically responsive** with agencies, programs and services that adapt to the cultural, racial, ethnic and linguistic diversity of the populations. They serve to facilitate access to and utilization of appropriate services and supports to ensure equity in care.



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Texas System of Care (1 of 4)

Purpose: All Texas children have access to high quality mental health care that is family-driven, youth-guided, community-based, culturally-grounded and sustainable.

Goal: To strengthen the collaboration of state and local efforts to weave mental health supports and services into seamless systems of care for children, youth and their families.



Texas System of Care (2 of 4)

How do we implement System of Care in Texas?

Statutory framework

- Texas Government Code, Chapter 531, Subchapter G-1.
 - ▶ Defines minor, serious emotional disturbance and System of Care framework;
 - ▶ Directs the agency to implement the System of Care framework to develop local mental health systems of care:
 - ◇ Minors who are receiving residential mental health services and supports; or
 - ◇ Inpatient mental health hospitalization; and
 - ◇ Have or are at risk of developing serious emotional disturbance; or
 - ◇ Are at risk of being removed from the minor's home and placed in a more restrictive environment to receive mental health services and supports.



Texas System of Care (3 of 4)

Memorandum of Understanding (MOU)

- Health and Human Services Commission (HHSC);
- Department of State Health Services;
- Department of Family and Protective Services;
- Texas Education Agency;
- Juvenile Justice Department; and
- Texas Department of Criminal Justice – Texas Correctional Office on Offenders with Medical or Mental Impairments.



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Texas System of Care (4 of 4)

Stakeholder Engagement, Policy, and Services Development

- Behavioral Health Advisory Committee – **Children and Youth Behavioral Health Subcommittee (CYBHS)**
 - ▶ Provides recommendations on children and youth behavioral health policy and services.
 - ▶ Serves as the advisory body for the Texas System of Care.



Advancing the System of Care (1 of 2)

HHSC was awarded \$11.5 million from the Substance Abuse and Mental Health Services Administration (SAMHSA) for Advancing the System of Care.

- Four-year grant period: August 31, 2021 – August 30, 2025.
- Focused on increasing access to school-based mental health services and supports, including youth peer and family partner support.
- In collaboration with the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas.
- Local Mental Health Authority (LMHA) partners:
 - ▶ Integral Care (Travis County);
 - ▶ Emergence Health Network (El Paso County); and
 - ▶ Pecan Valley (Hood, Somervell, Palo Pinto, Johnson, Parker and Erath counties).



Advancing the System of Care (2 of 2)

- Each LMHA has developed MOUs with local Independent School Districts to provide school and community-based services.
 - ▶ Each LMHA team includes a project director, evaluation support, school-based therapist, and a school-based interventionist.
 - ▶ Sites provide youth peer specialist and Certified Family Partner services.
 - ▶ By the end of the grant period local Systems of Care will provide school- and community-based services to a minimum of 375 children, youth and families.
- Each local community has established community governance boards responsible for oversight of the system of care initiative.



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Resources

- **Texas System of Care Toolkit**: Intended to assist communities in building effective local systems of care, whether local leaders are just beginning to explore the system of care concept or have been striving to enhance and sustain their community system of care for a decade or more.
- **Technical assistance and training**: People interested in receiving more information on system of care communities or participating in, developing or enhancing a community collaborative, please learn more at txsystemofcare.org.



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Thank You

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CRCGs
COMMUNITY RESOURCE
COORDINATION GROUPS

What are Community Resource Coordination Groups (CRCGs)?





Organizations

Individuals & Families

Local agencies

Individual Service Plan (ISP)





Systems and Policy



Community

CRCGs work to connect people and families with services to meet their needs.



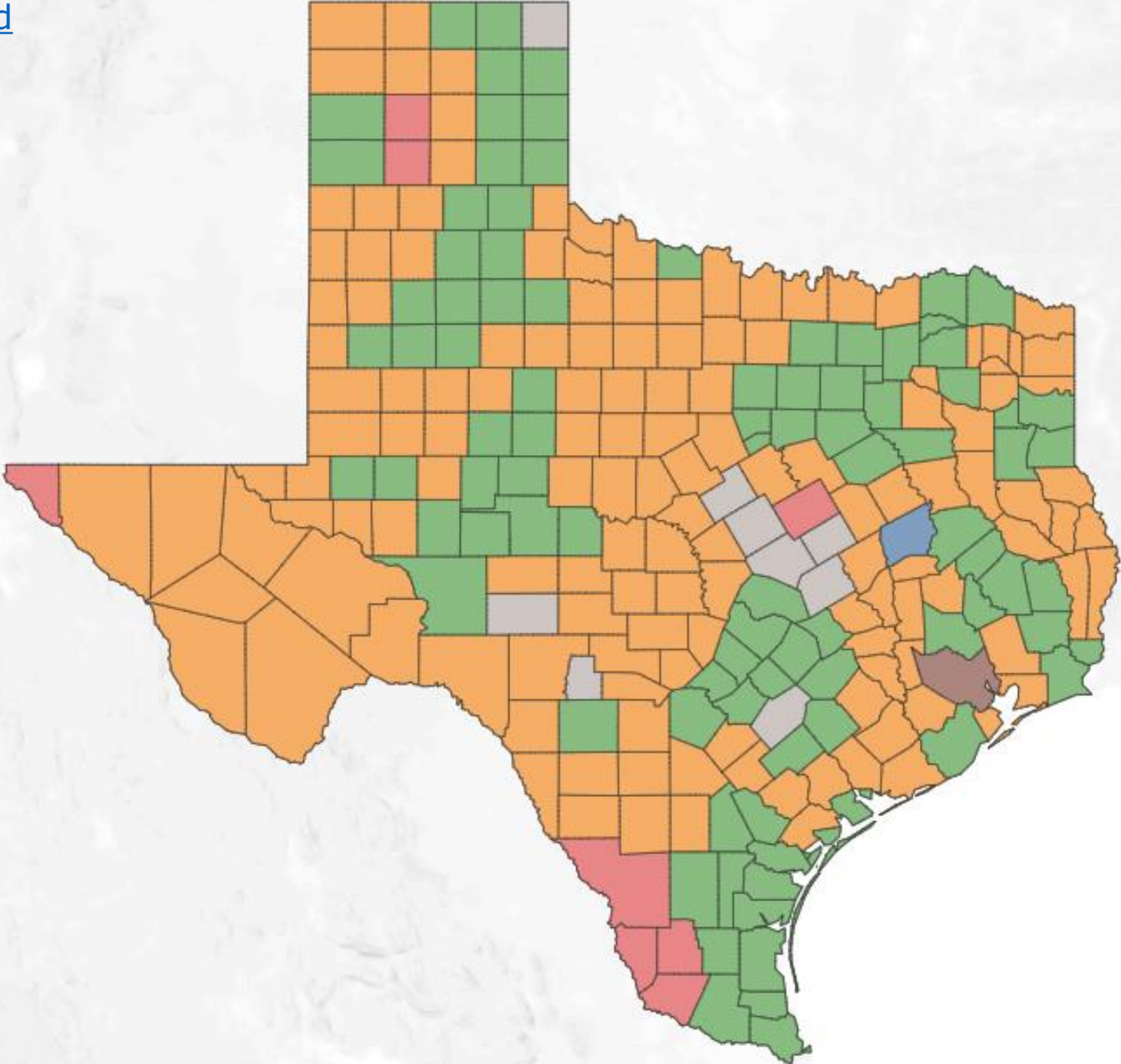
Services and Supports

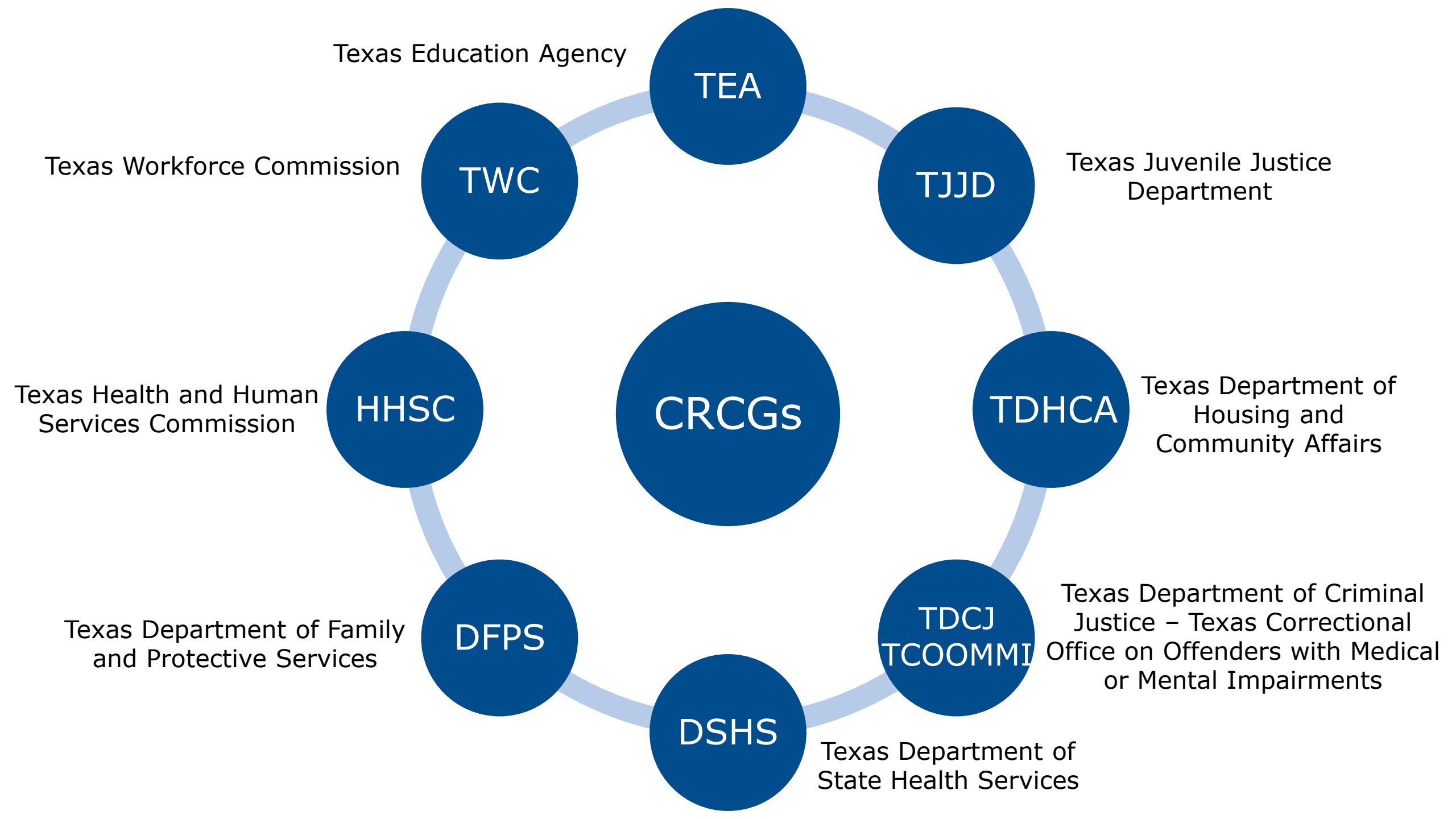


Children, Youth,
Adults, and Families



[CRCG Maps Dashboard](#)







Common CRCG Members

- Local mental health authority (LMHA)
- Local intellectual and developmental disability authority (LIDDA)
- Local government service providers
- Housing authority
- Aging and disability resource center (ADRC)
- Area agency on aging (AAA)
- Peer and family representatives
- Judges and judicial support offices
- Probation and parole officers
- Counseling and other behavioral health providers
- Health care providers
- Faith-based organizations
- Community-serving organizations
- Private sector stakeholders, such as managed care organizations
- Child and adult protection representatives
- Early childhood intervention services
- School districts, education service centers, and school counselors

Eligibility Criteria

You need
services that
your agency
can't provide



You need
multiple people
to come
together to
help coordinate
services



CRCG may be
the right fit to
meet your
needs

Who can refer?

CRCG
member

Agency or
organization

Family or peer
representative



CRCG Staffing Process

Welcome and Introductions

- The individual, family, or caregiver attends a staffing meeting with participating CRCG members.
- Members will introduce themselves identifying what agency or services they represent.

Information Sharing

- The individual, family, or caregiver will be invited to share what brought them to the meeting and what they need from the CRCG.
- Members will ask questions to identify strengths, clarify needs, and increase their understanding of the circumstances.

Build the ISP

- Together, the CRCG, individual, family, or caregiver will identify services and supports that match their identified strengths and address their needs.
- The CRCG, individual, family, or caregiver will review the services together and reach an agreement on the plan.



Keep families together



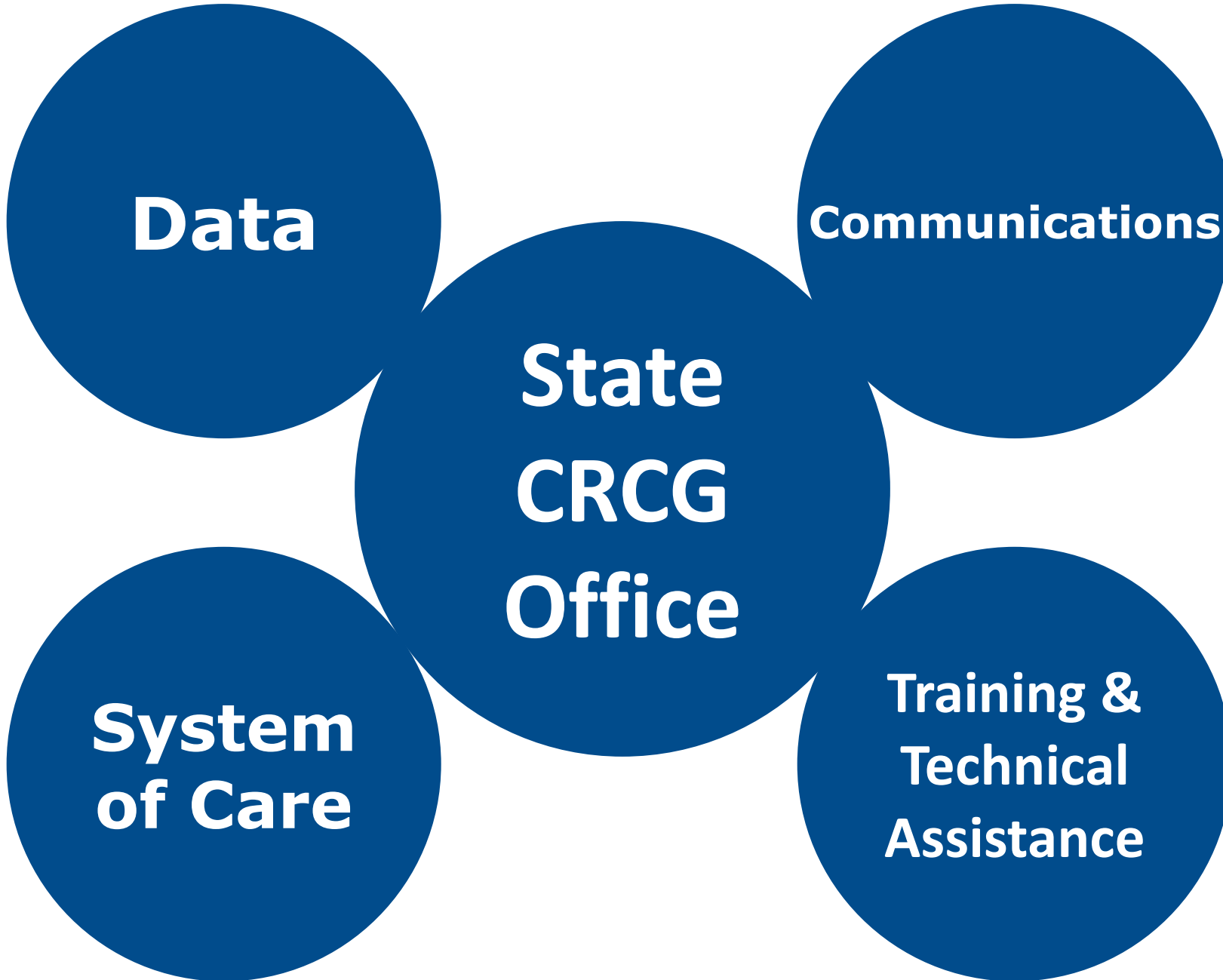
Meet individuals' needs



Identify gaps and barriers



Keep people in the community



Data

Data system

Biennial
legislative
reports

Communications

Marketing
materials

Website

Outreach

Training and TA

Ongoing training

One-on-one technical assistance

System of Care

Family-driven
Youth-guided and driven

Culturally and linguistically responsive

Community-based

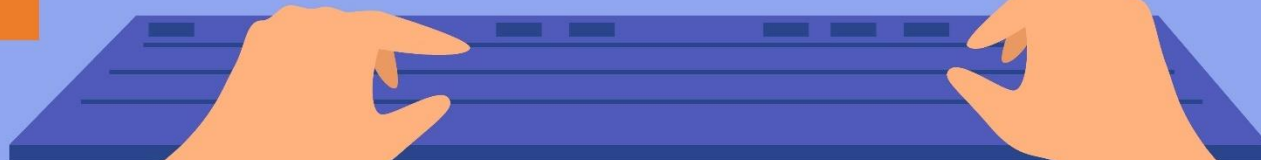
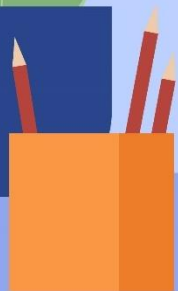
How to Support and Get Involved

- Become a member.
- Collaborate with a CRCG to offer services and resources to the community.
- Refer people to CRCGs when needed.
- Partner with a CRCG to address gaps in the community.
- Tell community leaders about the positive impact of CRCGs.

<https://crcg.hhs.texas.gov/>

FOR FAMILIES RESOURCES REPORTS FAQ PARTNERS EVENTS ABOUT HOME

FIND YOUR LOCAL CRCG: City (OR) County



Ask the Experts

Facilitator

- Amanda Britton, Senior Technical Assistance Advisor, Office of Forensic Coordination, HHSC

Panelists

- Peter Arellano, MSW, Program Director, Texas Institute for Excellence in Mental Health, The University of Texas at Austin
- Sarah Fiorenza, Project Director, Texas System of Care, Office of Mental Health Coordination, HHSC
- Amelia Somers, SSP, CRCG Program Specialist, Office of Mental Health Coordination, HHSC



Texas Behavioral Health and Justice Technical Assistance Center



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www.txbhjustice.org

Transforming
Behavioral Health
and Justice Systems
in Texas

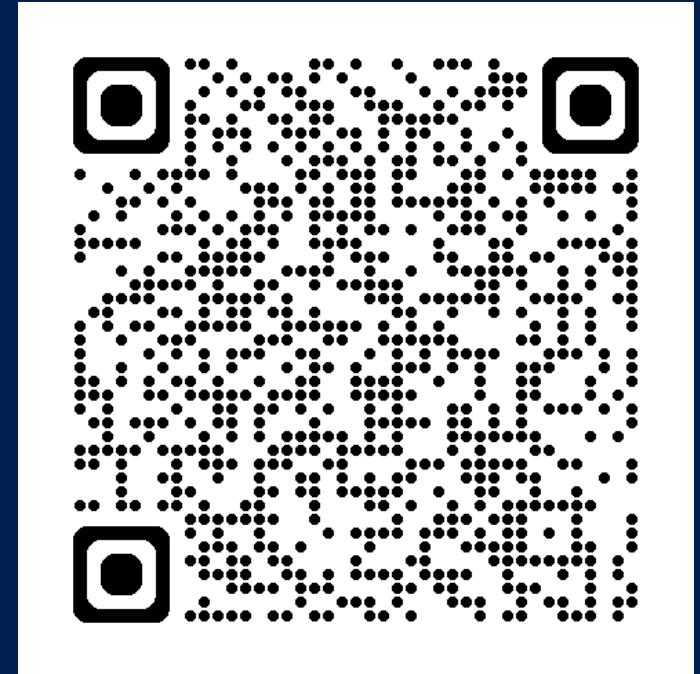


TEXAS
Health and Human
Services

Jail In-Reach Learning Collaborative (JIRLC)

The JIRLC supports county forensic teams in identifying strategies to actively monitor people in county jails who have been found incompetent to stand trial and are awaiting admission into a State Hospital.

Deadline to Apply: September 4th, 2024





TEXAS
Health and Human
Services

Please stay in touch!

www.TXBHJustice.org

forensicedirector@hhs.Texas.gov