

Texas Youth Sequential Intercept Model Mapping Report: Guadalupe, Gonzales and Caldwell Youth County

**Texas Health and Human Services
March 2024**

Workshop Date: March 21 -22 2023



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Background

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by Amanda Coleman, Director of Crisis Systems, Bluebonnet Trails Community Services (BTCS). The planning committee members included:

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- Tricia Becker, Gonzales County Juvenile Probation
- Bethany Polk, Seguin Independent School District

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

The facilitators for this workshop were Catie Bialick, MPAff, Director of Behavioral Health and Justice Initiatives, Office of Forensic Coordination, HHSC; Emily Dirksmeyer, LCSW, Technical Assistance Coordinator, Office of Forensic Coordination, HHSC; and Jennie M. Simpson, PhD, Associate Commissioner and

State Forensic Director, Office of Forensic Coordination, HHSC. Emily Dirksmeyer and Catie Bialick authored the report.

About the Texas Behavioral Health and Justice Technical Assistance Center

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

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

Recommended Citation

Texas Health and Human Services Commission. (2023). *Texas Youth Sequential Intercept Model Mapping Report for Guadalupe, Gonzales, and Caldwell Counties*. Austin, TX: Texas Health and Human Services Commission.

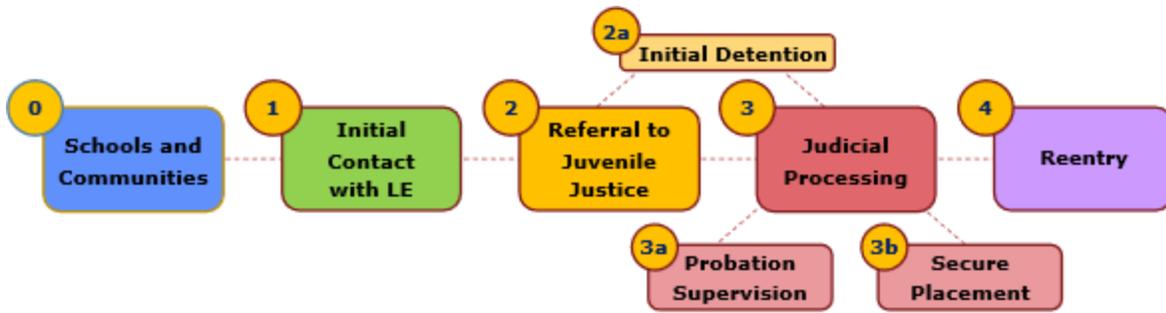
Introduction

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

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

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

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



In 2023, Bluebonnet Trails Community Services (BTCS) requested an HHSC Texas Youth SIM Mapping of intercepts 0 through 2 to help foster collaboration among behavioral health and juvenile justice stakeholders and improve early intervention and diversion for youth with MI, SUD, and/or IDD. The workshop took place on March 21 and 22, 2023, in Seguin, Texas. See [Appendix A](#) for detailed workshop agenda.



Note: This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the Guadalupe, Gonzales, and Caldwell Counties Youth SIM mapping workshop. Report authors aim to capture a robust picture of services offered across counties, while acknowledging that unintentional omissions may exist. All gaps, opportunities, and action planning

priorities identified in this report reflect the opinions of participating stakeholders, not the Texas Health and Human Services Commission.

Texas Youth SIM Map for Guadalupe, Gonzales, and Caldwell Counties

Intercept 0 School and Community-Based Services	Intercept 1 Law Enforcement, SROs, and Children's Emergency Services	Intercept 2 (Pre-adjudication) Initial Referral to Juvenile Justice, Intake, and Detention
<p>Crisis Phone Lines Bluebonnet Trails Community Services (BTCS) Crisis Hotline • 800-841-1255 • Available 24/7/365 988 Suicide & Crisis Lifeline • 988 Boys Town National Hotline • 800-448-3000 Texas Abuse, Neglect and Exploitation Hotline • 800-252-5400 National Domestic Violence Hotline • Text START to 88788 or call 800-799-7233 Crisis Text Line • Text 741741 Warmlines/ Resource Lines YouthLine • Text 839863 or call 877-968-8491 National Runaway Safeline • 800-RUNAWAY (786-2923) Love Is Respect Abuse Helpline • Text LOVEIS to 22522 or call 866-331-9474 Texas Youth Hotline • 1-800-989-6884</p> <p>Crisis Services Youth Therapeutic Respite Program • Operated by BTCS • Ages 5-17 • Provides wrap around care including innovative therapies, care coordination, case management, and psychiatric medication management.</p> <p>Mobile Crisis Outreach Team (MCOT) Bluebonnet Trails Community Services- MCOT • 24/7 response • Teams include local mental health crisis clinicians and crisis intervention specialists • Serves youth and adults • Can co-respond with law enforcement BTCS-Youth Crisis Outreach Team-(coming soon)</p> <p>Wrap Around Services Bluebonnet Trails Community Services • Youth Empowerment Services (YES) Waiver • Multisystemic Therapy (MST) • Clear Path-Coordinated Specialty Care for first episode of psychosis Methodist Healthcare Ministries of South Texas • Medical, dental and behavioral health support at ISDs</p> <p>Peer, Mentorship, and Family Support Services Peer/Family Support • BTCS- Family Partners Mentorship • YMCA- Schertz Family and Cibolo Family • Texas Afterschool Centers on Education (ACE) • Gonzales Youth Centers (grades 4th-7th) • Texas Elks Children's Services • Boys and Girls Clubs of South-Central Texas (Guadalupe and Caldwell)</p> <p>Coordinating Bodies • Community Resource Coordinating Group • Guadalupe County Children's Advocacy Center (CAC) • Norma's House (Gonzales CAC) • Roxanne's House (Caldwell CAC)</p>	<p>911 Dispatch / Emergency Communications Guadalupe: Guadalupe County Sheriff's Office Telecommunications Division; Seguin Police Department Emergency Communications Division Gonzales: Gonzales County Emergency Communications Caldwell: Caldwell County Emergency Communications; City of Luling Emergency Communications; City of Lockhart Emergency Communications • Public Safety Answering Point - Lockhart and Luling (Coming June 2024)</p> <p>School Resource Officer (SRO)/ ISD Police: Guadalupe • Marion ISD- 2 Marion PD SROs; 1 Guadalupe County Sheriff's Office SROs • Seguin ISD- 13 SROs; 2 Seguin PD SROs • Schertz-Cibolo ISD- Schertz PD SRO Unit (respond in schools and community); 4 Cibolo PD SRO Unit (5 additional SRO positions funded) Gonzales • Gonzales ISD PD- SRO Unit Caldwell • 1 Lockhart PD SROs</p> <p>Children's Psychiatric Hospitals Teddy Buerger Center • Intensive Outpatient Program and Supportive Outpatient Program Pegasus School Inc. • Residential Treatment Center for abused, neglected, emotionally disturbed, and adjudicated 10-17-year-old males</p>	<p>Law Enforcement Guadalupe Guadalupe County Sheriff's Office; Cibolo PD; Seguin PD; Schertz PD; San Marcos PD; New Braunfels PD; Marion PD Gonzales Gonzales County Sheriff's Office; Luling PD; Lockhart PD; Martindale PD</p> <p>Alternative Education Programs Seguin ISD DAEP; Schertz-Cibolo ISD DAEP; Nixon-Smiley CISD DAEP; Luling ISD DAEP</p> <p>Emergency Medical Services City of Luling EMS; City of Lockhart EMS; City of Seguin Fire/EMS; City of Schertz EMS; Gonzales County EMS and Rescue</p> <p>Hospitals Guadalupe Regional Medical Center • Children's ER Ascension Seton Edgar B. Davis • Children's ER Gonzales Memorial Children's ER</p> <p>Juvenile Probation Department- Intake Screening Assessments Used: MAYSI-2- behavioral health screening tool • Juvenile Supervision Officer completes MAYSI-2 for youth detained • Juvenile Probation Officer completes face to face if youth not detained Pre-PACT-46-item pre-screen measures a youth's risk of re-offending • Completed at first face to face • Completed every 6 months Full PACT- 126-item assessment measuring a juvenile's risk of re-offending. • Completed 30 days before disposition</p> <p>Initial Detention • Guadalupe County Juvenile Detention • Guadalupe County Police Station Processing Rooms • Guadalupe County High Schools with Processing Rooms • Gonzales arresting agency</p> <p>Pre-Adjudication Diversion Programs Deferred Prosecution Probation (6 months) • Specialized substance use disorder caseload for vaping offenses (4 months) Specialized SUD Treatment • Education and prevention counseling groups- Contract therapists • SUD Treatment Groups- BTCS Juvenile Probation Department Prevention Program • 6-month intervention provided to at-risk youth referred by schools, parents, or community Community Mental Health Referrals • BTCS, contract counselors (family and individual), Teddy Buerger Center, Big Brothers Big Sisters, Communities in Schools, RecoveryWerks</p>
<p>Behavioral Health Services/ Coordinating Bodies BTCS-Local Mental Health Authority and Local Intellectual and Developmental Disabilities Authority; BTCS Early Intervention Program; Camino Real Community Services Early Childhood Intervention (0-3); The Agape Center- Faith-based counseling- Youth, teen, family; Texas Mental Health and Wellness Center- Therapy and medication management; Treebrook Counseling- mental health and SUD treatment ; Community Health Centers of South Central Texas – health care clinic</p>	<p>Recovery Supports BTCS- Outpatient SUD Treatment; RecoveryWerks- Teen and family outpatient SUD support; Al Anon Family Groups; Alcoholics Anonymous; Celebrate Recovery; NAMI of Central Texas; NAMI Guadalupe County</p>	<p>Housing/Shelter Prospera Housing Community Services- affordable housing (Caldwell and Guadalupe; Shertz-Cibolo Housing Authority; Lockhart Housing Office; First Footing Shelter and Assistance New Braunfels; Seguin Housing Authority Office; Tree of Life NB and Family Life Center Assistance; Salvation Army; Guadalupe Valley Family Violence Shelter</p>

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

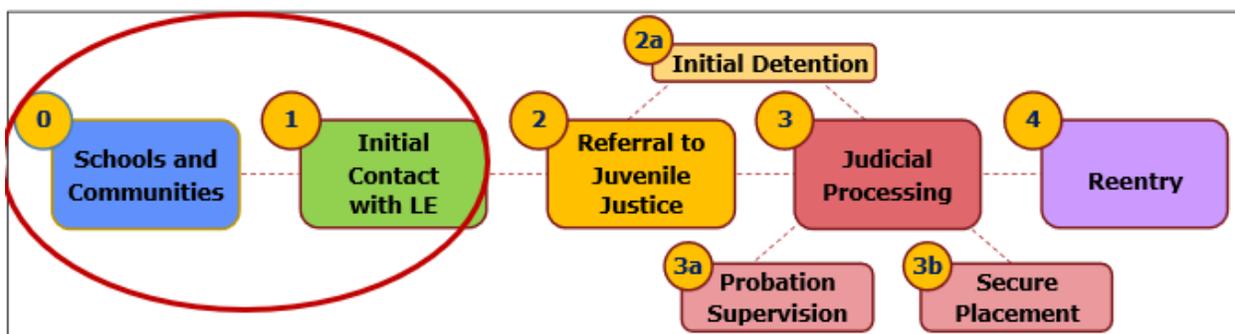
Opportunities and Gaps at Each Intercept

As part of the mapping activity, facilitators helped workshop participants identify key services, stakeholders, and gaps and opportunities at each intercept. The charts that capture the gaps and opportunities at each intercept, as shown below, were developed by participants during the workshop and can be used by local leaders and systems planners to improve outcomes for youth with MI, SUD, and/or IDD.

National and State Best Practices

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

Intercept 0 and Intercept 1: Communities and Schools



Overview: Intercepts 0 and 1

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

Intercept 1 includes initial contact with community and school-based law enforcement or other emergency services. Law enforcement officers have

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

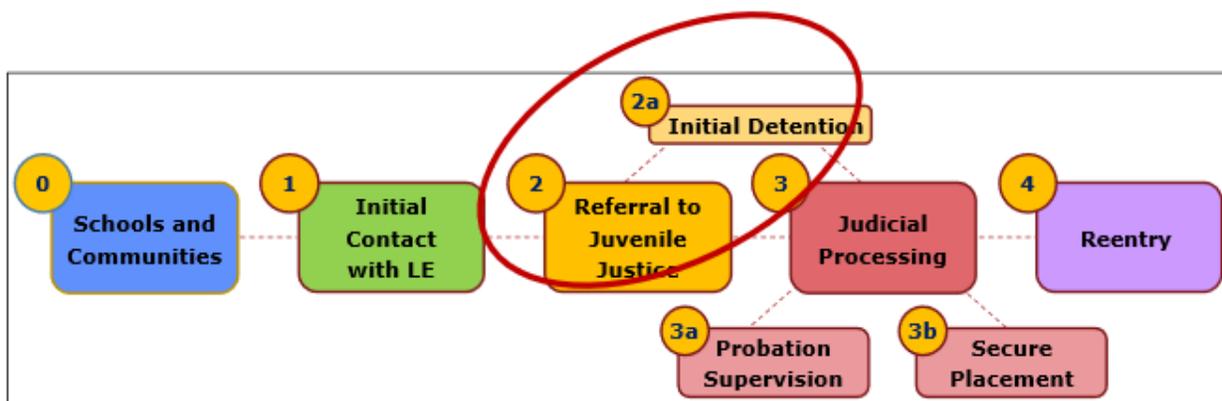
Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • Limited school-based behavioral health services in rural-serving districts and in primary education campuses • Limited school-based prevention and early intervention services for youth • Limited community-based referrals from school behavioral health providers 	<ul style="list-style-type: none"> • Increase school-based provider referral and treatment options through expanded utilization of Texas Child Health Access Through Telemedicine (TCHAT). • Increase standardized school-based universal mental health screenings and assessments utilized to identify behavioral health needs at earliest point.
<ul style="list-style-type: none"> • Variation in approach to vaping offenses across campuses due to changes in Texas Education Code Chapter 37 related to e-cigarettes and student discipline requirements 	<ul style="list-style-type: none"> • Provide community and school-based education and awareness on changes in Texas Education Code Chapter 37 related to e-cigarettes and student discipline requirements. • Educate school district personnel on mitigating factors to mandatory expulsion criteria outlined in Chapter 37 of the Texas Education Code.
<ul style="list-style-type: none"> • Lack of consistent coding of mental health calls for service across municipal dispatch systems • Limited capacity of specialized law enforcement response in rural counties (e.g., mental health officers, school resource officers, etc.). • Limited law enforcement diversion options for non-violent juvenile offenses 	<ul style="list-style-type: none"> • Streamline coding practices for mental health-related calls for service across Guadalupe, Gonzales, and Caldwell counties' dispatch systems. • Increase tailored training for all law enforcement on responding to youth experiencing mental health crises. • Educate law enforcement on utilization of BTCS mobile crisis outreach team (MCOT) to assess need and appropriate placement. • Increase education and awareness of the Guadalupe County Juvenile Probation Prevention Program across county law enforcement agencies, school districts, and community behavioral health staff.
<ul style="list-style-type: none"> • Limited after-hours behavioral health 	<ul style="list-style-type: none"> • Set appointments rather than making

<p>resources in the community</p> <ul style="list-style-type: none"> • Lack of available youth inpatient beds across the three rural counties • Lack of training and education for hospital staff on community-based referral pathways for youth experiencing a mental health crisis • Lack of transportation options for youth to attend mental health appointments 	<p>referrals.</p> <ul style="list-style-type: none"> • Explore the use of family partners and mentors to support families with transportation to appointments. • Educate emergency room (ER) providers on the use of formal crisis call systems (MCOT, crisis hotline, 988) to ensure effective triage and appropriate level of care for youth.
<ul style="list-style-type: none"> • Lack of parent education and awareness of mental health conditions, their symptoms, and resources to support youth in the community • Unmet social service and behavioral health needs of parents • Lack of resources for non-English-speaking parents and guardians • Inconsistent screening and identification of persons with dual diagnosis (MH and IDD) leads to gaps in service eligibility assessments. 	<ul style="list-style-type: none"> • Expand training for parents on early signs of behavioral health needs. • Spread information about community resources that provide parents access to social services and mental health supports. • Explore utilization of BTCS’ family partners in schools to support ongoing education and support for families of youth with identified behavioral health needs. • Prioritize translation of written and online materials into non-English languages, as needed. • Coordinate across local organizations to explore funding and resources to support family social service needs.
<ul style="list-style-type: none"> • Limited information sharing between education, behavioral health, child welfare, and juvenile justice stakeholders • Lack of data collection on youth with dual system involvement (e.g., Department of Family and Protective Services (DFPS) youth with juvenile justice system involvement) • Lack of regular communication and coordination between Child Protective Services (CPS), juvenile justice, and local school districts • Breakdowns in continuity of care for youth who are moving between systems (e.g., inpatient hospitalization back to community). • No Community Resource Coordination Group (CRCG) chapters in Caldwell or Gonzales counties 	<ul style="list-style-type: none"> • Set regular meetings between stakeholders to staff cases and develop information sharing process flows. • Share organizational workflows, policies, and procedures across disciplines to improve understanding of each stakeholder’s roles and responsibilities. • Develop shared data collection practices across stakeholder groups, including the identification of key data points to assess system efficiency and efficacy. • Explore HIPAA- and FERPA-compliant information sharing processes to support appropriate data sharing practices across stakeholders. • Explore standardized use of releases of information (ROIs) to support provider-to-provider information sharing. • Explore expanding the Guadalupe County CRCG chapter to include Caldwell and

	Gonzales counties.
<ul style="list-style-type: none"> • Lack of inpatient SUD treatment across all three counties • Limited SUD prevention and early intervention education provided in school districts 	<ul style="list-style-type: none"> • Increase awareness across school districts, juvenile justice stakeholders, and child welfare stakeholders of available outpatient SUD services offered by BTCS.

Intercept 2: Referral to Juvenile Justice



Overview: Intercept 2

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

Intercept 2 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> • The adverse impact of the screening environment(e.g., detention centers) and youth willingness to participate in screening on Massachusetts Youth Screening Instrument (MAYSI-2) scores 	<ul style="list-style-type: none"> • Implement additional screening and assessment tools for youth that screen above the caution cut-off score on the MAYSI (e.g., CSSR-S, PHQ-9,etc.)
<ul style="list-style-type: none"> • No county detention facility in Caldwell or Gonzales counties. 	<ul style="list-style-type: none"> • Explore funding to build detention facilities in Caldwell and Gonzales counties. • Establish memorandums of understanding(MOUs) between out-of-

<ul style="list-style-type: none"> • Limited capacity at out-of-county detention facilities to accept youth from Caldwell and Gonzales counties • Limited continuity of care for youth detained out of county • Inconsistent information sharing between out-of-county detention facilities, BTCS, and local juvenile probation departments for youth returning to the community. 	<p>county detention facilities, local probation departments, and BTCS.</p> <ul style="list-style-type: none"> • Identify liaisons to support continuity of care for youth in out-of-county placements (i.e., coordinate between schools, probation departments, and local mental health authorities(LMHAs).
<ul style="list-style-type: none"> • Lack of local juvenile probation placement options for children with behavioral health or acute emotional needs 	<ul style="list-style-type: none"> • Coordinate with local residential treatment centers (RTCs) and treatment facilities to clarify access and eligibility requirements.
<ul style="list-style-type: none"> • Lack of appropriate SUD treatment options and community-based supports, resulting in youth spending more time in detention 	<ul style="list-style-type: none"> • Explore opportunities to expand BTCS SUD referral options for youth on probation.
<ul style="list-style-type: none"> • Limited education for judges on pre- and post-booking diversion options to support youth with MI and/or SUD. • Lack of communication between school district and juvenile court personnel 	<ul style="list-style-type: none"> • Explore opportunities to provide judges with training on diversion opportunities and the use of pre-adjudication conditions of release to support connection to treatment. • Increase utilization of deferred prosecution for vaping-related and other low level SUD cases. • Ensure school liaisons are regularly participating in juvenile detention hearings.
<ul style="list-style-type: none"> • Limited ongoing, holistic or wrap around support for justice-involved youth reentering homes and communities with high levels of environmental stressors • Lack of parental engagement in treatment services while youth are in out-of-home placements 	<ul style="list-style-type: none"> • Explore options to engage parents virtually, over the phone, and through after-hours and in-home services. • Use family partners and peer support to support youth and parents with youth transitioning back to the community. • Provide education to parents on juvenile justice and court processes to provide opportunities for engagement and advocacy
<ul style="list-style-type: none"> • Limited coordination between juvenile probation departments, CPS, and BTCS. 	<ul style="list-style-type: none"> • Establish regular meetings to discuss cases, explore placement options and coordinate treatment support for youth with dual system involvement.

Priorities for Change

Following completion of the Texas Youth SIM mapping exercise, the 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 March 22, 2024. The top priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	Improve family engagement and access to family services	14
2	Expand substance use disorder (SUD) services	12
3	Formalize youth behavioral health leadership team or task force across the three-county region	10
4	Expand transportation options for youth	10
5	Expand early intervention and prevention services	9
6	Enhance coordination between schools and justice system stakeholders	9
7	Improve information sharing and data collection across the SIM	7
8	Expand training and partnership between Bluebonnet Trails Community Services (BTCS) and law enforcement agencies across counties	7
9	Improve transition support services between settings	5
10	Expand school-based behavioral health services	3
11	Expand youth and family shelter and emergency housing	3
12	Increase community awareness of mental health services across counties	1

Strategic Action Plans

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

- The National Center for Mental Health and Juvenile Justice’s publication, *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*, 2022.
- The Judicial Commission on Mental Health, *The Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book*, Third Edition, 2023.
- Substance Abuse and Mental Health Services Administration (SAMHSA), *National Guidelines for Child and Youth Behavioral Health Crisis Care*, 2022.
- Texas Attorney General, *2020 Juvenile Justice Handbook*, 2020.

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

With respect to trauma, it is estimated that 90 percent of youth in contact with the juvenile justice system have had a traumatic event exposure compared to 25 percent of the general population.¹ 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: 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: Improve Family Engagement and Access to Family Support Services

Objective	Action Steps
Establish a workgroup	<ul style="list-style-type: none"> • Identify next family engagement workgroup meeting: <ul style="list-style-type: none"> ▶ Set date. ▶ Set agenda. • Establish Manager, Owner, Consultant, Helper, Approver (MOCHA) for the workgroup. • Identify and invite additional workgroup members/stakeholders to support improving family engagement across the counties. • Coordinate with the Behavioral Health Leadership Team to provide county-wide updates about workgroup progress and next steps.
Assess the need across community members	<ul style="list-style-type: none"> • Identify key stakeholders and target groups to explore existing family engagement strategies across counties and assess ongoing need. Consider: law enforcement, teachers, medical personnel, family members, etc. • Coordinate with families and youth stakeholders to identify the following: <ul style="list-style-type: none"> ▶ Existing family support service needs ▶ Key values ▶ Wants or desires for improvement in access to supports • Explore approaches to best engage each stakeholder group.
Define workgroup target	<ul style="list-style-type: none"> • Analyze the needs reflected by community members and stakeholders. • Create shared educational and outreach resources on family engagement (considering target audience and community needs). Explore use of: <ul style="list-style-type: none"> ▶ PowerPoint ▶ Handouts and flyers ▶ Referral process flowcharts • Define data collection points and establish processes for ongoing data collection and sharing.
Obtain youth	<ul style="list-style-type: none"> • Identify and empower community members who can mobilize

stakeholder buy-in	<p>identified targets(consider natural leaders and accessibility for family members).</p> <ul style="list-style-type: none"> • Educate key leaders and decision makers on workgroup priorities. • Launch trainings, town halls, and other community outreach opportunities.
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Team Leads: Christy Williams, Guadalupe County Children’s Advocacy Center; Nicole Nguyen, St. Jude’s Ranch for Children (SJRC)

Workgroup Members: Christy Williams, Guadalupe County Children’s Advocacy Center; Bethany Polk, Seguin ISD Director of Student Services; Marion McKenzie, SJRC/ Belong; Nicole Nguyen, SJRC/Belong; Rhonda Barnard, BTCS; Crystal Avalos, BTCS; Richard Slaughter, Luling EMS; Bethany Bishop, Navarro ISD; Shelly Cameron, Guadalupe County Juvenile Probation; Susan Castillo, BTCS

Priority Two: Expand Substance Use Disorder (SUD) Services in Gonzales County

Objective	Action Steps
<p>Improve communication between juvenile justice stakeholders and BTCS</p>	<ul style="list-style-type: none"> • Improve regular collaboration between probation and community behavioral health providers, including the provision of education to juvenile probation staff on pathways to access services. • Establish memorandums of understanding (MOUs) between Gonzales Juvenile Probation and BTCS SUD services. The MOU should include information sharing processes and procedures between the two agencies. • Develop referral forms to support connection to SUD services from probation (pre-adjudication and post-adjudication). • Create a position for a probation/SUD liaison to streamline referral process and continuity of care for justice-involved youth.
<p>Expand residential treatment options</p>	<ul style="list-style-type: none"> • Establish data collection points to reflect SUD treatment needs across counties. • Explore funding opportunities, including: <ul style="list-style-type: none"> ▶ Advocating with state legislators on need for additional youth residential SUD treatment funding resources. ▶ Applying for federal grant funding opportunities. • Explore SUD program funding opportunities.
<p>Expand transportation services within rural counties</p>	<ul style="list-style-type: none"> • Coordinate with key stakeholders to explore rural transportation expansion opportunities. Connect with: <ul style="list-style-type: none"> ▶ The Regional Council of Governments ▶ Local County Commissioners • Explore funding opportunities and stay connected through the Texas Behavioral Health and Justice Technical Assistance Center Newsletter
<p>Develop SUD prevention programs</p>	<ul style="list-style-type: none"> • Define SUD youth prevention goals. • Explore prevention program curriculum and treatment targets (e.g., vape prevention curriculum).

Team Leads: Full workgroup

Workgroup Members: Kristy Bullock, Ascension Health; Jack Housworth, BTCS SUD; Traci Danick, Gonzales Juvenile Probation; Tricia Becker, Gonzales Juvenile

Probation; Maggie Gaytan, Nixon-Smiley Consolidated ISD; Wale Adeyemo, BTCS; Jaclyne Taylor, BTCS

Priority Three: Formalize Youth Behavioral Health Leadership Team or Task Force Across the Three-County Region

Objective	Action Steps
Establish leadership team purpose	<ul style="list-style-type: none"> • Establish meeting logistics: <ul style="list-style-type: none"> ▶ Meeting location, ▶ Meeting frequency, ▶ Date and time of meeting, and ▶ Agenda. • Convene a behavioral health leadership team (BHLT) workgroup meeting to formalize roles, responsibilities, scope, and goals of the BHLT. • Create draft by-laws for the coordinating body.
Identify key partners	<ul style="list-style-type: none"> • Connect with community partners (county-specific) to identify gaps in coordination across juvenile behavioral health and justice stakeholders. <ul style="list-style-type: none"> ▶ Designate specific contacts from each agency. ▶ Establish MOUs between agency partners. • Agree on preferred communication method and frequency of meetings. • Coordinate with existing county leadership teams to learn about their structure and approaches to getting leadership buy-in.
Explore information sharing and data collection mechanisms	<ul style="list-style-type: none"> • Clarify information sharing needs for local stakeholders. For example: <ul style="list-style-type: none"> ▶ General information on mental health services; ▶ Aggregate data to identify trends in crisis service utilization and encounters with the justice system; or ▶ Identifiable data to support care coordination for youth with MI, SUD, and IDD who are at risk or involved with the justice system. • Connect with Guadalupe County CRCG Chair to explore expanding to

	<p>Caldwell and Gonzales counties.</p> <ul style="list-style-type: none"> • Identify opportunities for other Youth SIM priority group leaders to present progress and provide updates to BHLT
<p>Leverage opportunities for targeted cross-county training</p>	<ul style="list-style-type: none"> • Explore law enforcement training opportunities through Guadalupe County Sheriff’s Office. Consider education on: <ul style="list-style-type: none"> ▶ De-escalation strategies in working with youth with behavioral health needs. ▶ Coordinating procedures between BTCS and law enforcement agencies. ▶ Existing family and youth referral resources and alternatives to arrest. • Coordinate with law enforcement agencies in Caldwell and Gonzales counties to assess training needs and set date for trainings.

Team Lead: Britni Mueck, BTCS; Dalia Villa, BTCS; Judge Townsend, Luling Municipal Court

Workgroup Members: Britni Mueck, BTCS; Dalia Villa, BTCS; Christy Ramirez, BTCS; Chief Nick Reininger, Guadalupe County Juvenile Probation Services; Officer Wissmann, Seguin Police Department; Sergeant Lumpkin, Guadalupe County Sheriff’s Office; Maggie Gaytan, Nixon-Smiley Consolidated ISD

Resources to Support Action Plan Implementation

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

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

Task Force and Networking

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

Communication and Information Sharing

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

Boundary Spanner

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

Local Champions

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

Ability to Measure Outcomes

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

Peer Involvement

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

Behavioral Health Leadership Teams

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

Stakeholder Collaboration and Information Sharing

Best Practices

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

Program Spotlight

- Williamson County developed a guide, titled Establishing a Local Children and Youth Mental Health Task Force.
- Kaufman County established bylaws and a charter to guide the direction and structure of their leadership team.
- The Klaras Center for Families established a local committee called Our Community Our Future to identify needs of youth and adolescents and guide decision making in their community.

Key Resources

- National Institute of Corrections published several guidance documents including National Standards for Criminal Justice Coordinating Councils, CJCC

Essential Elements, and National Survey of Criminal Justice Coordinating Councils.

- Office of Juvenile Justice and Delinquency Prevention (OJJDP) created Guidelines for Juvenile Information Sharing to offer a course of action for key agency and organization stakeholders involved in a state or local effort to implement and sustain juvenile information sharing.
- Meadows Mental Health Policy Institute’s Information Sharing in Criminal Justice/Mental Health Collaborations: Working with Privacy Laws presentation 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 (see Appendix C for additional information).
- The Texas Education Agency (TEA) Texas School Mental Health website has a series of sample information sharing agreements and consent documents in its Texas School Mental Health Practice Guide and Toolkit.

Family Engagement

Best Practices

- Engage families at the earliest possible point and prioritize families' voices in key decision making.
- Establish cross-agency staff culture centered on families through policies and trainings.
- Consider defining what makes a family.
- Establish paths to support, guide, and advocate for families of youth with behavioral health needs. Consider:
 - ▶ Education
 - ▶ Training on systems
 - ▶ Regular resource sharing

County Spotlights

- Dallas-based Rainbow Days Family Connection program for homeless children and families recognized as a Top 100 Best Practices program.
- Triple P: Positive Parenting Program is a comprehensive parent-training program designed to enhance parental competency.

Key Resources

- The Annie E. Casey Foundation's Family Engagement in the Juvenile Justice System Guidance Framework is for juvenile justice system staff, community partners, and technical assistance providers to promote the development of sustainable family engagement efforts and allow for clear measurement and regular assessment of progress. The framework can also help streamline discussions about family engagement, providing practical suggestion about how to better engage community partners and support transformative efforts.
- The Office of Juvenile Justice and Delinquency Prevention's Family Engagement in Juvenile Justice Literature Review focuses on synthesizing descriptions of the role of family engagement for youths involved in the

juvenile justice system; research documenting how jurisdictions have attempted enhanced engagement, including policies that encourage family engagement; resources that help families understand the juvenile justice process practices such as parent training, family therapy, and family visitation; and outcome evidence for programs with family engagement strategies as key components.

- Explore the Youth and Family Partnerships Resource Library by the Office of Juvenile Justice and Delinquency Prevention with resources on assessing, implementing, and prioritizing family engagement for youth who are justice-involved.
- The Texas Education Agency has developed a Family Engagement Plan with suggested activities for educators and school administrators to support youth in Texas public schools.
- Prevention and Early Intervention Overview by Youth.gov provides an overview of the concept of early intervention, a list of effective programs and a list of resources on the topic.
- SAMHSA's Strategic Prevention Framework is a comprehensive guide for professionals to plan, implement, and evaluate prevention practices and programs.

Youth Substance Use Disorder Treatment and Prevention Services

Best Practices

- Define the structure of the substance use prevention or intervention program. Consider program type, audience, and setting.
- Tailor content of programs to include information and facts about substances, skill development, structural change strategies, and services to support treatment intervention.
- Consider key components of effective program delivery: Model selection and tailoring the model to support community implementation tools (i.e., number of sessions, methods used, parent)
 - ▶ Prioritize early intervention

County Spotlights

- Drug Prevention Resources (DPR) won HHSC's 2023 Texas Prevention Organization of the Year Award. DPR operates four Impact Community Coalitions in Dallas, Ellis, and Navarro counties to work together and build youth resilience.
- Adolescent Community Reinforcement Approach (A-CRA) is a behavioral intervention targeted at adolescents ages 12 and up that seeks to replace structures supportive of substance use with ones that promote pro-social behaviors.
- Williamson County implemented a School Vaping Guide designed to provide guidance to ISDs on prevention, intervention, and disciplinary approaches to school vaping.

Key Resources

- Texas HHS Youth Substance Use Treatment Services provides an overview of state-funded substance use treatment options for youth.

- Resources for Families Coping with Mental and Substance Use Disorders by SAMHSA contains education for families and caregivers on how to address youth substance use issues.
- Reducing Vaping in Youth and Young Adults by SAMHSA includes research and guidance for implementing a youth vaping prevention program.
- Connecting Communities to Substance Use Services: Practical Approaches for First Responders by SAMHSA provides an overview on pathways to connect individuals (both adults and youth) with SUD to care.
- Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-occurring SUD by SAMHSA provides an overview of evidence-based approaches to treating substance misuse and recommendations for practice based on these approaches for youth and young adults.

Quick Fixes

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

- Increase community awareness of BTCS crisis hotline and 988 through targeted marketing across Guadalupe, Gonzales, and Caldwell counties.
- Luling ISD can complete the pending Texas Child Health Access Through Telemedicine (TCHATT) MOU to embed TCHATT services across school campuses.
- School districts across Guadalupe, Gonzales, and Caldwell counties can increase utilization of TCHATT services by coordinating with districts with higher levels of utilization (i.e., Schertz-Cibolo-Universal City ISD and Lockhart ISD) to learn from their approaches to referral and outreach with families to engage in services.
- BTCS can establish MOUs with school districts where school-based services are not currently provided to improve continuity of care and referral practices between both districts and the LMHA and local intellectual and developmental disability authority (LIDDA).
- Explore expanding Guadalupe County CRCG to serve Gonzales and Caldwell counties.
- Establish regular meetings between Guadalupe, Gonzales, and Caldwell juvenile probation departments and their local Child Protective Investigations (CPI) department.
- Guadalupe, Gonzales, and Caldwell County leadership can explore opportunities to build upon the data collected during the workshop to establish a standardized juvenile justice, behavioral health, and school district data workbook that is circulated across stakeholders on a regular basis (i.e., quarterly, every six months, annually, etc.).
- Explore cross-county law enforcement training opportunities through the Guadalupe County Sheriff's Office mental health officers.

- Increase community awareness and utilization of the Guadalupe County Juvenile Probation prevention program across local emergency departments, law enforcement agencies, and school districts.

Appendix A. Workshop Agenda

Texas Youth Sequential Intercept Model Mapping Workshop: Guadalupe, Gonzales, and Caldwell Counties

March 21-22, 2023

Geronimo Community Center – 280 Navarro Dr. Seguin, TX 78155

AGENDA – Day 1

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 am	Registration	Coffee and Breakfast- Provided by <i>Laurel Ridge Treatment Center</i> Snacks- Provided by <i>Gonzales County Mental Health Board</i>
8:30 am	Opening Remarks	Opening Remarks, <i>Judge Kirsten Legore</i> Welcome and Introductions, <i>Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas HHSC</i>
8:45	Workshop Overview and Keys to Success	Overview of the Workshop Community Polling
9:30	Presentation of Intercepts 0, 1, and 2	Overview of Intercept 0 Intercept 0 Data Review Intercept 0 Program Spotlights <ul style="list-style-type: none"> • Bluebonnet Trails Community Services Youth Crisis Continuum <ul style="list-style-type: none"> ▶ <i>Britni Mueck, Director of Youth and Family Operations</i> ▶ <i>Dalia Villa, Director of Crisis Services</i> ▶ <i>Jack Housworth, Director of Substance Use Disorder Services</i> ▶ <i>Dr. Jordan Adams, Assistant Director of SUD</i> ▶ <i>Linda Ponce-Gay, Director of IDD Crisis Services</i> ▶ <i>Samantha Goertz, Early Childhood Intervention Manager</i> ▶ <i>Susan Castillo, 988 Project Director</i> Overview of Intercepts 1 and 2 Intercepts 1 and 2 Data Review Intercept 1 and 2 Program Spotlights <ul style="list-style-type: none"> • Guadalupe County Sheriff’s Office Mental Health Deputy Program

		<ul style="list-style-type: none"> ▶ <i>Sergeant Brian Lumpkin</i> • Guadalupe County Juvenile Justice <ul style="list-style-type: none"> ▶ <i>Shelly Cameron Guadalupe County Assistant Chief Juvenile Probation Officer and Program Director</i> ▶ <i>Salvador Vela, Prevention Officer</i>
11:30	Lunch	<i>Provided by: San Antonio Behavioral Health</i>
12:45	Mapping of Intercept 0-1	<p>Intercepts 0-1 Panel</p> <p>Guadalupe</p> <ul style="list-style-type: none"> • <i>Bethany Polk, Seguin ISD Director of Student Services</i> • <i>Amy Anderson, Clinical Coordinator, Guadalupe Regional Medical Center ER- Pending confirmation</i> <p>Caldwell</p> <ul style="list-style-type: none"> • <i>Sheriff Mike Lane, Caldwell County Sheriff's Office- Pending confirmation</i> • <i>Richard Slaughter, City of Luling Emergency Medical Services Director</i> <p>Gonzales</p> <ul style="list-style-type: none"> • <i>Gregory Brooks, Chief of Police, Gonzales ISD Police Department</i> • <i>John Raeke, Gonzales County Mental Health Board</i> <p>Examine Gaps and Opportunities</p>
2:00	Mapping of Intercept 2	<p>Intercepts 2 Panel</p> <p>Guadalupe</p> <ul style="list-style-type: none"> • <i>Judge Kristen Legore, Guadalupe County Judge</i> • <i>Nick Reininger, Guadalupe County Chief Juvenile Probation Officer</i> <p>Caldwell</p> <ul style="list-style-type: none"> • <i>Judge Bonnie Townsend, Luling Municipal Court</i> • <i>Robin Slade, Assistant Chief Juvenile Probation Officer and Program Director, Caldwell County Juvenile Justice- Pending confirmation</i> <p>Gonzales</p> <ul style="list-style-type: none"> • <i>Tricia Becker, Gonzales County Juvenile Probation Department Supervisor</i> • <i>Judge Patrick C. Davis, Gonzales County Judge</i> <p>Examine Gaps and Opportunities</p>
3:00	Summarize Opportunities, Gaps & Establish Priorities	<p>Identify Potential, Promising Areas for Modification within the Existing System</p> <p>Establish a List of Top Priorities</p>

**Texas Youth Sequential Intercept Model Mapping Workshop:
Guadalupe, Gonzales, and Caldwell Counties**

March 21-22, 2023

Geronimo Community Center – 280 Navarro Dr. Seguin, TX 78155

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15	Registration	Coffee and Breakfast Provided by Austin Oaks Hospital Snacks- Provided by Gonzales County Mental Health Board
8:30	Welcome	Opening Remarks <ul style="list-style-type: none"> ▶ <i>John Raeke, Gonzales County Mental Health Board</i>
8:40	Preview & Review	Review Day 1 Accomplishments Preview of Day 2 Agenda Case Study: Group Activity
9:30	Action Planning	Group Work
11:00	Workgroup Report Outs	Each Group will Report Out on Action Plans
11:30	Next Steps & Summary	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
12:00	Closing Remarks	Closing Remarks

Appendix B. Texas Youth Sequential Intercept Model Map for Guadalupe, Gonzales, and Caldwell Counties, March 2023

School and Community-Based Services

Behavioral Health Services and Coordinating Bodies

- **Bluebonnet Trails Community Services (BTCS):** Local mental health authority and local intellectual and developmental disabilities authority
- **BTCS Early Intervention Program:**
- **Camino Real Community Services Early Childhood Intervention:** Ages 0-3 years.
- **The Agape Center:** Faith-based counseling, youth, teen, family.
- **Texas Mental Health and Wellness Center:** Therapy and medication management
- **Treebrook Counseling:** Mental health and substance use disorder (SUD) treatment
- **Community Health Centers of South Central Texas:** Healthcare clinic

Recovery Supports

- **BTCS:** Outpatient SUD Treatment
- **RecoveryWerks:** Teen and family outpatient SUD support
- **Al Anon Family Groups:**
- **Alcoholics Anonymous:**
- **Celebrate Recovery:**
- **NAMI of Central Texas:**
- **NAMI Guadalupe County**

Housing and Shelter

- **Prospera Housing Community Services:** Affordable housing (Caldwell and Guadalupe)
- **Shertz-Cibolo Housing Authority:**
- **Lockhart Housing Office:**
- **First Footing Shelter and Assistance New Braunfels:**
- **Seguin Housing Authority Office:**
- **Tree of Life New Braunfels and Family Life Center Assistance:**
- **Salvation Army:**
- **Guadalupe Valley Family Violence Shelter:**

Crisis Phone Lines

- **Bluebonnet Trails Community Services Crisis Hotline:** 800-841-1255
Available 24/7 365 days a year.
- **988 Suicide & Crisis Lifeline:** 988
- **Boys Town National Hotline:** 800-448-3000
- **Texas Abuse, Neglect and Exploitation Hotline:** 800-252-5400
- **National Domestic Violence Hotline:** Text START to 88788 or call 800-799-7233
 - **Crisis Text Line:** Text 741741
- **Warmlines and Resource Lines**
 - **Youthline:** Text 839863 or call 877-968-8491
 - **National Runaway Safeline:** 800-RUNAWAY (786-2923)
 - **Love Is Respect Abuse Helpline:** Text LOVEIS to 22522 or call 866-331-9474
 - **Text Youth Hotline:** 1-800-989-6884

Crisis Services

- **Youth Therapeutic Respite Program:** Operated by BTCS, ages 5-17, Provides wrap around care including innovative therapies, care coordination, case management, and psychiatric medication management.

Mobile Crisis Outreach Team (MCOT)

- **Bluebonnet Trails Community Services-MCOT:** 24/7 response, teams include local mental health crisis clinicians and crisis intervention specialists, serves youth and adults. Can co-respond with law enforcement. BTCS- Youth Crisis Outreach Team (coming soon).

Wrap Around Services

- **Bluebonnet Trails Community Services:**
 - **Youth Empowerment Services (YES) Waiver,**
 - **Multisystemic Therapy (MST),**
 - **Clear Path-Coordinated Specialty Care** for first episode of psychosis
- **Methodist Healthcare Ministries of South Texas:** Medical, dental and behavioral support at ISDs

Peer, Mentorship, and Family Support Services

Peer and Family Support: BTCS- family partners

Mentorship:

- YMCA: Schertz Family and Cibolo Family
- Texas Afterschool Centers on Education (ACE)
- Gonzales Youth Centers (grades 4-7)
- Texas Elks Children's Services
- Boys and Girls Clubs of South-Central Texas (Guadalupe and Caldwell)

Coordinating Bodies

- **Community Resource Coordinating Group:**
- **Guadalupe County Children's Advocacy Center (CAC):**
- **Norma's House (Gonzales CAC):**
- **Roxanne's House (Caldwell CAC):**

Law Enforcement, SROs, and Children's Emergency Services

911 Dispatch/ Emergency Communications

Guadalupe

- Guadalupe County Sheriff's Office
- Telecommunications Division:
- Seguin Police Department Emergency Communications Division

Gonzales

- Gonzales County Emergency Communications

Caldwell

- Caldwell County Emergency Communications:
- City of Luling Emergency Communications
- City of Lockhart Emergency Communications
 - ▶ **Public Safety Answering Point:** Lockhart and Luling (Coming June 2024)

School Resource Officer (SRO) and ISD Police

Guadalupe

- **Marion ISD:** 2 Marion PD SROs, 1 Guadalupe County Sheriff's Office SROs
- **Seguin ISD:** 13 SROs, 2 Seguin PD SROs
- **Schertz-Cibolo ISD:** Schertz PD SRO Unit (respond in schools and community), 4 Cibolo PD SRO Unit (5 additional SRO positions funded)

Gonzales

- Gonzales ISD PD- SRO Unit

Caldwell

- 1 Lockhart PD SROs

Children's Psychiatric Hospitals

Teddy Buerger Center

- Intensive Outpatient Program and Supportive Outpatient Program

Pegasus School Inc.

- Residential Treatment Center for abused, neglected, emotionally disturbed, and adjudicated 10-17 year-old males

Law Enforcement

Guadalupe

- Guadalupe County Sheriff's Office
- Cibolo PD
- Seguin PD
- Schertz PD
- San Marcos PD
- New Braunfels PD
- Marion PD

Gonzales

- Gonzales County Sheriff's Office
- Gonzales PD
- Nixon PD
- Gonzales ISD PD

Caldwell

- Caldwell County Sheriff's Office
- Luling PD
- Lockhart PD
- Martindale PD

Alternative Education Programs

- Seguin ISD DAEP
- Schertz-Cibolo ISD DAEP
- Nixon-Smilely CISD DAEP

- Luling ISD DAEP

Emergency Medical Services

- City of Luling EMS
- City of Lockhart EMS
- City of Seguin Fire and EMS
- City of Schertz EMS
- Gonzales County EMS and Rescue

Hospitals

- Guadalupe Regional Medical Center: Children's ER
- Ascension Seton Edgar B. Davis: Children's ER
- Gonzales Memorial: Children's ER

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

Juvenile Probation Department-Intake

Screening Assessments Used:

- **MAYSI-2- Behavioral health screening tool:** Juvenile Supervision Officer completes MAYSI-2 for youth detained. Juvenile Probation Officer completes face to face if youth not detained
- **Pre-PACT:** 46-item pre-screen measures a youth's risk of re-offending. Completed at first face to face and every 6 months thereafter.
- **Full PACT:** 126-item assessment measuring a juvenile's risk of re-offending. Completed 30 days before disposition.

Pre-Adjudication Diversion Programs

- **Deferred Prosecution Probation (6 months):** Specialized substance use disorder caseload for vaping offenses (4 months).

- **Specialized SUD Treatment:** Education and prevention counseling groups- contract therapists. SUD Treatment Groups- BCTS
- **Juvenile Probation Department Prevention Program:** 6-month intervention provided to at-risk youth referred by schools, parents, or community.
- **Community Mental Health Referrals:** BTCS, contract counselors (family and individual), Teddy Buerger Center, Big Brothers Big Sisters, Communities in Schools, RecoveryWerks.

Initial Detention

- Guadalupe County Juvenile Detention
- Guadalupe County Police Station Processing Rooms
- Guadalupe County High Schools with Processing Rooms
- Gonzales arresting agency

Appendix C. Community Impact Measures

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

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

Appendix D: Texas and Federal Privacy and Information Sharing Provisions

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

Guidance and Resources for Information Sharing

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

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

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

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

School Records Sharing

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

Mental Health Record Protections

Health and Safety Code Chapter 533:

Section 533.009. EXCHANGE OF PATIENT RECORDS.

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

Health and Safety Code Chapter 611:

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

(a) A professional may disclose confidential information only:

- (1) to a governmental agency if the disclosure is required or authorized by law;
- (2) to medical, mental health, or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
- (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);
- (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
- (5) to the patient's personal representative if the patient is deceased;
- (6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;
- (7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;

(8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);

(9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody;

(10) to an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:

(A) will not use or disclose the information for any other purposes; and

(B) will take appropriate steps to protect the information; or

(11) to satisfy a request for medical records of a deceased or incompetent person pursuant to Section 74.051(e), Civil Practice and Remedies Code.

(a-1) No civil, criminal, or administrative cause of action exists against a person described by Section 611.001(2)(A) or (B) for the disclosure of confidential information in accordance with Subsection (a)(2). A cause of action brought against the person for the disclosure of the confidential information must be dismissed with prejudice.

(b) Personnel who receive confidential information under Subsection (a)(3) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report or in any other manner.

(c) The exception in Subsection (a)(8) applies only to records created by the state hospital or state school or by the employees of the hospital or school. Information or records that identify a patient may be released only with the patient's proper consent.

(d) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the

information. This subsection does not apply to a person listed in Subsection (a)(4) or (a)(5) who is acting on the patient's behalf.

Health and Safety Code Chapter 614:

Section 614.017. EXCHANGE OF INFORMATION.

(a) An agency shall:

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

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

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

(c) In this section:

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

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

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

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

Records Sharing for Justice Involved Youth

Texas Family Code Chapter 58

Section 58.0051. INTERAGENCY SHARING OF EDUCATIONAL RECORDS.

(a) In this section:

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

- (A) identity;
- (B) special needs;
- (C) educational accommodations;
- (D) assessment or diagnostic test results;
- (E) attendance records;
- (F) disciplinary records;
- (G) medical records; and
- (H) psychological diagnoses.

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

- (A) a state or local juvenile justice agency as defined by Section 58.101;
- (B) health and human services agencies, as defined by Section 531.001, Government Code, and the Health and Human Services Commission;
- (C) the Department of Family and Protective Services;
- (D) the Department of Public Safety;
- (E) the Texas Education Agency;
- (F) an independent school district;
- (G) a juvenile justice alternative education program;

(H) a charter school;

(I) a local mental health authority or local intellectual and developmental disability authority;

(J) a court with jurisdiction over juveniles;

(K) a district attorney's office;

(L) a county attorney's office; and

(M) a children's advocacy center established under Section 264.402.

(3) "Student" means a person who:

(A) is registered or in attendance at a primary or secondary educational institution; and

(B) is younger than 18 years of age.

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

(1) taken into custody under Section 52.01; or

(2) referred to a juvenile court for allegedly engaging in delinquent conduct or conduct indicating a need for supervision.

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

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

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

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

(2) use the confidential information only to:

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

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

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

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

(h) A juvenile service provider that requests information under this section shall pay a fee to the disclosing juvenile service provider in the same amounts charged for the provision of public information under Subchapter F, 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.

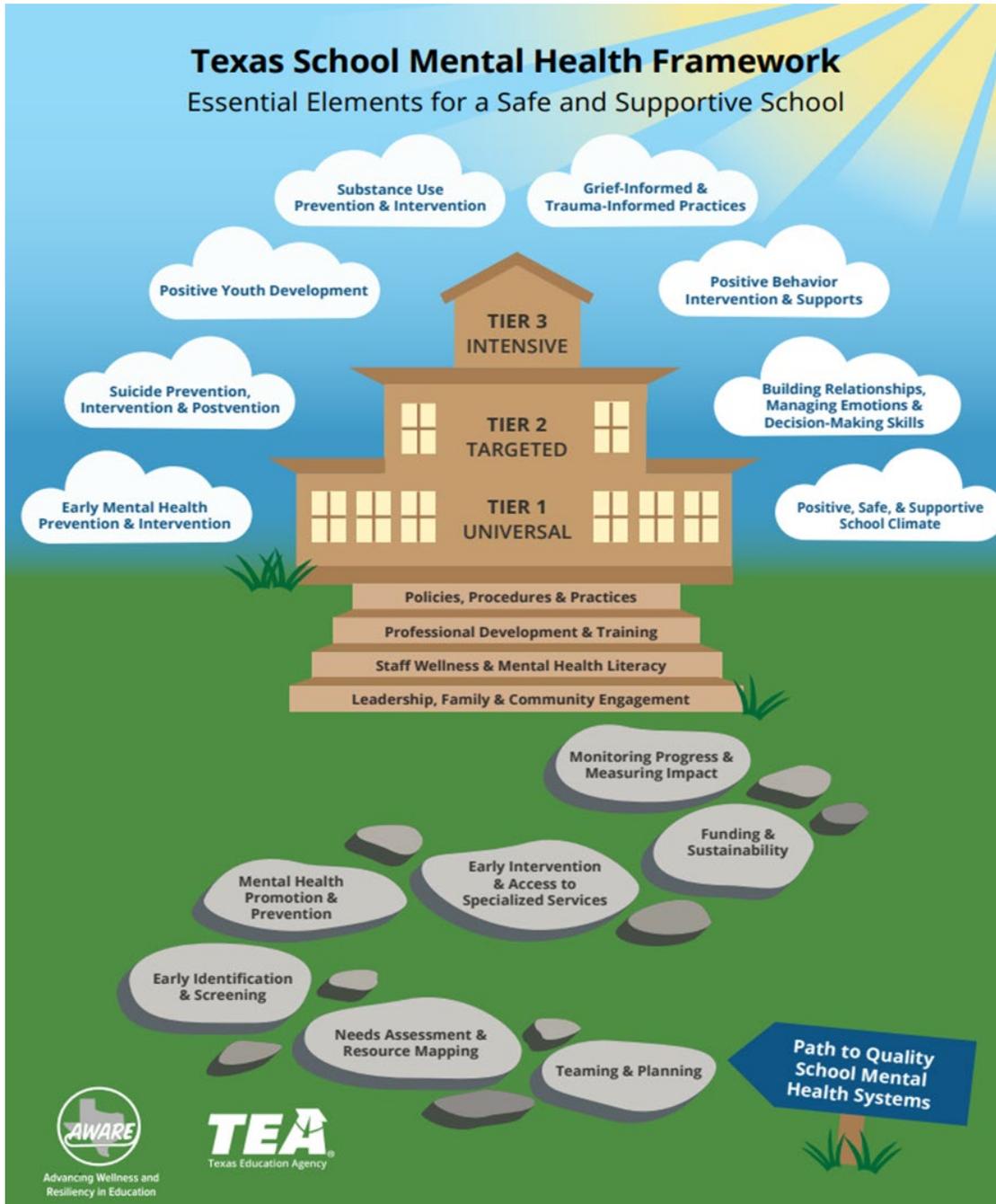
(f) This section does not affect the confidential status of the information being shared. The information may be released to a third party only as directed by a court order or as otherwise authorized by law. Personally identifiable information disclosed to a juvenile service provider under this section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

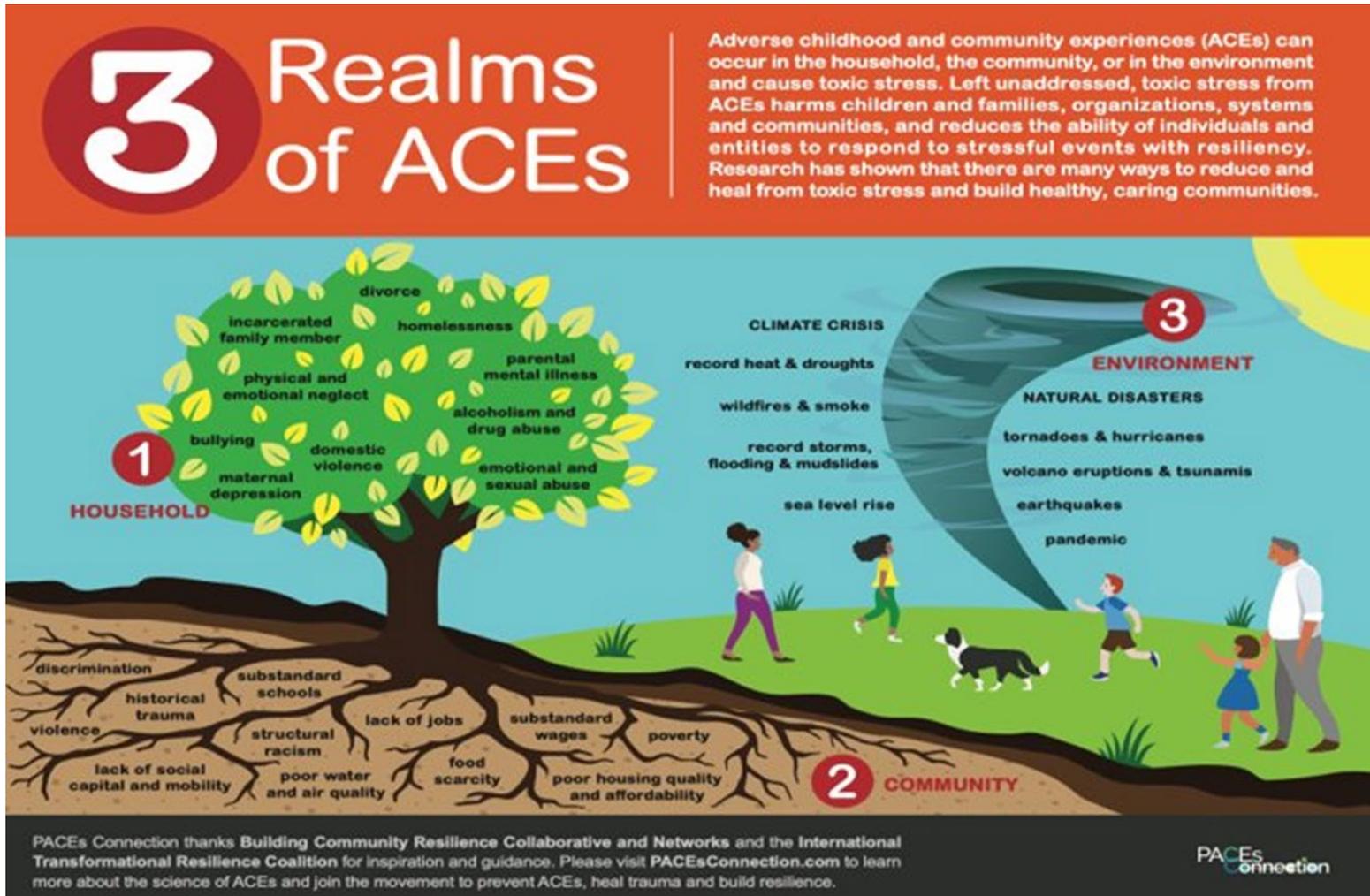
- (1) a memorandum of understanding between the requesting provider and the disclosing provider:
 - (A) prohibits the payment of a fee;
 - (B) provides for the waiver of a fee; or
 - (C) provides an alternate method of assessing a fee;
- (2) the disclosing provider waives the payment of the fee; or
-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

Appendix E: Texas School Mental Health Framework (Multi-Tiered System of Supports)^a



^a School Mental Health Practice Guide and Toolkit (schoolmentalhealthtx.org)

Appendix F: Three Realms of ACEs^b



^b 3 Realms of ACEs | PACEsConnection

Appendix G: SIM Mapping Workshop Participant List

Name	Agency or Organization	Title
Christy Ramirez	Bluebonnet Trails Community Services	Population Health Analyst
Wale Adeyemo	Bluebonnet Trails Community Services	
Brianna Edwards	Texas Health and Human Services Commission	Forensic and Jail Diversion Services
Bonnie Townsend	Luling Municipal Court	Judge
Brian Lumpkin	Guadalupe County Sheriff's Office	Sergeant-Mental Health Unit
Richard Slaughter	Luling EMS	EMS Director
Jack Housworth	Bluebonnet Trails Community Services	Director of SUD Services
Jane Dwyer	Nixon-Smiley Consolidated Independent School District	Deputy Superintendent
Susan Castillo	Bluebonnet Trails Community Services	988 Project Director
Sara Martinez	Seguin ISD	Coordinator Student Services
Crystal Avalos	Bluebonnet Trails Community Services	MCOT Program
Jaclyn Taylor	Bluebonnet Trails Community Services	SUD Counselor
Maggie Gaytan	Nixon-Smiley Consolidated Independent School District	Student Service Coordinator
Tricia Becker	Gonzales County Juvenile Probation	JPO Supervisor
Samantha Goertz	Bluebonnet Trails Community Services	ECI Program Manager
Bethany Bishop	Navarro ISD	Elementary school social worker
Anna Dittrich	Ascension Seton Edgar B. Davis Hospital	ED Clinical Supervisor
Kristi Bullock	Ascension Seton Edgar B. Davis Hospital	Social worker

Name	Agency or Organization	Title
Kirsten Legore	Guadalupe County	Judge County Court at Law #2
Marissa Mendez	Caldwell County Juvenile Probation	Court liaison officer
Christy Williams	Guadalupe County Children's Advocacy Center	Executive Director
Bethany Polk	Seguin ISD	Director of Student Services
Marion McKenzie	St. Jude's Ranch for Children Belong	Community liaison
Shelly Cameron	Guadalupe County Juvenile Services	Assistant Chief
Mike Maples	Bluebonnet Trails Community Services	Chief Health Programs Officer
Britni Mueck	Bluebonnet Trails Community Services	Director of Youth and Family MH Operations
Michelle Tyler	Department of Family and Protective Services	Program Administrator
Dalia Villa	Bluebonnet Trails Community Services	Director of Crisis Services
Magaly Martinez	St. Jude's Ranch for Children Belong	Intern of MSW OLLU
Robin Slade	Caldwell County Juvenile Probation	Assistant Chief
Amy Anderson	Guadalupe Regional Medical Center	Trauma Program Manager
Elise Manchester	Texas Health and Human Services Commission	Attorney
Nicole Nguyen	St. Jude's Ranch for Children Belong	Regional Director-East
Jordan Adams	Bluebonnet Trails Community Services	Assistant Director of SUD Services
Linda Ponce Gay	Bluebonnet Trails Community Services	Director, IDD Crisis Services
Salvador Vela	Guadalupe County Juvenile Services	Prevention Officer
Martina Wissman	Seguin Police Department	Mental Health Officer

Appendix H: List of Acronyms and Initialisms

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

Acronym	Full Name
MAYSI	Massachusetts Youth Screening Instrument
MCOT	Mobile Crisis Outreach Team
MHDD	Mental Health and Developmental Disabilities
MI	Mental Illness
MOU	Memorandum of Understanding
MTSS	Multi-Tiered System of Support
NAMI	National Alliance on Mental Illness
OCOF	Our Community, Our Future
OFC	Office of Forensic Coordination
OJJDP	Office of Juvenile Justice and Delinquency Prevention
PACT	Positive Achievement Change Tool
PCEs	Positive Childhood Experiences
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
ROI	Release of Information
RTC	Residential Treatment Center
SAFE	Student and Family Empowerment Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Severe Mental Illness
SUD	Substance Use Disorder
TA	Technical Assistance
TEA	Texas Education Agency
TCHAT	Texas Child Health Access Through Telemedicine
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
YAC	Youth Advisory Council