



TEXAS BEHAVIORAL  
HEALTH AND JUSTICE  
TECHNICAL ASSISTANCE  
CENTER

# **McLennan County**

## Youth Sequential Intercept Model Mapping Report

**March 2024**

## **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 Ron Kimbell, Division Director of Child and Adolescent Behavioral Health, Heart of Texas Behavioral Health Network (HOTBHN) and Shemeca Pettis, Juvenile Justice and Transition-Aged Youth Program Director, HOTBHN. The planning committee members included:

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The planning committee members played a critical role in making the McLennan County 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.

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## **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), or intellectual and developmental disabilities (IDD). Established in 2022, the TA Center is supported by HHSC and provides free training, guidance, and

strategic planning support both in person and virtually on a variety of behavioral health and justice topics to support local agencies and communities in working collectively across systems to improve outcomes for people with MI, SUD, or IDD.

The TA Center, on behalf of HHSC, has adopted the SIM as a strategic planning tool for the state and communities across Texas. The TA Center hosts SIM mapping workshops to bring together community leaders, government agencies, and systems to identify strategies for diverting people with MI, SUD, or IDD, when appropriate, away from the justice system into treatment. The goal of the Texas SIM Mapping Initiative is to ensure that all counties have access to the SIM and SIM mapping workshops.

### **Recommended Citation**

Texas Health and Human Services Commission. (2023). *Texas Youth Sequential Intercept Model Mapping Report for McLennan County*. Austin, TX: Texas Health and Human Services Commission.

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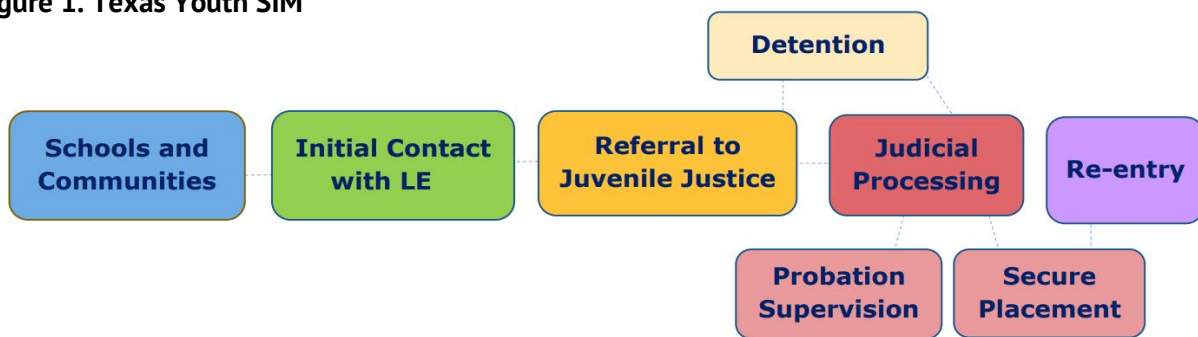
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## Introduction

The Texas Youth Sequential Intercept Model (SIM) helps communities 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 move through the criminal justice system within a community. Through a SIM mapping workshop, facilitators and participants identify opportunities to link people with mental illness (MI), substance use disorders (SUD), and intellectual and developmental disabilities (IDD) to services and prevent further penetration into the criminal justice system.

The development of the Texas Youth SIM was led by Texas Health and Human Services Commission’s Office of Forensic Coordination (OFC) who convened a six-month workgroup series in 2023 to discuss key services, gaps, opportunities, and best practices for youth with MI, SUD, and IDD who are justice-involved or at risk of justice involvement in Texas. Collaborating closely 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.

Figure 1. Texas Youth SIM



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

1. Plot resources and gaps across the intercept points reflected in figure one;
2. Identify school-based and community-based services to support diversion from juvenile justice system involvement;

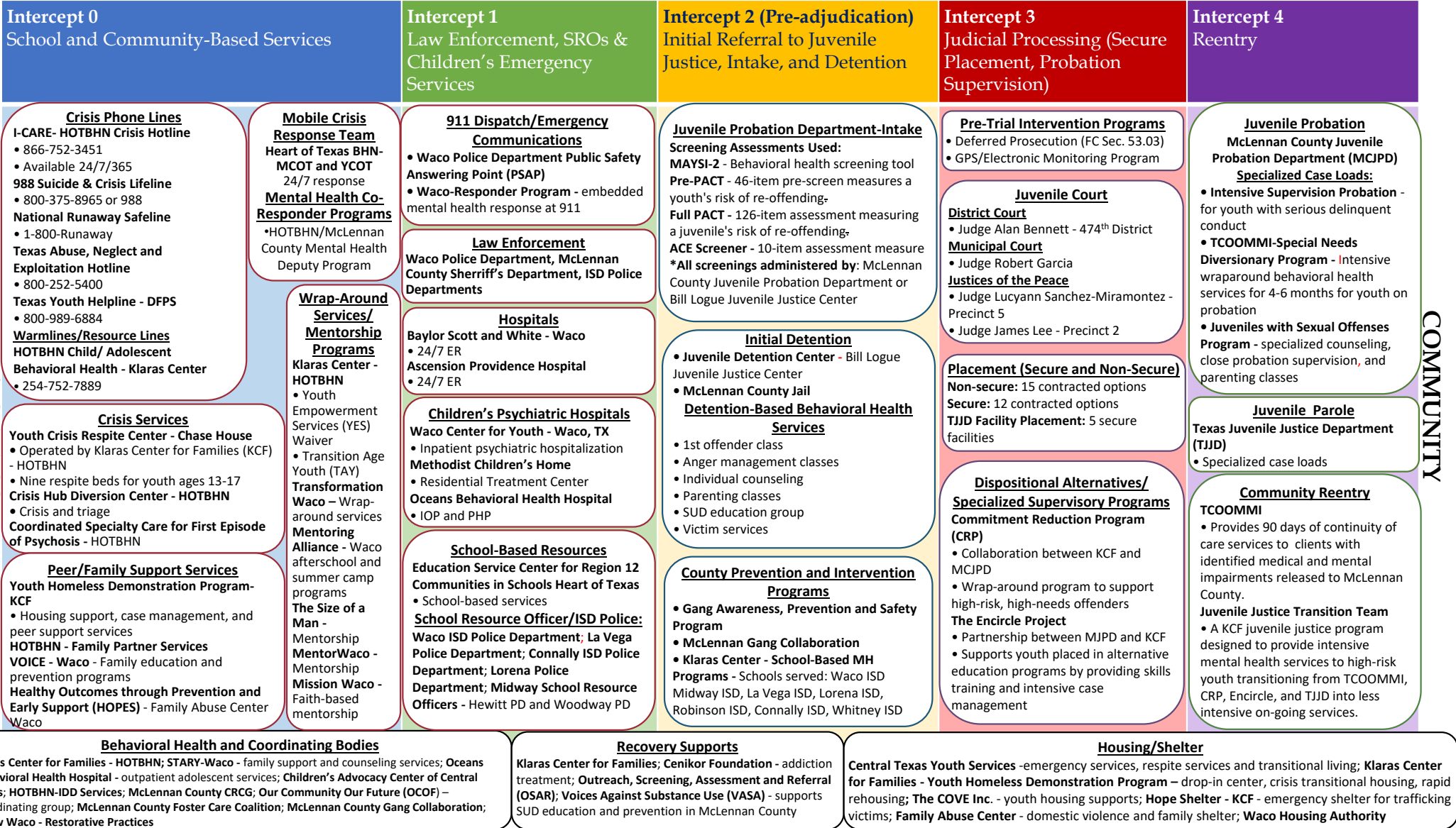
3. Introduce community system leaders and staff to promising and evidence-based best practices at each key intercept point;
4. Enhance relationships across juvenile behavioral health and justice systems; and
5. Create a customized local map and local action plans to address identified gaps.

In 2023, McLennan County requested an HHSC Texas Youth SIM mapping to help foster behavioral health and juvenile justice collaborations and improve diversion efforts for youth with MI, SUD, or IDD. The workshop took place December 5-6, 2023 in Waco, 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 McLennan County Youth SIM mapping workshop. Report authors aim to capture a robust picture of services offered in McLennan County, while acknowledging that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not Texas Health and Human Services Commission.*

# Texas Youth Sequential Intercept Model Map for McLennan County



COMMUNITY

COMMUNITY

## Opportunities and Gaps at Each Intercept

**A**s part of the mapping activity, facilitators worked with workshop participants to identify services, key stakeholders, and gaps and opportunities at each intercept. This process is important due to the ever-changing nature of school, juvenile justice, and behavioral health services systems. The opportunities and gaps identified provide contextual information for understanding the local map. The list below was developed during the workshop by participants and can be used by policymakers and systems planners to improve outcomes for youth with MI, SUD, or IDD by addressing gaps and leveraging opportunities in the service system.

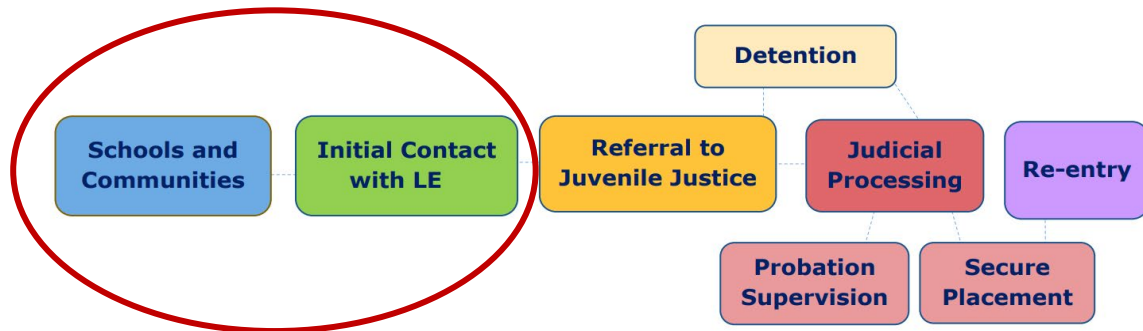


### **National and State Best Practices**

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



## Intercepts 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 possible arrest by law enforcement. It captures services designed to connect youth to behavioral health care in both school and community-based settings.

Intercept 1 encompasses initial contact with community and school-based law enforcement and other emergency services responders. Law enforcement officers have considerable discretion in responding 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 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 when safe and feasible.

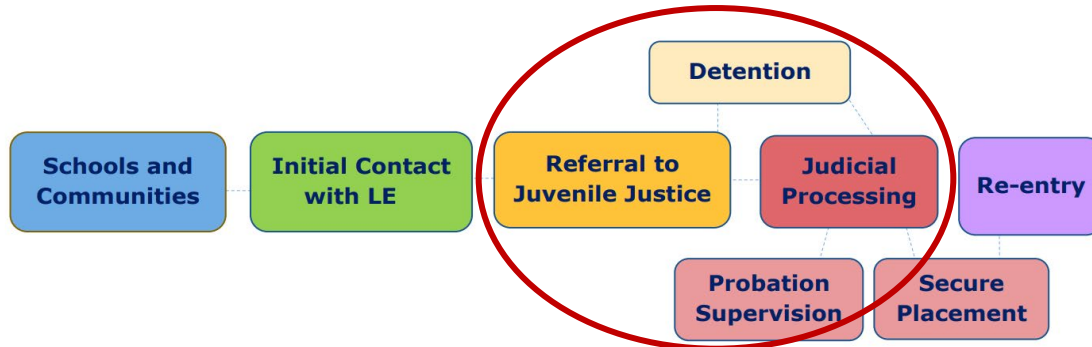
## McLennan County Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>A high volume of mental health crisis calls come in through informal provider communication channels rather than through Mobile Crisis Outreach Team (MCOT) or the HOTBHN crisis hotline.</li> <li>Lack of consistent coding of mental health calls for service across municipal dispatch systems (Woodway, Robinson, and Lorena Police Departments).</li> </ul>	<ul style="list-style-type: none"> <li>Educate providers on the use of formal crisis call systems (MCOT, Crisis hotline, 988) to ensure accurate data and tracking of youth mental health crisis calls and responses.</li> <li>Streamline coding practices for mental health related calls for service across McLennan County dispatch systems.</li> </ul>
<ul style="list-style-type: none"> <li>Limited school-based screening and identification of youth who may require special education accommodations.</li> <li>Limited data sharing between education, behavioral health and juvenile justice information systems.</li> </ul>	<ul style="list-style-type: none"> <li>Increase use of screening and assessments in primary schools for mental health and special education needs.</li> <li>Streamline the referral for evaluation process to HOTBHN for Determination of Intellectual Disability.</li> </ul>

<ul style="list-style-type: none"> <li>Limited school-based resources and tailored trainings for staff to support youth with IDD when there are safety concerns.</li> </ul>	<ul style="list-style-type: none"> <li>Integrate school-based mental health stakeholders into Admission, Review, and Dismissal (ARD) Committees to coordinate student schedules, and accommodations.</li> <li>Explore HIPAA- and FERPA-compliant information sharing processes to share appropriate data across stakeholders.</li> <li>Explore standardized use of Releases of Information (ROIs) to support provider-to-provider information sharing.</li> <li>Integrate new youth MCOT into local school districts to enhance responses to school-based mental health crises.</li> </ul>
<ul style="list-style-type: none"> <li>Recidivism rates are high for students returning from Disciplinary Alternative Education Programs (DAEP) to their home campus.</li> <li>Lack of individualized support and separation from negative peers on main school campuses can incentivize youth with ongoing behavioral health needs to seek DAEP placement.</li> <li>Variations exist in approach to vaping offenses across campuses due to changes in <a href="#">Section 37.006 of the Texas Education Code</a> related to e-cigarettes and student discipline requirements.</li> <li>Lack of parent education and awareness of mental health symptoms and resources to support youth in the community contributes to many families not accessing help.</li> <li>Unmet social service and behavioral health needs of parents contribute to issues at school.</li> </ul>	<ul style="list-style-type: none"> <li>Increase transition planning and use of “warm handoffs” to support youth returning to home campuses after DAEP placement</li> <li>Explore opportunities to increase skills training and therapeutic support offered at DAEP placement.</li> <li>Increase mental health supports and referral options at every campus (K-12) in McLennan County as an alternative to disciplinary action.</li> <li>Provide community and school-based education and awareness on changes in <a href="#">Section 37.006 of the Texas Education Code</a> related to e-cigarettes and student discipline requirements. Districts can compare Codes of Conduct for alignment.</li> <li>Expand training for parents on early signs of behavioral health needs.</li> <li>Spread information about community resources where parents can access social services and mental health supports.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of streamlined mental health crisis assessments for youth due to variation in clinician and assessment requirements across agencies (e.g., schools, Local Mental Health Authority (LMHA), psychiatric hospitals, juvenile detention, etc.).</li> <li>Conflicting assessment recommendations due to assessment fatigue and the timing of assessments creates confusion for families seeking services.</li> <li>Lack of understanding for families on the technical aspects of behavioral health and justice interventions (e.g., Emergency Detentions).</li> <li>Limited safe community spaces for youth to connect with peers.</li> <li>Variation in the availability and quality of homeless liaison services and outreach provided by school districts.</li> </ul>	<ul style="list-style-type: none"> <li>Map out the number of providers conducting similar assessments. Strengthen clinician relationships so that duplicative assessments can be reduced.</li> <li>Organizations across disciplines can share workflows and policies and procedures to improve coordination and learn about each other’s roles and limitations.</li> <li>Develop trainings to educate parents about behavioral health interventions and utilization of crisis services to advocate for youth experiencing challenges.</li> <li>Explore existing parks and recreation and public library spaces that are available to support youth recreation.</li> <li>Increase education across school districts on the importance of the homeless liaison role and establish a communication system for liaisons across districts to troubleshoot, share knowledge, and support each other.</li> </ul>
<ul style="list-style-type: none"> <li>Limited wrap-around services for youth and their families to help with non-medical drivers of health (e.g., rental assistance, transportation, employment opportunities, parenting support).</li> <li>Shortage of emergency shelters for families in the McLennan County region.</li> <li>Limited school-based prevention and early intervention services for youth.</li> <li>Lack of awareness of community resources for Spanish-speaking parents.</li> <li>Lack of community intervention and supports to prevent early gang initiation and involvement for youth.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance wrap-around programming for youth and families.</li> <li>Coordinate across local organizations to explore funding and resources to support family social service needs.</li> <li>Increase community education and awareness of existing resources to support runaway youth and youth who are at risk of becoming unhoused (e.g., Chase House programs and eligibility).</li> <li>Engage school district leaders for buy-in while exploring evidence-based prevention curricula that are targeted at primary school-aged youth.</li> <li>Prioritize translation of written and online materials into Spanish or other languages as needed to reach more families.</li> <li>Continue to strengthen and spread gang prevention programming (e.g., Gang Awareness Prevention and Safety program).</li> </ul>

	<ul style="list-style-type: none"> <li>• Explore models of youth peer support for youth who are justice-involved, Child Protective Services(CPS)-involved, or at risk of justice-involvement.</li> </ul>
<ul style="list-style-type: none"> <li>• Breakdowns in continuity of care for youth discharged from psychiatric hospitalization or residential treatment.</li> <li>• Lack of transportation options for youth to attend mental health appointments.</li> <li>• Lack of funding for school-based mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Set appointments rather than making referrals.</li> <li>• Explore use of family partners and mentors to support with transportation to appointments.</li> <li>• Explore school-based provider referral and treatment options (i.e., Texas Child Health Access Through Telemedicine (TCHAT)).</li> </ul>
<ul style="list-style-type: none"> <li>• Recent closure of Ascension Providence DePaul Center behavioral health clinic impacts community's health care continuum.</li> <li>• Lack of after-hours behavioral health resources in the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore integration of mental health services in non-traditional settings (e.g., afterschool programs, faith-based settings).</li> <li>• Explore opportunities for the Diversion Center and Extended Observation Unit to triage care for youth experiencing a mental health crisis.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited law enforcement diversion options for non-violent juvenile offenses.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore implementation of a First Offender Program that would allow for law enforcement to divert at pre-arrest.</li> <li>• Provide education to law enforcement on appropriate utilization of the upcoming diversion center to support triage and diversion of youth with mental health needs.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited housing and referral options for runaway youth (cases usually must be reported to CPS by law enforcement).</li> </ul>	<ul style="list-style-type: none"> <li>• Expand law enforcement awareness of community housing supports for youth and families (e.g., Connections offers emergency youth shelter options).</li> </ul>

## Intercepts 2 and Intercept 3: Juvenile Justice and Courts



### Overview: Intercepts 2 and 3

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

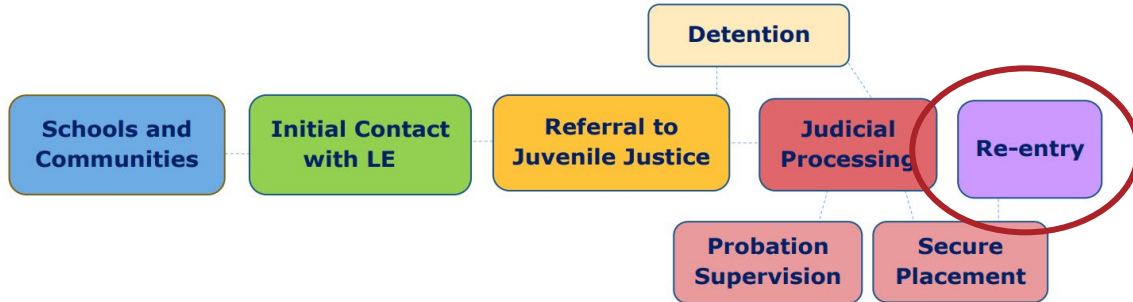
Intercept 3 most often represents when a juvenile case is referred to a prosecutor to be disposed. During Intercept 3 of the model, youth with MI, SUD, and IDD not yet diverted at earlier intercepts, may be eligible for court-based diversion programs, referral to specialty courts and specialized probation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

## McLennan County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>Lack of education and consistency across law enforcement in the use of formal referrals to juvenile probation versus paper referrals to juvenile probation.</li> <li>Underutilization of validated risk and needs assessments by law enforcement to support decision making at pre-arrest.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a process flow for law enforcement in determining appropriate use of probation referrals (paper versus formal referral) and community-based diversion alternatives.</li> <li>Explore developing protocol for transporting and diverting youth through the upcoming diversion center.</li> </ul>
<ul style="list-style-type: none"> <li>Limited targeted interventions to treat and deter youth with patterns of reoffending.</li> <li>Lack of targeted services and interventions for gang-affiliated youth and gang-controlled neighborhoods.</li> </ul>	<ul style="list-style-type: none"> <li>Continue building programs to support gang-affiliated youth and gang-controlled neighborhoods.</li> <li>Align current gang-reduction programming with best practices promoted by the Office of Juvenile Justice and Delinquency Prevention's National Gang Center.</li> <li>Collect data around recidivism and service utilization to apply for greater funding for treatment services.</li> <li>Explore ways to increase identification of gang-involved youth to support the use of conditions to discourage gang association.</li> </ul>

<ul style="list-style-type: none"> <li>• Limited ongoing, holistic or wrap-around support for justice-involved youth reentering their home communities with high levels of environmental stressors.</li> <li>• Lack of parental engagement in treatment services while youth are in out-of-home placements.</li> </ul>	<ul style="list-style-type: none"> <li>• Create a JPD/Klaras Center for Families (KCF) liaison position.</li> <li>• Explore opportunities to divert youth with low level offenses to the KCF Chase House.</li> <li>• Explore options to engage parents virtually, over the phone, and through after-hours and in-home services.</li> <li>• Apply for funding to enhance reentry supports.</li> <li>• Use family partners and peer support to support parents with youth transitioning back to the community.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited mentorship capacity to provide every youth with justice involvement a high-quality, vetted mentor.</li> <li>• Limited peer support services for youth.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a regular meeting or workgroup of existing county mentorship agencies.</li> <li>• Identify target youth populations and mentor requirements to support youth with behavioral health needs who may be juvenile justice or CPS-involved.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of local juvenile probation placement options for children with acute emotional needs.</li> <li>• Lack of appropriate treatment options and community-based supports, resulting in youth spending more time in detention.</li> <li>• Inconsistent implementation of emergency detention orders for youth due to a lack of local hospital beds.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate with local Residential Treatment Centers (RTCs) and treatment facilities to explore broadening eligibility criteria.</li> <li>• Identify potential Department of Family and Protective Services (DFPS) Single-Source Foster Care Providers and explore collaboration to coordinate behavioral health services for both justice and foster care-involved youth.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of substance use disorder treatment options for youth in the community, particularly those who may require detox services or who are under the age of 13.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore opportunities to expand SUD referral options for youth on probation.</li> </ul>
<ul style="list-style-type: none"> <li>• No youth specialty court or docket.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore opportunities to implement a youth treatment court or docket in McLennan County.</li> </ul>

## Intercept 4: Reentry



### Overview: Intercept 4

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

## McLennan County Intercept 4 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>Challenges faced by working parents to participate in court-ordered family services or to attend voluntary support groups due to risk of lost wages.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure juvenile probation conditions align with each family's capacity to meet requirements.</li> <li>Explore opportunities to incentivize parent support groups, family counseling, and parenting classes by offering childcare and meals to families.</li> <li>Consider teletherapy options and after-hours appointments to help working parents participate in family services.</li> <li>Increase use of Family Partners to connect parents to ongoing support.</li> </ul>
<ul style="list-style-type: none"> <li>Limited continuity of care support for youth transitioning from placement (highly structured environments) to home (less structured environments).</li> </ul>	<ul style="list-style-type: none"> <li>Explore opportunities to increase the availability of wrap-around supports and evidence-based treatment modalities to support transition (e.g., Cognitive Behavioral Therapy or Dialectical Behavioral Therapy for families, Preparation for Adult Living programming).</li> </ul>
<ul style="list-style-type: none"> <li>Timing of HOTBHN service intake: currently only done in the community once a youth has been released from detention or placement.</li> </ul>	<ul style="list-style-type: none"> <li>Consider opportunities to leverage court coordinators, juvenile probation, or peers to build rapport and introduce youth reentering to HOTBHN services prior to release.</li> </ul>

	<ul style="list-style-type: none"> <li>• Consider the expansion of telehealth to include intake and eligibility appointments for youth in detention or post-adjudication placement facilities.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of homelessness prevention services and funding for families in McLennan County.</li> <li>• Lack of housing supports for families of justice-involved youth and access to financial supports to meet basic needs of youth returning home.</li> <li>• Lack of affordable housing options for families due to rapid increase in cost of living in McLennan County.</li> <li>• Limited housing options for youth reentering the community with record of violent offenses.</li> <li>• Lack of foster care placement options once a youth is justice-involved.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate across existing ministerial alliances in McLennan County that provide benevolence funding to address emergency financial needs for families of youth reentering the community.</li> <li>• Explore opportunities to attain Emergency Solutions Funding from Texas Department of Housing and Community Affairs.</li> <li>• Encourage local mental health and justice partners to communicate observed barriers to housing experienced by justice-involved youth and their families to the local housing Continuum of Care to explore targeted housing supports.</li> <li>• Consider the role of local legal aids in assisting families with reducing barriers to housing such as record sealing and non-disclosure when allowed.</li> <li>• Expand housing options for youth and young adults who are justice-involved, including group homes, transitional housing, and landlord incentive programs to expand family housing opportunities.</li> <li>• Work with local group homes and residential placements to explore expanding eligibility criteria and serve youth returning to the community from juvenile justice settings.</li> </ul>

## Priorities for Change

The priorities for change were determined through a voting process. 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 priorities were identified, participants voted for their top priorities. The voting took place on December 6, 2023. The top priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
1	<b>Increase information sharing and collaboration across youth stakeholder groups.</b>	<b>13</b>
2	<b>Expand mentorship and peer services for youth across the SIM.</b>	<b>13</b>
3	<b>Increase early intervention and prevention services for students in school and community-based settings.</b>	<b>12</b>
4	<b>Increase transitional supports at reentry (housing and family support).</b>	<b>11</b>
5	Expansion of Substance Use Disorder (SUD) services for youth.	10
6	Increase school-based behavioral supports.	7
7	Improve family engagement opportunities across the SIM.	6
8	Increase transportation options for youth.	6
10	Expand access to providers and existing wraparound supports in McLennan County.	3
11	Develop positive extracurricular opportunities for youth recreation.	3
12	Increase services for higher acuity youth.	3



## Strategic Action Plans

Stakeholders spent the second day of the workshop developing action plans for the top four priorities for change. This section includes action plans developed by McLennan County stakeholder workgroups, as well as additional considerations from HHSC staff on resources and best practices that could help to inform implementation of each action plan. The following publications are also helpful resources to consider when addressing issues at the intersection of behavioral health and justice in Texas:

- The National Center for Mental Health and Juvenile Justice’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](#)
- [The Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), Third Edition, Judicial Commission on Mental Health
- The Substance Abuse and Mental Health Services Administration’s publication, [National Guidelines for Child and Youth Behavioral Health Crisis Care](#)
- [2020 Juvenile Justice Handbook](#), Texas Attorney General

Finally, there are two overarching issues that should be considered across all action plans outlined below. The first is **access**. While the focus of the Texas Youth SIM mapping workshop is youth with behavioral health needs, disparities in health care access and justice involvement can also be addressed to ensure system change.

The second is **trauma**. It is estimated that 90 percent of youth in contact with the juvenile justice system have had exposure to a traumatic event, compared to 25 percent of the general population.<sup>1</sup> It is critical that both the health care and juvenile justice systems be trauma-informed and that access to trauma screening and trauma-specific treatment is prioritized for this population. A trauma-informed approach incorporates 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](#).

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

## Priority Area One: Increase information sharing and collaboration across youth stakeholder groups.

Objective	Action Steps
Create data sharing action team	<ul style="list-style-type: none"> <li>• Convene high-level decision makers. Define:                             <ul style="list-style-type: none"> <li>▶ Scope of data sharing in the community.</li> </ul> </li> <li>• Establish a sub-committee to support the implementation of the data sharing action group.                             <ul style="list-style-type: none"> <li>▶ Expand who is included beyond the SIM information sharing work group.</li> </ul> </li> <li>• Establish a plan for data sharing.                             <ul style="list-style-type: none"> <li>▶ Explore what it looks like to share data effectively, legally, and ethically.</li> </ul> </li> </ul>
Establish pre-approved memoranda of understanding (MOU)	<ul style="list-style-type: none"> <li>• Inventory existing MOUs and ROIs used across school districts, behavioral health entities, juvenile justice stakeholders, etc.</li> <li>• Streamline information sharing agreements used between stakeholders:                             <ul style="list-style-type: none"> <li>▶ Review case examples to determine appropriate scope and use.</li> </ul> </li> <li>• Convene agency legal teams to agree to pre-approved standard MOU language.</li> <li>• Establish standing MOU between all ISDs and the Heart of Texas Threat Assessment Team. Coordinate with:                             <ul style="list-style-type: none"> <li>▶ Heart of Texas BHN</li> <li>▶ Region 12 Education Service Center</li> <li>▶ McLennan County Our Community Our Future (OCOF)</li> <li>▶ Heart of Texas Threat Assessment Team (HOTTAT)</li> <li>▶ Prosper Waco</li> </ul> </li> </ul>
Community education on relevant legislation and organizational policies	<ul style="list-style-type: none"> <li>• Inventory relevant laws considered pertinent across behavioral health, school, child welfare, and juvenile justice stakeholders.</li> <li>• Give community education on:                             <ul style="list-style-type: none"> <li>▶ HIPAA, FERPA, 42 CFR Part 2 requirements relevant to operations</li> </ul> </li> <li>• Existing legal frameworks related to information sharing</li> </ul>
Build community trust	<ul style="list-style-type: none"> <li>• Define roles across behavioral health, school, and juvenile justice stakeholders.</li> <li>• Consider clinical, legal, and ethical requirements related to assessment and information sharing.</li> <li>• Establish a process for communication that supports streamlining assessment and treatment of youth with behavioral health needs.</li> </ul>

**Team Lead:** Zeke Morgan, Prosper Waco; Deangela Bynum, Waco Police Department

**Workgroup Members:** Sofia Padin, CCBH; Jennifer Serrato, Region 12; Monica Johnson, Region 12; Cole Watts, Stages of Recovery; Derek Russell, McLennan County Sheriff's Office; Emily Schmillen, Transformation Waco; Tiffany Douglas, HOTBHN; Quentin Baack, Juvenile Detention; Ron Kimbell, HOTBHN

## Priority Area Two: Expand mentorship and peer services for youth across the SIM.

Objective	Action Steps
Inventory existing mentoring services	<ul style="list-style-type: none"> <li>• Create a community-wide poll or survey to flag any additional mentorship or peer programs.                             <ul style="list-style-type: none"> <li>▶ Create a distribution list.</li> </ul> </li> <li>• Identify mentor programs (formal and informal) that exist across McLennan County. Define the following for each program:                             <ul style="list-style-type: none"> <li>▶ Eligibility</li> <li>▶ Services offered</li> <li>▶ Target population</li> <li>▶ Location of services</li> </ul> </li> <li>• Explore opportunities to leverage existing programs by providing additional resources and supports. Ask programs what they would need to expand their reach?</li> </ul>
Organize a community-wide mentor coalition	<ul style="list-style-type: none"> <li>• Identify missing stakeholders to include in the mentor SIM planning workgroup.                             <ul style="list-style-type: none"> <li>▶ Consider school representatives, larger mentor organizations, additional behavioral health stakeholders.</li> </ul> </li> <li>• Create an invite list to include all existing mentorship and peer services in the community.</li> <li>• Plan for the first mentor coalition meeting.                             <ul style="list-style-type: none"> <li>▶ Identify a location</li> <li>▶ Set an agenda</li> <li>▶ Define meeting frequency</li> </ul> </li> <li>• Coordinate with key leaders and mentors to establish the mentor coalition’s priorities.</li> </ul>
Create a needs assessment	<ul style="list-style-type: none"> <li>• Research national best practice programs in mentoring</li> <li>• Connect with mentor programs in other communities to explore sustainability and keys to success (i.e., Big Brothers Big Sisters)</li> <li>• Coordinate with the mentor coalition to begin assessing where gaps in services exist. Consider establishing a focus group to develop the needs assessment.</li> <li>• Distribute mentor needs assessment across key community stakeholders (coordinate with Our Community Our Future (OCAF) to support cross county distribution).</li> <li>• Use results from the needs assessment to define:                             <ul style="list-style-type: none"> <li>▶ Priority populations</li> <li>▶ Service gaps</li> </ul> </li> </ul>
Expand or establish a mentor program	<ul style="list-style-type: none"> <li>• Identify funding opportunities to support expansion of mentor services.</li> <li>• Define legal requirements and mentor eligibility based on population served.                             <ul style="list-style-type: none"> <li>▶ Consider organizational requirements (i.e., CPS versus Probation)</li> </ul> </li> <li>• Define services offered through mentor program.                             <ul style="list-style-type: none"> <li>▶ Consider life skills support, employment support, transportation, family engagement.</li> </ul> </li> </ul>

**Team Lead:** Latishia Beacom, Prosper Waco; Monica Davila, HOTBHN; Hayden Swearengin, HOTBHN

**Workgroup Members:** Andrea Zimmerman, Foster Care Coalition; Chandler Villa, HOTBHN; Chester Long, Waco Police Department; Kat Strasburger, Waco ISD; Alexandra Ellis, HOTBHN; Al Davis, Waco Housing Authority; Taya Polk, Life Anew Restorative Justice; Mia London, DFPS; Cari Kaparich, DFPS; Monica Davila, HOTBHN; Hayden Swearengin, HOTBHN; Katherine Bennett, HOTBHN

### Priority Area Three: Increase early intervention and prevention services for students in school and community-based settings.

Objective	Action Steps
Research early intervention and prevention best practices	<ul style="list-style-type: none"> <li>• Identify which prevention population is being targeted and review Substance Abuse and Mental Health Administration’s <a href="#">Strategic Prevention Framework</a>.</li> <li>• Inventory existing programs and funding history of prevention programming in the area. Define the following for each program:                             <ul style="list-style-type: none"> <li>▶ School districts</li> <li>▶ Curricula offered</li> <li>▶ Target population(s)</li> <li>▶ Grades and ages targeted</li> </ul> </li> </ul>
Establish a steering committee	<ul style="list-style-type: none"> <li>• Initiate conversations with school administrators and leadership (across the 20 McLennan ISDs) to assess school needs for early intervention and prevention and create buy-in.</li> <li>• Invite key stakeholders with decision-making power in their agencies to participate in the early intervention and prevention steering committee:                             <ul style="list-style-type: none"> <li>▶ School district administrators, higher education (Baylor University staff), faith-based organizations, Communities in Schools, Texas Education Agency (TEA) representatives , primary school counselors</li> </ul> </li> <li>• Survey steering committee on existing gaps in prevention and early intervention.</li> <li>• Based on steering committee feedback, target a broad range of community and school-based stakeholders in direct and support staff roles to a subcommittee to be incorporated into the <a href="#">Our Community Our Future</a> workgroup.</li> <li>• Use this subcommittee to support early intervention and prevention priority planning with regular updates to the steering committee as the work progresses.</li> </ul>
Send out a Needs and Capacity Assessment	<ul style="list-style-type: none"> <li>• Create a distribution list of organizations serving children and families in McLennan County.</li> <li>• Develop an assessment tool to survey:                             <ul style="list-style-type: none"> <li>▶ Existing prevention supports available</li> <li>▶ Educator mental health training and early intervention needs</li> <li>▶ Family support needs</li> <li>▶ Organizational capacity (schools, HOTBHN, local non-profits, Communities In Schools (CIS), etc.) to provide additional supports</li> </ul> </li> <li>• Incorporate parent and youth voice to develop the assessment.</li> </ul>
Explore funding opportunities	<ul style="list-style-type: none"> <li>• Develop implementation plan and budget.</li> <li>• Present plan to key stakeholders at county leadership meetings (Behavioral Health Leadership Team, OCOF, Community Resource Coordination Group (CRCG)).</li> <li>• Explore funding availability through:                             <ul style="list-style-type: none"> <li>▶ County resources</li> <li>▶ Federal grants</li> <li>▶ Philanthropic Supports (Waco Foundation, Baylor University)</li> </ul> </li> </ul>

**Team Lead:** Kelli Guerrero, HOTBHN

**Workgroup Members:** Joni Courtney, Waco ISD; Cindy Davis, China Springs ISD; Brenita Shores, HOTBHN; Todd Gooden, La Vega ISD; Amanda Hernandez, HOTBHN; Bambi Blanchard, HOTBHN; Cleo Kirkland, HOTBHN; Lisa Estelle, HOTBHN; Eloisa Martinez, HOTBHN; Susan Krause, City of Waco; Kevin White, Life Anew Restorative Justice; Cyrus Evans, HOTBHN; Kemi Igram, Grass Roots Waco; Kristin Valerio, HOTBHN; Jared Wallace, Waco Police Department; Tina Lincoln, Hill County Juvenile Probation

## Priority Area Four: Increase transitional supports at reentry (housing and family support).

Objective	Action Steps
Assess transitional support needs across youth and families	<ul style="list-style-type: none"> <li>• Inventory existing transition support programs available to youth exiting placement (detention, residential treatment, TJJD, etc.) or hospitalization.                             <ul style="list-style-type: none"> <li>▶ Assess gaps in existing supports and define special populations needs (Children without placement, justice-involved youth, transition-aged youth).</li> </ul> </li> </ul>
Increase existing case coordination and wrap around supports	<ul style="list-style-type: none"> <li>• Collect data on current wrap-around services and intensive case management programs. Define data collection points, consider:                             <ul style="list-style-type: none"> <li>▶ Number served per year</li> <li>▶ Rates or recidivism for youth served</li> <li>▶ Number on waitlists for services</li> </ul> </li> <li>• Build a case with data for expanded capacity of existing supports though probation, Klaras Center for Families and other behavioral health service providers and non-profits.</li> <li>• Explore funding opportunities:                             <ul style="list-style-type: none"> <li>▶ Apply for federal grants</li> <li>▶ Philanthropic supports</li> <li>▶ County funding</li> </ul> </li> </ul>
Increase transitional housing supports for youth and families	<ul style="list-style-type: none"> <li>• Convene Waco housing stakeholders, higher education stakeholders and key juvenile justice stakeholders to explore transitional housing needs and capacity.                             <ul style="list-style-type: none"> <li>▶ Invite: Prosper Waco, HOTBHN, McLennan Juvenile Probation, TJJD regional parole officers, Baylor University</li> </ul> </li> <li>• Define target population.                             <ul style="list-style-type: none"> <li>▶ Create an updated list of existing housing and financial support resources available to youth and families.</li> </ul> </li> </ul>
Create reentry planning process flow	<ul style="list-style-type: none"> <li>• Define existing reentry processes from:                             <ul style="list-style-type: none"> <li>▶ Detention</li> <li>▶ Contracted juvenile probation placements</li> <li>▶ Hospitalization</li> </ul> </li> <li>• Develop a checklist to guide individualized plans from each juvenile justice settings.</li> <li>• Coordinate between probation and local behavioral health and social services stakeholders to explore opportunities to fill in gaps in supports.</li> </ul>

**Team Lead:** Shemeca Pettis, HOTBHN

**Workgroup Members:** Chris McKinney, McLennan Juvenile Probation; Kathy Spencer, ORGANIZATION?; Nicole Wiscombe, ORGANIZATION?; Linus Gilbert, HOTBHN; Catherine Wiley, HOTBHN



## 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. McLennan County stakeholders can 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 planning at a county level is best informed by local data and having internal mechanisms to track outputs and outcomes (National Association of Counties, The Council of State Governments, and American Psychiatric Association, 2017).



### **Peer Involvement**

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



### **Behavioral Health Leadership Teams**

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

# Information Sharing and Stakeholder Collaboration

## Best Practices



**Form a Youth-Focused Leadership Team or Subcommittee.** Ensure the right education, behavioral health, child welfare and juvenile justice stakeholders are included.



**Define the scope and authority** of the leadership team.



**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.



## County Spotlights

- [Longview's GLOW Program](#) was established to develop a shared electronic health record (EHR) to support information sharing on frequent utilizers across the community.
- Williamson County developed a [guide](#), titled *Establishing a Local Children and Youth Mental Health Task Force*.

## Key Resources

The [Joint Guidance on the Application of Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability and Accountability Act of 1996 To Student Records Guide](#) by the U.S. Department of Health and Human Services and U.S. Department of Education offers guidance on the application of HIPAA and FERPA.

[Guidelines for Juvenile Information Sharing](#) by Office of Juvenile Justice and Delinquency Prevention (OJJDP) 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 (*see appendix C for additional information*).

The [Texas School Mental Health Site](#) by Texas Education Agency (TEA) has a series of sample information sharing agreements, and consent documents. See [Universal Screening Consent and Assent Processes](#), [Sample General Memorandum of Understanding](#), [Sample MOU between ISD and LMHA](#).

# Expand Youth Mentorship and Peer Services

## Best Practices



**Screen and assess** youth for appropriateness of referral to mentoring programs. Prioritize youth who are open to a relationship.



**Tailor mentorship approaches** to consider a youth's risks and needs (consider existing offender rehabilitation models like the Risk-Need-Responsivity Model).



**Build rapport with mentees** through a balance of problem-focused conversations and relational or playful activities.



**Adopt a critical mentoring approach** to engage youth more effectively. Critical mentoring emphasizes youth empowerment and the development of critical consciousness.



**Define target mentorship program outcomes** and establish a plan to regularly collect data.



## County Spotlights

- [Big Brothers Big Sisters Community Based Mentoring One Pager](#) spotlights innovative youth club houses across the country.
- [Better Futures](#) offers resources for youth with mental illness living in the foster care system.
- [The STARS Peer Mentoring Partnership \(STARSP\)](#) is an example of a cross-age, peer-to-peer initiative matching older high school students (mentors) with a small group of younger peers.

## Key Resources

[OJJDP's Mentoring Page](#) provides an overview of youth mentoring, programs and funding opportunities, training and technical assistance supports, including a guide on [What You Need to Know About Background Screening](#) and additional mentoring resources.

[Mentoring for Preventing and Reducing Delinquent Behavior Among Youth](#) by the National Mentoring Resource Center provides an overview of research related to mentoring as a prevention strategy for delinquent behavior.

[Youth Mentoring and Delinquency Prevention Literature Review](#) by OJJDP reviews the different types of mentoring models for at-risk youth or those involved in the juvenile justice system and their various components to success.

The [OJJDP Comprehensive Gang Model](#) offers a set of five core strategies designed to prevent and reduce gang violence.

SAMHSA's [Bringing Recovery Supports to Scale Technical Assistance Center Strategy \(BRSS TACS\)](#) page on Youth and Young Adults provides resources and technical assistance specific to supporting agencies in strengthening youth engagement and voice.

# Parent Education and Early Intervention and Prevention Strategies

## Best Practices



School-based universal **prevention curricula** beginning in elementary school



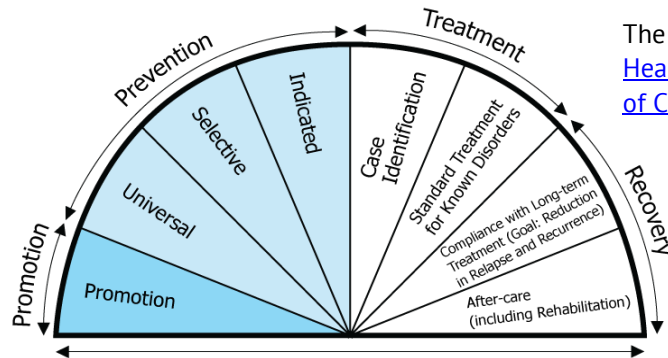
Targeted interventions that **address youth with known risk factors**



**Community Youth Development or Statewide Youth Services Network** programs offered by DFPS Prevention and Early Intervention



**Family engagement** and voice at every stage of treatment and intervention planning



The [Behavioral Health Continuum of Care Model](#)

## County Spotlights

- Dallas-based [Rainbow Days Family Connection program](#) for homeless children and families recognized as a Top 100 Best Practices program.
- [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.

## Key Resources

[Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework](#) is a comprehensive guide for professionals to plan, implement, and evaluate prevention practices and programs.

[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 suggestions about how to better engage community partners and support transformative efforts.

This [Family Engagement in Juvenile Justice Literature Review](#) focuses on synthesizing descriptions of the role of family engagement for youth involved in the juvenile justice system; research documenting how jurisdictions have attempted enhanced engagement, including policies that encourage family engagement; resources that help families understand the juvenile justice process practices, such as parent training, family therapy, and family visitation; and outcome evidence for programs with family engagement strategies as key components.

[Pax Good Behavior Game: Free resources and trainings for educators in Texas](#) is a free training resource to support prevention and early intervention across age groups in and out of school settings.

[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.

[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.

# Increase Transitional Supports at Reentry

## Best Practices



Transition planning should **begin at intake.**



All transition planning should prioritize **family involvement.**



**Warm handoff** at every stage of transition (i.e., care coordinators, detention liaisons)



**Regular planning** between school, child welfare, behavioral health and juvenile justice stakeholders (considering all social factors and environmental needs)



**Trauma-informed** supervision practices with interventions tailored to youth's risks and needs



## County Spotlights

**Project BUILD:** This program contains a violence prevention curriculum designed to assist youth in detention, addressing issues such as gangs, violence, crime, and substance abuse.

**Housing Supports** (see full list on U.S. Housing and Urban Development's [Ending Youth Homelessness Guidebook Series: Promising Program Models](#))

- [LifeWorks Youth Housing Programs](#) - Provides an array of case management and housing supports to youth and transition aged youth in Travis County, Texas.
- [Bill Wilson Center, Transitional Living Program](#) - Serves young parents with children in shared housing program.
- [Second Story Youth Housing](#) - Variety of housing programs tailored youth and transition-aged youth in Fairfax, Virginia.

## Key Resources

[Reentry Starts Here](#) by OJJDP is a guide for youth in long-term juvenile corrections and treatment programs reentering into the community. This guide is divided into two sections, one to help youth prepare for reentry while still in placement, and another to help youth transition back into their community once released.

[The Texas School Reentry Toolkit](#) by Disability Rights Texas provides step-by-step guidance to families and youth on how to reenter their local public school after exiting a juvenile justice placement.

[Five Things about Reentry](#) by the National Institute of Justice provides an overview of consideration that should be made at the point of reentry for youth exiting juvenile justice system involvement.

[Family Engagement in The Juvenile Justice System: Building a Strategy and Shifting the Culture](#) by the Council of State Governments explores a strategic framework for family engagement and approaches to improving policies and practices to support meaningful engagement of families in the juvenile justice system.

The [Resources for Homeless Youth Service Providers](#) page by Housing and Urban Development provides guidance documents for planning a coordinated community approach to ending youth homelessness at the local level.

## 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 HOTBHN's crisis hotline and 988 through targeted marketing across McLennan County.
- McLennan County school districts that have not signed up or are pending services with Texas Child Health Access Through Telemedicine (TCHAT) can explore next steps to embed TCHAT services in all school campuses.
- Streamline use of "Handle with Care" flags by law enforcement and McLennan County School districts.
- HOTBHN Klara's Center for Families can establish memoranda of understanding 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 Authorities.
- HOTBHN can explore opportunities to embed Youth SIM Priorities into existing Our Community Our Future (OCOF) subgroups to support planning next steps.
- HOTBHN can establish triage and referral protocol for the Diversion Center specific to law enforcement diversion of youth with behavioral health needs (youth in schools and in the community).
- The Chase House can increase community awareness of services and explore opportunities to further partner with law enforcement and juvenile probation to serve youth that may be appropriate for diversion.
- Utilize HOTBHN youth mental health service data to reflect gaps in service capacity and explore funding to expand existing wrap-around service programs (i.e., Youth Empowerment Services (YES) Waiver).
- HOTBHN can continue to provide Youth Mental Health First Aid to school districts to ensure all educational staff are trained. HOTBHN can also explore providing additional suicide prevention trainings in schools like Counseling on Access to Lethal Means (CALM) and AS+K About Suicide to Save a Life.

## Appendices

### Appendix A: McLennan County Youth SIM Workshop Agenda

December 5, 2023 - December 6, 2023  
Lee Lockwood Library and Museum  
2801 W. Waco Dr. Waco, TX

#### AGENDA – Day 1

TIME	MODULE TITLE	TOPICS AND EXERCISES
8:15 a.m.	Registration	Coffee and snacks
8:30 a.m.	Opening Remarks	Opening remarks - <i>Daniel Thompson, Executive Director, Heart of Texas Behavioral Health Network</i> Welcome and Introductions, <i>Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas HHSC</i>
8:45 a.m.	Workshop Overview and Keys to Success	Overview of the workshop Community polling
9:15 a.m.	Presentation and Mapping of Intercepts 0, 1	Overview of Intercepts 0 and 1 County data review Intercepts 0-1 panel Map Intercepts 0 and 1 Examine gaps and opportunities
11:30 a.m.	Lunch	<i>Provided by Heart of Texas Behavioral Health Network</i>
12:30 p.m.	Presentation and Mapping of Intercepts 2, 3	Overview of Intercepts 2 and 3 County data review Intercepts 2-3 panel Map Intercepts 2 and 3 Examine gaps and opportunities
2:30 p.m.	Presentation and Mapping of Intercepts 4, 5	Overview of Intercept 4 County data review Intercepts 4 panel Map Intercept 4 Examine gaps and opportunities
3:45 p.m.	Summarize Opportunities, Gaps, and Establish Priorities	Identify potential, promising areas for modification within the existing system Establish a list of top priorities - round robin
4:15 p.m.	Wrap Up	Review the day Homework
4:30 p.m.	Adjourn	

#### AGENDA – Day 2

TIME	MODULE TITLE	TOPICS AND EXERCISES
8:15 a.m.	Registration	Coffee and snacks

McLennan County Youth SIM Report | March 2024

<b>8:30 a.m.</b>	<b>Welcome</b>	Opening remarks - <i>Sheryl Victorian, Chief of Police, Waco Police Department</i> and <i>Ron Kimbell, Division Director of Child and Adolescent Behavioral Health, HOTBHN</i>
<b>8:40 a.m.</b>	<b>Preview and Review</b>	Review Day 1 accomplishments Preview of Day 2 agenda Best practice presentation
<b>9:15 a.m.</b>	<b>Action Planning</b>	Group work
<b>10:45 a.m.</b>	<b>Workgroup Report-Outs</b>	Each group will report out on action plans
<b>11:00 a.m.</b>	<b>Next Steps and Summary</b>	Finalize date of next task force meeting Discuss next steps for county report Funding presentation Complete evaluation form
<b>11:30 a.m.</b>	<b>Closing Remarks</b>	Closing remarks - <i>Shemeca Pettis, Juvenile Justice and Transition-Aged Youth Program Director, HOTBHN</i>



## Appendix B: Community Impact Measures

Measure	Intercept	Category
Number of youth at tier 2 and tier 3 of the Multidisciplinary Tiered Systems of Support (MTSS) (#)	Intercept 0	Schools and Communities
Number of youth referred to community MH and SUD services by the school district (#)	Intercept 0	Schools and Communities
Mental health crisis line calls (with child as subject) (#)	Intercept 0	Schools and Communities
Children's emergency department admissions for psychiatric reason (#)	Intercept 0	Schools and Communities
Psychiatric hospital admissions, count (#)	Intercept 0	Schools and Communities
Mobile crisis outreach team episodes (with child as subject), (#)	Intercept 0	Schools and Communities
Mobile crisis outreach team calls responded to in the community (with child as subject) (%)	Intercept 0	Schools and Communities
Mobile crisis outreach team calls, repeat calls (% of calls)	Intercept 0	Schools and Communities
Crisis center admissions, (e.g., children's respite center, children's crisis stabilization unit) (#)	Intercept 0	Schools and Communities
Number of suspensions (e.g., In School Suspension and Out of School Suspension) (#)	Intercept 0	Schools and Communities
Number of total expulsions (e.g., JJAEP and DAEP expulsions) (please indicate <b>discretionary</b> versus <b>mandatory</b> %) (#)	Intercept 0	Schools and Communities
Designated mental health officers (e.g., Mental Health Deputies, CIT Officer) (#)	Intercept 1	Law Enforcement
Mental health crisis calls handled by law enforcement (with child as subject), (#)	Intercept 1	Law Enforcement
Law enforcement transport to crisis facilities with child as subject (emergency department, crisis centers, psychiatric hospitals) (#)	Intercept 1	Law Enforcement
Law enforcement response to youth experiencing a mental health crisis resulting in a diversion (%)	Intercept 1	Law Enforcement
Referrals to juvenile probation (#)	Intercept 2	Initial Juvenile Justice Referral
Youth detained at county juvenile detention facility (#)	Intercept 2	Initial Juvenile Justice Referral
MAYSI Screenings, percent screening above caution cut off score on at least 2 of the 6 clinical scales (%)	Intercept 2	Initial Juvenile Justice Referral
MAYSI Screenings, percent screening above caution cut off score on the alcohol drug use scale (%)	Intercept 2	Initial Juvenile Justice Referral
MAYSI Screenings, percent screening above caution cut off score on suicidal ideation scale (%)	Intercept 2	Initial Juvenile Justice Referral
PACT Pre-Screen, percent screening as low risk to re-offend (%)	Intercept 2	Initial Juvenile Justice Referral
Percentage of youth released from detention on conditions of release (%)	Intercept 2	Initial Juvenile Justice Referral

Average cost per day to house someone in juvenile detention (\$)	Intercept 2	Initial Juvenile Justice Referral
Caseload rate of the juvenile court system, misdemeanor versus felony cases (%)	Intercept 3	Judicial Processing
Disposition Type: Percent of youth on supervisory caution (%)	Intercept 3	Judicial Processing
Disposition Type: Percent of youth on deferred disposition (%)	Intercept 3	Judicial Processing
Disposition Type: Percentage of youth placed on court-ordered probation in the community (%)	Intercept 3	Judicial Processing
Disposition Type: Percentage of youth placed out of home (%)	Intercept 3	Judicial Processing
Misdemeanor and felony cases where the defendant is evaluated for fitness to proceed, percent of cases (%)	Intercept 3	Judicial Processing
Detention pre-adjudication, average length of stay (days, #)	Intercept 3	Judicial Processing
Post-adjudication placement, average length of stay (days, #)	Intercept 3	Judicial Processing
Individuals with mental or substance use disorders receiving reentry coordination prior to detention release (#)	Intercept 4	Reentry
Number of referrals made to community behavioral health treatment providers for youth exiting detention (#)	Intercept 4	Reentry
Individuals with mental disorders receiving a short-term psychotropic medication fill or a prescription upon detention release (#)	Intercept 4	Reentry
Juvenile probationers with mental health diagnosis (%)	Intercept 4	Reentry
Juvenile probationers with substance use disorder diagnosis (%)	Intercept 4	Reentry
Juvenile parolees on a specialized MH caseload (#)	Intercept 4	Reentry
Number of juvenile probation officers receiving specialized mental health training or trauma informed care training beyond JPO (Juvenile Probation Officer) basic (#)	Intercept 4	Reentry
Number of juvenile supervision officers receiving specialized mental health training or trauma-informed care training beyond JSO (Juvenile Supervision Officer) basic (#)	Intercept 4	Reentry
Probation revocation rate of all probationers (%)	Intercept 4	Reentry
Probation revocation rate of probationers with mental disorders (%)	Intercept 4	Reentry
Number of 19 year olds under TDCJ adult community supervision that were transferred from TJJD supervision with a behavioral health diagnosis (#)	Intercept 4	Reentry

## **Appendix C: Texas and Federal Privacy and Information Sharing Provisions**

*Note: The information below was referenced on January 30, 2024. Please reference links to statute directly to ensure the timeliest information.*

### School Records Sharing

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

## Appendix D: Juvenile Justice Disposition Recommendation Matrix Example

Juvenile courts and probation departments can explore the development of matrices to guide dispositional decision making and considering both risk to reoffend and offense type.

**Figure 7. Florida's Disposition Recommendation Matrix**



**Florida Department of Juvenile Justice Disposition Recommendation Matrix**  
(Staff must always begin with the least restrictive setting within a particular disposition category. See Structured Decision-Making guidelines.)

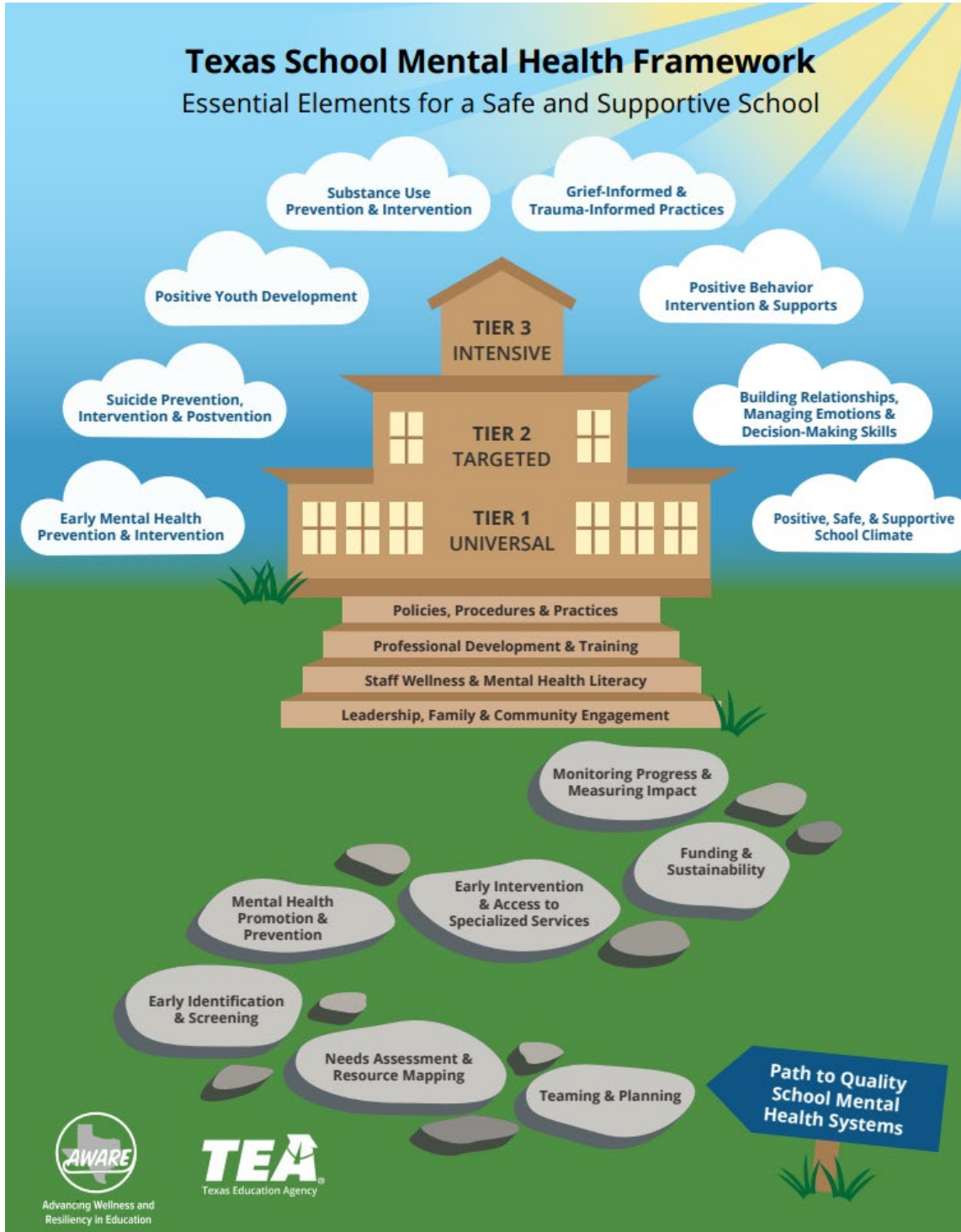
Most Serious Presenting Offense	PACT Risk Level to Reoffend			
	Low-Risk to Reoffend	Moderate-Risk to Reoffend	Moderate- to High-Risk to Reoffend	High-Risk to Reoffend
<b>1st TIME MISDEMEANOR<sup>1</sup></b>	<b>Level 1</b>	<b>Level 1</b>	<b>N/A</b>	<b>N/A</b>
<b>Minor<sup>2</sup></b>	<b>Level 2 or 3a</b>	<b>Level 2 or 3a</b>	<b>Level 2 or 3a-c</b>	<b>Level 3a-c or 4</b>
<b>Serious<sup>3</sup></b>	<b>Level 2 or 3a</b>	<b>Level 2 or 3a-b</b>	<b>Level 3a-c or 4</b>	<b>Level 3a-c or 4</b>
<b>Violent<sup>4</sup></b>	<b>Level 2 or 3a-b</b>	<b>Level 2, 3a-c or 4</b>	<b>Level 3a-c, 4 or 5</b>	<b>Level 3a-c, 4 or 5</b>

<sup>1</sup> - First time misdemeanor offenders with no history of participation in alternatives to arrest. Under § 985.12.F.S., all first-time misdemeanants are eligible for civil citation. Youth deemed ineligible for civil citation (based on community standards) should be reviewed under the "Misdemeanor" category, based upon the PACT Risk Level to Reoffend.  
<sup>2</sup> - All misdemeanor offenses.  
<sup>3</sup> - Felony offenses that do not include violence.  
<sup>4</sup> - Violent felony offenses (do not include misdemeanor assault and battery, which is captured under "minor").

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<p><b>Level 1</b> - Alternatives to Arrest  <b>Level 3</b> - Community Supervision                      (3a) - Probation supervision                      (3b) - Probation enhancement services (ART, Lifeskills, etc.)                      (3c) - Day Treatment, MST, FFT, Minimum Risk Commitment</p>	<p><b>Level 2</b> - Diversion &amp; Non-DJJ Probation  <b>Level 4</b> - Non Secure Residential Commitment (Low- &amp; Moderate-Risk Programs)  <b>Level 5</b> - Secure Residential Commitment (High- &amp; Maximum-Risk Programs)</p>
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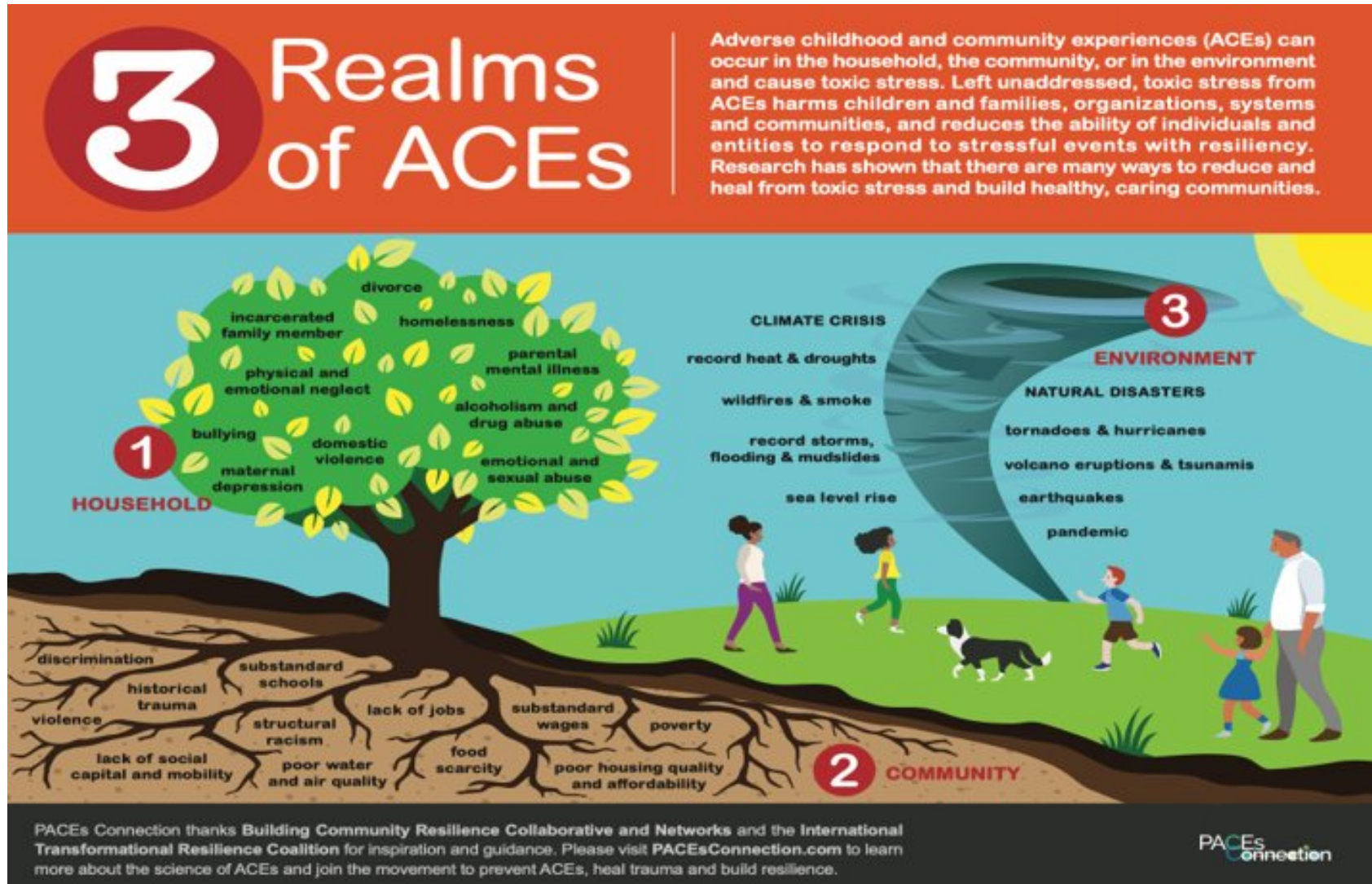
## Appendix E: Texas School Mental Health Framework (Multi-Tiered System of Supports)<sup>2</sup>



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



## Appendix F: Realms of ACEs Chart



## Appendix G: SIM Mapping Workshop Participant List

Name	Agency	Title
1. Kristin Valerio	Klara's Center for Families (KCF)	QMHP CS-II
2. Laniyah J. Meglio Sullivan	KCF	JJ Intern
3. Cyrus Evans	KCF	Casework
4. Kelli Guerrero	Heart of Texas Behavioral Health Network (HOTBN)	Program Director
5. Dusti Everett	Baylor Scott and White Hillcrest	Director of Emergency Services
6. Emily Eisenman	Texas Dept. of Criminal Justice	Deputy Director
7. Derek Russell	McLennan County Sheriff's Office	Investigator
8. Catherine Wiley	KCF	Social worker
9. Monica Davila	HOTBHN	Policy Fellow
10. Andrea Zimmerman	Families and Foster Care Coalition	Program Director
11. Kathy Spencer	HOTBHN	Employment & Education Specialist for TAY
12. Jeremy Rhodes	Prosper Waco	Senior Director of Data and Research
13. LaTishia Beacom	Prosper Waco	Director of Workforce and Education initiatives
14. Brandon Paranuk	McLennan County Sheriff's Office	Investigator
15. Katie Chadwell	HOTBHN /KCF	Therapist
16. Elizabeth Ponce	KCF	LPC-Associate
17. Melinda Bonds	HOTBN	Associate Director of Behavioral Health Services
18. Quentin Baack	Juvenile Services	Counseling Unit Supervisor

19. David Baker	KCF	Behavioral Health Partnership Program Liaison
20. Jose Nicolas Flores	Texas Health and Human Services Commission (HHSC)	Program Specialist VII/Recovery Support Services Lead
21. Samm Zachary	HHSC	Suicide care coordinator
22. Tammy Weppelman	HHSC	Director of suicide prevention
23. Minah Miranda	Waco Housing Authority	Intern
24. Susan Krause	City of Waco Parks and Recreation	Manager Programs and Facilities
25. Melissa Johnson	Waco Housing Authority	Director of Community Services
26. Blythe Stewart	KCF	Program Supervisor
27. Stacey Steger	HOTBHN	Program Director
28. Clair Chapman	Transformation Waco	LCSW
29. Emily Schmillen	Transformation Waco	At-Risk Interventionist
30. Chester Long	Waco PD	Commander
31. Tiffany Douglas	HOTBHN	Program Director Psychiatric Services
32. Monica Johnson	Education Service Center Region 12	Education Specialist/ Transition & School Psychology
33. Kat Strasburger	Waco ISD mobile student services	Case manager for secondary students
34. Chris McKinney	McLennan County Probation	Deputy Director
35. Tina Lincoln	Hill County Juvenile Probation	Chief Juvenile Probation Officer
36. Katherine Bennett	HOTBHN	Program Manager
37. Jessica Jimenez	HOTBHN	RHY Program Manager
38. Alison Lee	HHSC	Forensic Evaluator
39. Joni Courtney	Waco ISD	Homeless/Foster Liaison

40. Mia London	Department of Family Protective Services (DFPS)	CVS Program Director
41. Carolyn Kaparich	DFPS	Program Director
42. Bambi Blanchard	HOTBHN	LCDC
43. Brenna Sanford	HOTBHN	Program Manager
44. Nicole Wiscombe	HOTBHN	Director of Housing and Homeless Services
45. DeAngela Bynum	Waco PD	Social Resource Program Supervisor
46. John Wiersgalla	Assistant District Attorney's Office	ADA
47. Noah Abdenour	HHSC	Peer and recovery services director
48. Linus Gilbert	HOTBHN	Director of BJC
49. Jenipher Janek	Education Service Center Region 12	Education Specialist/Coordinator & School Crisis Response Team Leader
50. Amanda Hernandez	HOTBHN	Program Manager
51. Ryan Adams	HOTBHN	Deputy CEO
52. Shaun Lee	The Cove	Development Director
53. Tim Packer	The Cove	Executive Director
54. Kevin White	Life Anew Restorative Justice	Regional Director
55. Jennifer Serrato	Region 12 Education Service Center	Counselor Specialist
56. Shemeca Pettis	HOTBHN	Program Director
57. Shonquala Edwards	La Vega ISD	Truancy Officer
58. Hayden Swearengin	KCF	QMHP skills trainer
59. Charles Terrell	La Vega ISD	Truancy and Behavior Coordinator

60. Marisa Prokarym	Waco PD	Social Work Intern
61. Alexandra Ellis	HOTBHN	IDD Authority Program Director
62. Todd Gooden	La Vega	Deputy Superintendent
63. Cleo Kirkland	KCF	QMHP
64. Danielle Bryant	With Self	Therapist
65. Cole Watts	Stages of Recovery, Inc.	Co-Owner/COO
66. Autumn Davies	KCF	Case manager
67. Andrea Zimmerman	Families and Foster Care Coalition	Program Director
68. Emily Schmillen	Transformation Waco	At Risk Interventionist
69. Kevin White	Life Anew Restorative Justice	Regional Director
70. Susan Krauae	City of Waco parks and recreation	Manager Programs and facilities
71. Tina Lincoln	Hill County Juvenile Probation	Chief Juvenile Probation Officer
72. Monica Davila	HOTBHN	Policy Fellow
73. Alexandra Ellis	HOTBHN	IDD Authority Program Director
74. Hayden Swearengin	KCF	Counselor
75. Taya Polk	Life Anew Restorative Justice	Restorative Practitioner/Trainer
76. Jennifer Serrato	Region 12 Education Service Center	Counselor Specialist
77. Eloisa Martinez	KCF	Case manager
78. Brenita Shores	KCF	Case Manager
79. Allyson Pechacek	KCF	JJ Intern
80. Zeke Morgan	Prosper Waco	Director of Health Initiatives

## Appendix H: List of Acronyms

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

<b>LE</b>	Law Enforcement
<b>LIDDA</b>	Local Intellectual and Developmental Disability Authority
<b>LBHA</b>	Local Behavioral Health Authority
<b>LMHA</b>	Local Mental Health Authority
<b>MAYSI</b>	Massachusetts Youth Screening Instrument
<b>MCOT</b>	Mobile Crisis Outreach Team
<b>MHDD</b>	Mental Health and Developmental Disabilities
<b>MI</b>	Mental Illness
<b>MOU</b>	Memorandum of Understanding
<b>MTSS</b>	Multi-Tiered System of Support
<b>NAMI</b>	National Alliance on Mental Illness
<b>OCOF</b>	Our Community Our Future
<b>OFC</b>	Office of Forensic Coordination
<b>OJJDP</b>	Office of Juvenile Justice and Delinquency Prevention
<b>PACT</b>	Positive Achievement Change Tool
<b>PCES</b>	Positive Childhood Experiences
<b>PRA</b>	Policy Research Associates
<b>QMHP</b>	Qualified Mental Health Professional
<b>ROI</b>	Release of Information
<b>RTC</b>	Residential Treatment Center
<b>SAFE</b>	Student Assistance and Family Empowerment Program

<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SIM</b>	Sequential Intercept Model
<b>SMI</b>	Serious Mental Illness
<b>SUD</b>	Substance Use Disorder
<b>TA</b>	Technical Assistance
<b>TEA</b>	Texas Education Agency
<b>TCHAT</b>	Texas Child Health Access Through Telemedicine
<b>TCOOMMI</b>	Texas Correctional Office on Offenders with Medical or Mental Impairments
<b>YAC</b>	Youth Advisory Council