

# Comal County Youth Roadmap

Community stakeholders can consider the following next steps to reduce justice involvement for youth with mental illness (MI), substance use disorders (SUD), or intellectual and developmental disabilities (IDD). For more information and resources, review the Comal County Youth SIM Report.

## Invest in Strategic Priorities      Support Local Planning, Partnership and Education      Build Upon Existing Efforts

1. **Enhance training for law enforcement on responding to youth with behavioral health needs**
2. **Expand school-based behavioral health supports.**
3. **Enhance parent engagement, education and early intervention and prevention strategies.**
4. **Establish a safe place for youth.**

1. Coordinate
  - Strengthen behavioral health and juvenile justice partnerships through regular convening of all key juvenile stakeholders.
  - Establish subcommittees dedicated to implementing the action plans developed during the Youth SIM Workshop.
2. Partner
  - Identify opportunities to strengthen relationships with new stakeholders (e.g., school resource officers, local school districts, juvenile SUD providers).
  - Learn from other similar-sized counties implementing best practice models.
3. Train
  - Train stakeholder groups on identifying, responding and effectively treating children with MI, SUD, and IDD.

- Sign memoranda of understanding between the local mental health authority and county school districts.**
- Explore opportunities to expand pre-trial diversion opportunities through the mental health court.**
- Increase regular sharing of juvenile probation mental health and risk assessments with relevant court stakeholders.**
- Increase the use of flags on mental health calls for service involving a youth among dispatch and law enforcement in Comal County.**

See the Strategic Action Plans on pg 14 of the report for additional details.

# Comal County Gaps, Opportunities and Best Practices

## Intercepts 0 & 1

### School-Based and Community-Based Services & Law Enforcement

#### Selected Gaps:

- School-based mental health supports and consistent referrals to treatment
- Universal mental health screening across schools
- Lack of youth specific training for law enforcement
- Parent engagement
- Pre-arrest diversion options for law enforcement responding to youth in crisis
- Continuity of care for youth discharged from psychiatric hospitalization

#### Opportunities:

- Consider implementing Texas Child Health Access Through Telemedicine (TCHAT) in both school districts
- Expand youth mental health training options for community and school-based law enforcement
- Explore use of family partners to facilitate parental engagement in services
- Implement First Offender Program to allow for pre-arrest diversion by law enforcement

## Intercepts 2 & 3

### Initial Referral to Juvenile Justice & Judicial Processing

#### Selected Gaps:

- Not all youth referred to juvenile probation are screened for behavioral health
- Juvenile mental health screeners and risk assessments are not regularly shared with court stakeholders
- Limited pre-trial diversion options
- No county juvenile detention facility
- Limited treatment and placement options for youth with charges pending

#### Opportunities:

- Share MAYSI and PACT scores across juvenile court stakeholders
- Explore implementing pretrial juvenile mental health dockets
- Establish MOU's between out of county detention facilities, Hill Country MHDD and school districts.
- Coordinate with placement options to explore broadening eligibility criteria for youth with juvenile justice involvement

## Intercepts 4 & 5

### Reentry & Community Corrections

#### Selected Gaps:

- Continuity of care for youth detained or placed out of county
- Appointment wait times for youth released from detention to be seen by a prescriber with the LMHA
- No specialized probation caseloads
- Lack of transitional housing options for youth in the community

#### Opportunities:

- Explore telehealth intakes with Hill Country MHDD for youth that are placed out of county.
- Improve information sharing processes across juvenile justice and behavioral health partners.
- Provide probation officers and detention staff with additional MH training and resource education
- Establish specialized probation caseloads

## Best Practices at Each Intercept

### Intercept 0 & 1

Early identification and prevention

School-based behavioral health supports

Police diversion programs

Law enforcement youth mental health training

### Intercept 2 & 3

Validated risk and needs assessment tools

Pretrial court diversion programs

Trauma-informed trainings for probation staff

Detention-based SUD and MH services

### Intercept 4

Coordinated after-care services (school re-enrollment, wraparound behavioral health supports, and family partners)

Specialized juvenile probation caseloads

Formalized family support and engagement