

# **Texas Youth Sequential Intercept Model Mapping Report for Comal County**

**Office of Forensic Coordination,  
Behavioral Health Services**



**September 2023**

## 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 Judge Deborah Wigington, County Court at Law, #3, Mental Health Court and Chief Dan Collins, Comal County Juvenile Probation Department and organized by Nora Smith, Prevention Services Coordinator, Comal County Juvenile Probation and Lewis Jones, Mental Health Court Coordinator. The planning committee members included:

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- Kristen Evens, Department of Family and Protective Services
- Diane Quiroga, Comal Independent School District
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The planning committee members played a critical role in making the Comal 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.

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 Dr. Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, HHSC. The report was authored by Emily Dirksmeyer, LCSW; Catie Bialick, MPAff; Paul Boston, LCSW; and Liz Conville, MPS.

## **About the Texas Behavioral Health and Justice Technical Assistance Center and Texas Youth SIM Mapping Initiative**

The TA Center provides specialized technical assistance for behavioral health and justice partners to improve forensic service coordination 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 in-person and virtual training, guidance, and strategic planning 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 communities across Texas. The TA Center hosts both youth and adult SIM mapping workshops to bring together community leaders, government agencies, and systems to identify strategies for diverting people with MI, SUD, or IDD, from the justice system, when appropriate and into treatment and support services.

### **Recommended Citation**

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## Introduction

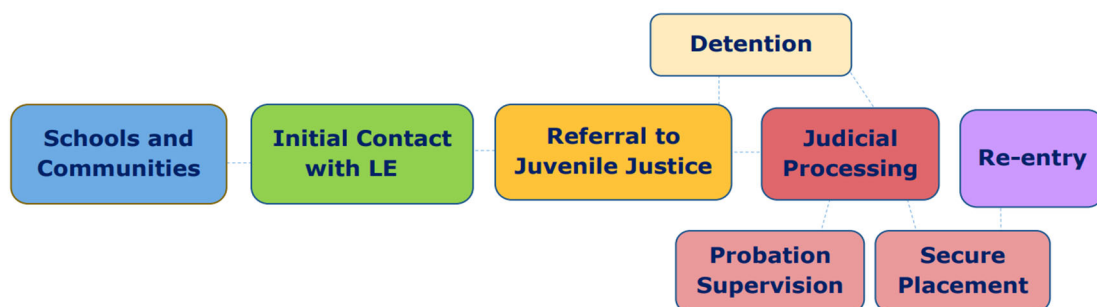
The Texas Health and Human Services Commission's Office of Forensic Coordination (OFC) convened a six-month workgroup series to discuss key services, gaps, opportunities, and best practices for youth with MI, SUD, and IDD who are justice-involved or at risk of justice involvement in Texas.

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. The Texas Youth SIM<sup>1</sup> details how youth with MI, SUD, or IDD encounter and move through the juvenile justice system.

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 1;
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.

**Figure 1. Texas Youth SIM**



<sup>1</sup> Developed by the Office of Forensic Coordination at the Health and Human Services Commission

In 2023, Comal County was selected as HHSC's first 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 on September 26 and 27, 2023 in New Braunfels, Texas. See **Appendix A** for detailed workshop agenda.



*This report intends to capture point-in-time discussion, priorities, and resources that were discussed by attendees during the September 2023 Comal County Youth SIM mapping workshop. Report authors aim to capture a robust picture of services offered in Comal County, while acknowledging that unintentional omissions may exist. All gaps and opportunities and action planning priorities identified reflect the opinions of participating stakeholders, not HHSC.*

# Texas Youth Sequential Intercept Model Map for Comal County , September 2023

Intercept 0 School and Community-Based Services	Intercept 1 Law Enforcement, SROs & Children's Emergency Services	Intercept 2 (Pre-adjudication) Initial Referral to Juvenile Justice, Intake, and Detention	Intercept 3 Judicial Processing	Intercept 4 Reentry
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**Crisis Phone Lines**  
**Hill Country MHDD Crisis Hotline**  
 • 877-466-0660  
 • Available 24/7/365  
**988 Suicide & Crisis Lifeline**  
 • 988  
**Texas Abuse, Neglect and Exploitation Hotline**  
 • 800-252-5400  
Warmlines/ Resource Lines  
**RecoveryWerks!**  
 • 830-310-2585

**Mobile Crisis Response Team**  
**Hill Country MHDD**  
 • 24/7 response  
 • 830-387-5987  
Mental Health Co-Responder Programs  
 • New Braunfels PD - Mental Health Deputies (MHDs)  
 • Comal County Sheriff's Office - MHDs

**911 Dispatch / Emergency Communications**  
 New Braunfels Police Support Services Division, Comal County Sheriff's Office Dispatch

**Law Enforcement**  
 New Braunfels Police Department, Comal County Sheriff's Office, Bulverde Police Department, Garden Ridge Police Department, Selma Police Department

**School Resource Officers**  
**CISD School Resource Officers** - Comal County Sheriff's Office  
**NBISD School Resource Officers** - Comal County Sherriff's Office

**Juvenile Probation Department - Intake Screening Assessments Used:**  
**MAYSI-2** - Behavioral health screening tool  
**Pre-PACT** - 46-item pre-screen measures a youth's risk of re-offending-  
**Full PACT** - 126-item assessment measuring a juvenile's risk of re-offending-  
**CSE-IT** - Commercial sexual exploitation-identification tool  
 • **All screenings administered by:** CCJPD probation officer or contracted detention facility

**Pre-Trial Intervention Programs**  
 • Deferred Prosecution (FC Sec. 53.03)  
 • GPS/Electronic Monitoring Program

**Juvenile Court**  
 • **Judge Charles Stephens** - Comal County Court at Law #2  
**Treatment Courts**  
 • **Comal County Mental Health Court** - Comal County Court at Law #3 - Judge Deborah Wigington

**Juvenile Probation**  
**Comal County Juvenile Probation Department (CCJPD)**  
**Specialized Case Loads:**  
 • Prevention Coordinator/Senior Juvenile Probation Officer - Carries all specialty court cases and prevention caseload

**Youth Crisis Services**  
**Youth Crisis Respite Center-San Marcos**  
 • Operated by Hill Country MHDD  
 • Provide short-term respite care for juveniles 13-17 who exhibit significant behavioral or emotional difficulties.

**Wrap Around Services/ Mentorship Programs**  
**Hill Country MHDD**  
 • Multi-Systemic Therapy  
 • YES Waiver  
**Communities in Schools**  
 • Counseling and mentorship  
**Big Brothers and Big Sisters of South Texas**  
 • Mentorship  
**Kids Club - New Braunfels Christian Ministry**  
 • Mentorship  
**Westside Community Center**  
 • Library and family events

**Disciplinary Alternative Education Programs**  
**Bexar County Juvenile Justice Alternative Education Program** Comal Discipline Center - CISD DAEP  
**NBISD DAEP**

**Pre-adjudication Placement Options**  
**Juvenile Detention Centers:** Guadalupe County, Atascosa County, Victoria County, Hays County, Bexar County, Bell County, Nueces County, San Patricio County, Fort Bend, Youth Opportunity Rockdale, Tom Green County, Van Zandt County, Grayson County, Lubbock County, Gregg County, Randall County and Denton County-

**Placement (Non-Secure and Secure)**  
**Non-secure:**  
 • Rite of Passage organizations: The Oaks, Gulf Cost Trade Center, Monarch Academy for Girls-  
 • Pegasus Schools - Juvenile sex offender program

**Juvenile Parole**  
 Texas Juvenile Justice Department (TJJD)  
**Specialized Case Loads**

**Peer/Family Support Services**  
**Student and Family Empowerment (SAFE) Program-Prevention/Intervention**  
 • Serves children 6-17 identified as at-risk  
**Centers-Post Adoption Services**  
 • Parent and family support and case management  
**Hill Country MHDD** - Family partners  
**St. Jude's Ranch for Children (SJRC)** -Parenting and Prevention Programs

**Hospitals**  
**Resolute Health Hospital - New Braunfels, TX**  
 • 24/7 ER  
**New Braunfels ER and Hospital**  
 • 24/7 ER  
**Christus Santa Rosa Hospital - New Braunfels, TX**  
 • 24/7 ER

**Children's Psychiatric Hospitals**  
**Austin Oaks Hospital - Austin, TX**  
 Inpatient, outpatient, and PHP services for youth 12-17  
**Clarity Child Guidance Center** - San Antonio, TX  
**Laurel Ridge Treatment Center** - San Antonio, TX

**County Prevention and Intervention Programs**  
**Community Resource Coordination Group Referral/Diversion** - CCJPD referrals for youth under 11  
**Counseling Referrals:** Eli Counseling; Living Tree New Braunfels Counseling Center; River City Advocacy and Counseling - Offers groups for 14-16-year-olds.  
**Workforce Solutions** - Youth Empowerment Services - Offer job placement, GED, diploma and internships

**Secure:**  
 • Victoria County Post-Adjudication Program  
 • Nueces County Post-Adjudication Program  
 • Denton County Post-Adjudication Program  
 • Hays County Post-Adjudication Program  
 • Lubbock County - Licensed sex offender treatment program  
**TJJD Facility Placement Waco Center for Youth** - For children in need of extensive mental health services

**Community Reentry**  
**TCOOMMI**  
 • Provides 90 days of continuity of care services to clients with identified medical and mental impairments released to Comal County.  
**Multi-Systemic Therapy**  
 • Wrap-around services  
**Community-based Counseling**  
 • Referral to individual and family counseling

**Behavioral Health**  
**Hill Country MHDD** - Children's mental health and IDD services; **Crisis Center of Comal County**, victim services, counseling, shelter, case management; **Children's Advocacy Center of Comal County**; **New Braunfels Counseling Center**; **Living Tree New Braunfels Counseling Center**; **Rock Haus Foundation**, IDD services; **Any Baby Can** - San Antonio, IDD and social services; **Hope Hospice** - Children's Grief Program; **Precious Lives Suicide Prevention**

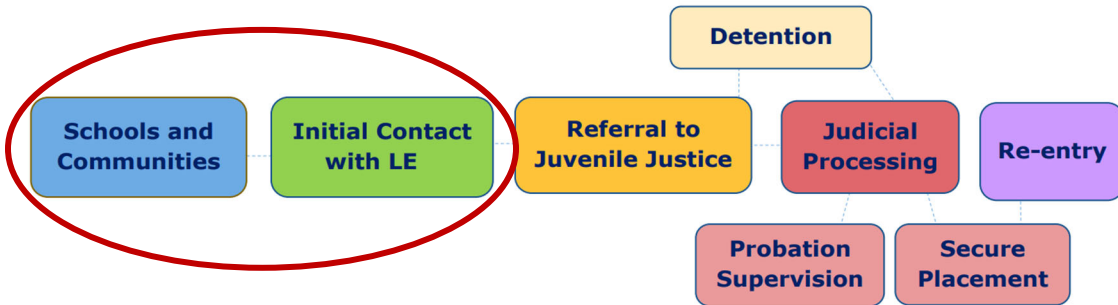
**Recovery Supports**  
**RecoveryWerks!**, SUD recovery supports and education; **Outreach Screening Assessment and Referral (OSAR)**; **Teddy Burger Center** - Guadalupe County, adolescent chemical dependency and mental health services; **San Antonio Council of Drugs and Alcohol (SACADA)**; **Shoreline Treatment Center** - Taft, TX, inpatient SUD treatment

**Housing Supports**  
**New Braunfels Housing Partners** - First footing program; **Gruene United Methodist Housing Program**; **Comal County Crisis Center**; **Salvation Army**; **Room Redux** - Update bedrooms of children that have been abused; **Connections Individual and Family Services** - youth housing, counseling and prevention services; **Family Life Center**

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# 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 possible arrest by law enforcement. It captures services designed to connect youth to behavioral healthcare 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.

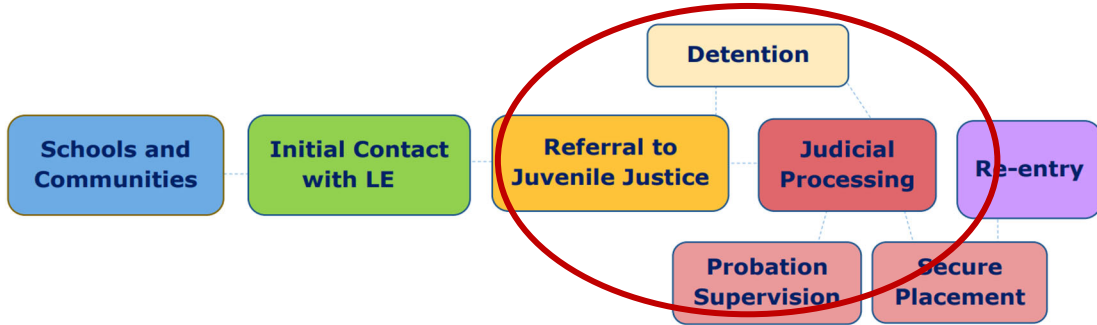
## Comal County Intercept 0 and 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>Limited time and capacity of school-based mental health professionals to utilize universal mental health screening tools across campuses.</li> <li>Limited school-based mental health supports and consistent referrals to treatment (i.e., referrals to Hill Country MHDD).</li> <li>Infrequent information sharing between school mental health providers and community mental health providers (i.e., MOUs, ROIs).</li> </ul>	<ul style="list-style-type: none"> <li>Implement Texas Child Health Access Through Telemedicine (TCHAT) at both New Braunfels ISD (NBISD) and Comal ISD (CISD).</li> <li>Ensure there are mental health staff at every campus (K-12) in both NBISD and CISD.</li> </ul>
<ul style="list-style-type: none"> <li>Variance in student code of conduct (COC) protocols and interpretation across schools.</li> <li>Variant use of mitigating factors across campuses to explore alternatives to expulsion and exclusionary discipline practices (see mitigating factors definition in the <a href="#">Chapter 37 Discipline Chart</a>).</li> </ul>	<ul style="list-style-type: none"> <li>Provide education across school administrators, mental health professionals, and school law enforcement on COC protocols.</li> <li>Create a school discipline decision tree to streamline the response to misconduct across schools in CISD and NBISD.</li> </ul>

<ul style="list-style-type: none"> <li>Limited community awareness on changes in <a href="#">Section 37.006 of the Texas Education Code</a> related to e-cigarettes and student discipline requirements.</li> <li>Limited cross-campus teacher training and education on mental health signs and symptoms and referral resources.</li> </ul>	<ul style="list-style-type: none"> <li>Educate local smoke shops on new law related to minors caught with e-cigarette's on campus.</li> <li>Increase utilization of Hill Country MHDD's Youth Mental Health First Aid training and suicide prevention trainings.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of parent engagement with schools and follow up on mental health referrals for their children.</li> <li>Limited parent education and awareness of mental health symptoms and resources to support youth in the community.</li> <li>Unmet social service and behavioral health needs of parents.</li> </ul>	<ul style="list-style-type: none"> <li>Explore use of family partners to facilitate parental engagement in services.</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>Limited safe community spaces for youth to connect with peers.</li> <li>Lack of planned activities and access to resources when school is out.</li> </ul>	<ul style="list-style-type: none"> <li>Explore Westside Library Community Center as an untapped resource.</li> <li>Incorporate youth voice to access community needs and youth interests (i.e., Youth Advisory Council).</li> <li>Collaborate with New Braunfels Youth Collaborative.</li> </ul>
<ul style="list-style-type: none"> <li>Limited ability of unaccompanied youth to consent to mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness of legal support for youth interested in the emancipation process.</li> <li>Connect with Child Protective Services to explore legal options for youth to consent or act independently of their guardian.</li> </ul>
<ul style="list-style-type: none"> <li>Continuity of care for youth discharged from psychiatric hospitalization or residential treatment.</li> <li>Lack of medication continuity for youth transitioning into the community.</li> <li>Lack of transportation options for youth to attend mental health appointments.</li> <li>Limited community wrap around supports and capacity of crisis responders (i.e., YES Waiver, MCOT).</li> </ul>	<ul style="list-style-type: none"> <li>Set appointments rather than make referrals.</li> <li>Explore school-based provider referral and treatment options (i.e., TCHAT)</li> <li>Increase coordination between psychiatric hospitals and Hill Country MHDD, and local pediatric providers to plan for medication continuity.</li> </ul>
<ul style="list-style-type: none"> <li>Limited SUD treatment services and inpatient treatment options for youth in Comal County.</li> </ul>	<ul style="list-style-type: none"> <li>Explore telehealth SUD treatment options.</li> <li>Increase community awareness of HHSC-contracted SUD treatment providers in Comal County (e.g., Elite Counseling and South Texas Rural Health Services).</li> </ul>
<ul style="list-style-type: none"> <li>Limited training for law enforcement on responding to youth with behavioral health needs.</li> <li>Limited number of available school resource officers to respond in both CISD and NBISD (Comal County Sheriff's Office and New Braunfels Police Department)</li> </ul>	<ul style="list-style-type: none"> <li>Identify tailored training for law enforcement on responding to youth with behavioral health needs and other special populations (i.e., youth with IDD or related conditions).</li> </ul>
<ul style="list-style-type: none"> <li>No psychiatric emergency room in Comal County.</li> <li>Limited local inpatient resources (all hospitals are in Austin or San Antonio) to support youth that require a higher level of care.</li> </ul>	<ul style="list-style-type: none"> <li>Increase referral and utilization of outpatient treatment and early intervention and prevention options (i.e., Multi-systemic Therapy and the SAFE program).</li> </ul>
<ul style="list-style-type: none"> <li>Limited diversion options on non-violent juvenile offenses for law enforcement.</li> </ul>	<ul style="list-style-type: none"> <li>Explore implementation of a First Offender Program that would allow for law enforcement to divert youth pre-arrest.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of 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 (i.e., Connections offers emergency youth shelter options).</li> </ul>



# Intercept 2 and Intercept 3: Referral to Juvenile Justice and Judicial Processing



## 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.

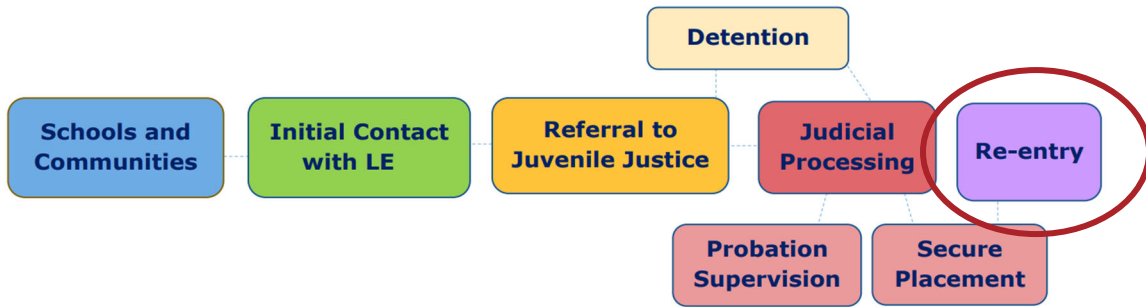
Intercept 3 most often represents when a juvenile case is referred to a prosecutor to be disposed. During Intercept 3 of the model, youth with MI, SUD, and IDD not yet diverted at earlier intercepts, may be eligible for court-based diversion programs, referral to specialty courts and specialized probation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

## Comal County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>• Inconsistent utilization of the Massachusetts Youth Screening Instrument (MAYSI) for youth referred to juvenile probation.</li> <li>• MAYSI score reliability due to stress levels as a result of the screening environment (i.e., detention centers)</li> <li>• Inconsistent sharing of MAYSI and Positive Achievement Change Tool (PACT) scores with prosecutors, judges, and defense attorneys.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement additional screening and assessment tools for youth that screen above the caution cut-off score on the MAYSI (i.e., CSSR-S, PHQ-9, etc.)</li> <li>• Implement trauma informed training for law enforcement and intake and detention staff to support trauma informed assessment and intake practices.</li> <li>• Share MAYSI and PACT scores across juvenile court stakeholders.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited alternative education (DAEP) capacity to support youth expelled due to the new vaping laws passed.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the use of mitigating factors to avoid expulsion when appropriate.</li> <li>• Continue parent and community education on new vape laws.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited education for judges on pre- and post-booking diversion options to support youth with MI and or SUD.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore opportunities to provide judges with training on diversion opportunities.</li> </ul>

<ul style="list-style-type: none"> <li>• Limited pre-trial diversion options.</li> <li>• No pre-adjudication treatment court/docket options for youth with MI, SUD, or IDD.</li> <li>• Limited community service opportunities as conditions for youth with felony or violent misdemeanor charges.</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute the updated Judicial Commission on Mental Health Juvenile Bench Book to all judges, prosecutors, and defense attorneys in Comal County.</li> <li>• Explore implementing pretrial mental health dockets.</li> </ul>
<ul style="list-style-type: none"> <li>• No county detention facility; Comal County Juvenile Probation must contract with detention facilities outside of county to place youth.</li> <li>• Limited capacity at out-of-county detention facilities (50% of youth referred from Comal County not accepted).</li> <li>• Limited continuity of care for youth detained out of county.</li> <li>• Inconsistent information sharing between out-of-county detention facilities and Hill Country MHDD, CISD and NBISD for youth returning to the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Build a Comal County detention center.</li> <li>• Establish MOUs between out-of-county detention facilities, Hill Country MHDD and school districts.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of parental engagement in follow-up services for youth released from detention.</li> </ul>	<ul style="list-style-type: none"> <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 treatment and placement options for youth with charges pending.</li> <li>• Youth in foster placements who become justice-involved are often not able to return to placement which can increase their time spent in detention.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate with local RTCs and treatment facilities to explore broadening eligibility criteria.</li> </ul>
<ul style="list-style-type: none"> <li>• A lack of systematic data collection and information sharing across the juvenile courts, juvenile probation, and Hill Country MHDD.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify opportunities to increase data and information sharing across juvenile stakeholders to promote access to treatment and continuity of care for youth with MI and SUD.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited resources to support youth with IDD who are justice involved.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase IDD training for juvenile court, probation, and detention staff.</li> <li>• Inventory IDD services in Comal 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.

### Comal County Intercept 4 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> <li>Limited continuity of care for youth placed in detention or post-adjudication facilities outside of Comal County.</li> <li>Lack of alignment between LMHA/LBHA, juvenile probation, and school district county catchment areas.</li> </ul>	<ul style="list-style-type: none"> <li>Explore telehealth intakes with Hill Country MHDD for youth that are placed out of county.</li> <li>Improve information sharing processes across juvenile system partners.</li> </ul>
<ul style="list-style-type: none"> <li>The release of youth from regional detention facilities or placements without medication.</li> </ul>	<ul style="list-style-type: none"> <li>Work with contract detention facilities and post-adjudication placements to explore opportunities to release youth with a prescription or supply of medications.</li> <li>Ensure youth on psychotropic medications have an appointment with a prescriber prior to release.</li> </ul>
<ul style="list-style-type: none"> <li>No specialized juvenile probation caseloads.</li> <li>Lack of awareness on community resources available to support youth with behavioral health needs among juvenile probation officers.</li> </ul>	<ul style="list-style-type: none"> <li>Explore the use of specialized probation caseloads.</li> <li>Increase mental health training and community resource education for Comal County juvenile probation staff.</li> </ul>
<ul style="list-style-type: none"> <li>The timing of Hill Country MHDD 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 Hill Country MHDD 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 contract detention facilities or post adjudication placement facilities outside of Comal County.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited housing options for youth reentering the community with record of violent offenses.</li> <li>• Lack of transitional housing options in the community.</li> <li>• Lack of foster care placement options once a youth is justice-involved.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand housing options for youth and young adults who are justice-involved, including group homes, transitional housing, landlord incentive programs to support family housing and other opportunities.</li> <li>• Work with local group homes and residential placements to explore expanding eligibility criteria and serve youth reentering 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 September 26, 2023. The top four priorities identified by stakeholders are highlighted in bold text below.

Rank	Priority	Votes
<b>1</b>	<b>Enhance training for law enforcement on responding to youth with behavioral health needs and implement a First Offender Program.</b>	<b>22</b>
<b>2</b>	<b>Expand school-based behavioral health supports.</b>	<b>15</b>
<b>3</b>	<b>Enhance parent engagement, education and early intervention and prevention strategies to support families.</b>	<b>14</b>
<b>4</b>	<b>Establish a safe place for youth.</b>	<b>11</b>
5	Plan for a county detention center.	11
6	Establish a Youth Advisory Council.	6
7	Establish an assessment center or resource hub for youth.	6
8	Enhance data sharing across education, behavioral health and juvenile justice stakeholders.	6
10	Establish court-based mental health liaisons.	5
11	Improve referral pathways.	3
12	Expand employment, community service and skills training options.	3
13	Expand housing options for youth and families.	2
14	Enhance transition planning and step-down options for youth reentering the community.	2

## 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 Comal 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 informed the additional considerations offered in this report:

- 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
- SAMHSA’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 comprehensive system change.

The second is **trauma**. It is estimated that 90 percent of youth in contact with the juvenile justice system have had a traumatic event exposure as compared to 25 percent of the general population.<sup>2</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>2</sup> System Mapping Center at Policy Research Associates. (2021). *Critical Intervention Mapping for Youth*.

## Priority Area One: Enhance training for law enforcement on responding to youth with behavioral health needs and implement a first offender program.

Objective	Action Steps
Assess training needs of local law enforcement	<ul style="list-style-type: none"> <li>• Create a survey to inventory existing trainings offered to law enforcement across Comal County as well as training interests and needs.</li> <li>• Establish a distribution plan for the survey. Distribute to:               <ul style="list-style-type: none"> <li>○ Comal County Sheriff’s Office, New Braunfels Police Department, Bulverde Police Department, Garden Ridge Police Department and Selma Police Department</li> <li>○ Consider target respondents (school resource officers, leadership, mental health officers, etc.)</li> </ul> </li> </ul>
Develop trainings	<ul style="list-style-type: none"> <li>• Inventory existing trainings available (Youth Mental Health First Aid, Counseling on Access to Lethal Means, Applied Suicide Intervention Skills Training, TCOLE youth trainings, etc.)</li> <li>• Explore training format and platform.               <ul style="list-style-type: none"> <li>○ Virtual versus in person</li> </ul> </li> <li>• Prioritize trainings that are clear and have actionable next steps.</li> <li>• Coordinate across county partners to develop new, targeted law enforcement trainings on youth brain development, ACEs, PCEs, de-escalation approaches (i.e., Youth Crisis Intervention Training). <i>See Appendix F for overview of ACEs and trauma informed considerations.</i></li> <li>• Develop action cards that support law enforcement decision-making in the field.</li> </ul>
Plan for a First Offender Program (FOP)	<ul style="list-style-type: none"> <li>• Set a meeting with Comal County law enforcement agencies (New Braunfels Police Department, Comal County Sheriff’s Office) and the juvenile board to determine guidelines for the first offender disposition and to designate agency and officers to carry out FOP.</li> <li>• Research First Offender Programs. Consider:               <ul style="list-style-type: none"> <li>○ Connecting with other communities that have established programs</li> <li>○ Exploring statutory considerations (<a href="#">Tex. Fam. Code Sec. 52.031</a>)</li> </ul> </li> <li>• Assess law enforcement resources that are available to support a first offender program. Consider:               <ul style="list-style-type: none"> <li>○ Staffing and capacity</li> <li>○ Level of supervision and follow up required to support program</li> <li>○ Data on number of current law enforcement calls for service involving youth to explore size of program</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Explore funding resources to support program.</li> </ul>
Plan for diversionary court	<ul style="list-style-type: none"> <li>• Research pre-trial specialty court programs</li> <li>• Connect with other counties that have established juvenile pre-trial diversion courts or dockets.</li> <li>• Collect data on: <ul style="list-style-type: none"> <li>○ Number of juvenile cases processed (misdemeanor and felony)</li> <li>○ Number of cases eligible for diversion</li> </ul> </li> <li>• Coordinate with county judges to explore feasibility.</li> </ul>

**Team Lead:** Chief Dan Collins, Comal County Juvenile Probation Department

**Workgroup Members:** Donna Eccelston, Comal County Commissioner; Susan Hankins, CASA of Central Texas; Susan White, Comal Children’s Advocacy Center; Natalie Lopez, Comal Children’s Advocacy Center; Shannon Dixon, Comal Children’s Advocacy Center; Kristin Evans, DFPS; Elgin Rhodes, Comal County Juvenile Probation Department and Nathan Dentino, Hill Country MHDD

**Additional Workgroup Member(s) Added:** Susan Wetz



## Priority Two: Expand school-based behavioral health supports.

Objective	Action Steps
Implement Texas Child Health Access Through Telemedicine (TCHAT) in NBISD and CISD	<ul style="list-style-type: none"> <li>• Identify key stakeholders to include in initial school-based behavioral health workgroup meeting:               <ul style="list-style-type: none"> <li>○ NBISD superintendent, director of counseling and director of student support, CISD superintendent, director of counseling and director of student support, Hill Country MHDD and Comal County juvenile judges</li> </ul> </li> <li>• Set meeting with school and county leadership to discuss next steps and explore any barriers to implementation in both NBISD and CISD.</li> <li>• Connect with other similarly sized school districts that use TCHAT. Explore:               <ul style="list-style-type: none"> <li>○ Operational considerations (school-based liaison, referral resources, etc.)</li> <li>○ Impact</li> <li>○ Barriers to implementation</li> </ul> </li> <li>• Begin implementation, reach out to TCHAT at <a href="mailto:tcmhcc@utsystem.edu">tcmhcc@utsystem.edu</a> to confirm availability in Comal County and to initiate next steps.</li> </ul>
Inventory existing behavioral health resources and referrals used by NBISD and CISD	<ul style="list-style-type: none"> <li>• Inventory existing community-based behavioral health referrals made by NBISD and CISD schools using a survey. (<i>See Appendix E to guide inventory.</i>)               <ul style="list-style-type: none"> <li>○ Distribute survey to all primary and secondary school principals and behavioral health or counseling departments.</li> </ul> </li> <li>• Streamline referral process used across campuses.               <ul style="list-style-type: none"> <li>○ Further explore use of universal screening and assessment tools.</li> <li>○ Explore use of MOUs and ROIs to coordinate with community behavioral health providers.</li> </ul> </li> <li>• Expand school-based referral resources to include community partners present at SIM Mapping (SUD providers, mentorship organizations, Hill Country MHDD).               <ul style="list-style-type: none"> <li>○ Incorporate mental health trainings and community resource presentations during teacher training and school district in-service days.</li> </ul> </li> <li>• Explore opportunities to further implement restorative justice practices in the classroom. Consider:               <ul style="list-style-type: none"> <li>○ Classroom calming corners</li> <li>○ Spaces in schools for youth to “take breaks” when needed</li> </ul> </li> </ul>
Explore school-based law enforcement and BH partnership	<ul style="list-style-type: none"> <li>• Learn from communities that have developed co-responder models (school-based law enforcement and behavioral health providers) to respond to behavioral incidents in schools.               <ul style="list-style-type: none"> <li>○ Connect with Round Rock ISD police department.</li> </ul> </li> <li>• Collect data on law enforcement responses to behavioral incidents in CISD and NBISD.               <ul style="list-style-type: none"> <li>○ Use data to validate need.</li> </ul> </li> </ul>

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|  | <ul style="list-style-type: none"><li>• Explore feasibility with NB Police Department, Comal Sheriff's Office, NBISD and CISD.</li></ul> |
|--|--|

**Team Leads:** Judge Deborah Wigington, Comal County Mental Health Court; Stephanie Sisak, Comal ISD; Julie Welch, NBISD; Rosalie Rosales, NBISD

**Workgroup Members:** Linda Wilber, Comal ISD; Donna Tiemeyer, Branches San Marcos; Landon Studivant, Hill Country MHDD; Boyd Baxter, San Antonio Council on Alcohol and Drug Awareness; Jim Strakos, Hill Country MHDD; Sarah Holesha, Connections IFS; Amanda Hunt, River City Advocacy and Counseling; Zach Sanders, Recovery Werks; Monica Fernandez, Comal ISD

**Additional Workgroup Members Added:** Kristian Fain; Susan Wetz; Holly Digby; Kellye Shipman; Jim Strakos

## Priority Three: Enhance parent engagement, education and early intervention and prevention strategies to support families (Family, Early Engagement and Learning (FEEL))

Objective	Action Steps
Increase parent engagement	<ul style="list-style-type: none"> <li>• Identify which prevention population is being targeted.</li> <li>• Inventory existing local and state resources to support and educate parents in the community.               <ul style="list-style-type: none"> <li>○ Coordinate with local school districts, Communities in Schools (CIS), Connections, SAFE, Belong, and local nonprofits and faith-based organizations (i.e., Any Baby Can).</li> <li>○ DFPS <a href="#">Prevention and Early Intervention programs</a>, <a href="#">HHS Prevention Resource Centers (Comal's PRC)</a></li> <li>○ Identify organizations and parent liaisons that have a record of parent engagement or strong relationships with parents.</li> </ul> </li> <li>• Assess utilization of existing services and explore barriers to accessing services and supports to identify what outreach efforts have been well-received and successful previously.               <ul style="list-style-type: none"> <li>○ Poll parents in the community to understand gaps in parent education and behavioral health supports.</li> <li>○ Collect data on the utilization of parenting classes and social service supports.</li> </ul> </li> </ul>
Establish a multi-disciplinary priority workgroup	<ul style="list-style-type: none"> <li>• Invite key stakeholders to participate in the FEEL priority workgroup:               <ul style="list-style-type: none"> <li>○ New Braunfels ISD, Comal ISD, Belong, primary care providers (pediatricians), local nonprofits, Comal County Juvenile Probation Department</li> </ul> </li> <li>• Survey stakeholders on existing gaps and proposed interventions to best support parents of children with behavioral health needs in the community</li> </ul>
Information and data sharing	<ul style="list-style-type: none"> <li>• Establish Memoranda of Understanding (MOU) and Releases of Information (ROIs) to coordinate across stakeholders providing prevention and early intervention services in the community.</li> <li>• Establish regular prevention stakeholder meetings to staff cases and develop a data collection plan to demonstrate need for additional family and parent services. Consider:               <ul style="list-style-type: none"> <li>○ Location</li> <li>○ Meeting frequency</li> <li>○ Key stakeholders to invite</li> </ul> </li> </ul>

Share resources	<ul style="list-style-type: none"> <li>• Develop a marketing and outreach plan <ul style="list-style-type: none"> <li>○ Leverage social media and digital platforms</li> <li>○ Explore existing community platforms and events (health fairs, school-based educational series, online parenting groups, etc.)</li> </ul> </li> <li>• Distribute pamphlets on resources across key stakeholders (schools, county courts, law enforcement, juvenile probation, etc.)</li> </ul>
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**Team Lead:** Nora Smith, Comal County Juvenile Probation and Charles Stephens, Comal County Judge

**Workgroup Members:** Melissa Ramirez, Hill Country MHDD; Fabiola Barrera, Workforce Solutions; M. Martinez, NBISD; Gayle Rice, Hope Hospice; Diane Quiroga, Comal ISD; Andrea Ortega, Joven San Antonio; Lewis Jones, Comal Mental Health Court; Stacy LaBarr, Comal County Juvenile Probation; Tim Judkins, CASA of Central Texas; Julia Welch, NBISD; Keisha Alvarado, Workforce Solutions

**Additional Workgroup Members Added:** Susan Wetz; Holly Digby; Jaci Gonzales; Carrie Fitzpatrick

## Priority Four: Establish a safe place for youth.

Objective	Action Step
Create a survey to identify potential sites	<ul style="list-style-type: none"> <li>• Establish a list of contacts including:               <ul style="list-style-type: none"> <li>○ School staff from both districts, communities in schools, CRCG, local churches, mentorship programs, library, activity centers</li> </ul> </li> <li>• Create survey questions.</li> <li>• Identify potential safe place sites that can be enhanced or added to, based on survey responses.</li> <li>• Establish clear goals for the safe space and share at local convenings and with county stakeholders.</li> </ul>
Survey youth	<ul style="list-style-type: none"> <li>• Identify avenues to incorporate youth voice (schools, local mentorship organizations, etc.)</li> <li>• Ensure survey addresses the following:               <ul style="list-style-type: none"> <li>○ What is a safe place? (provide examples)</li> <li>○ What do youth want?</li> <li>○ What do youth need?</li> </ul> </li> <li>• Explore platforms for the survey (consider QR codes that can be posted at schools and in the community).</li> </ul>
Develop Youth Advisory Council	<ul style="list-style-type: none"> <li>• Explore examples of youth advisory councils (YACs) in other communities.               <ul style="list-style-type: none"> <li>○ See <a href="#">national examples</a> describes by the CDC .</li> <li>○ Connect with other local Texas YACs                   <ul style="list-style-type: none"> <li>▪ Pflugerville, Texas- <a href="#">Youth Advisory Council</a></li> <li>▪ Temple, Texas- <a href="#">Youth Advisory Commission</a></li> </ul> </li> </ul> </li> <li>• Define YAC structure:               <ul style="list-style-type: none"> <li>○ Consider the size of the council.</li> <li>○ Consider eligibility criteria for member.</li> <li>○ Consider application process.</li> <li>○ Consider oversight of YAC and meeting frequency</li> </ul> </li> <li>• Begin recruiting for YAC and sharing information out about application process.</li> </ul>
Develop ideas for youth programming events	<ul style="list-style-type: none"> <li>• Coordinate with prevention and early intervention priority group to establish resource list.               <ul style="list-style-type: none"> <li>○ Consider creating an Excel spreadsheet.</li> <li>○ Explore what program types and services are missing.</li> </ul> </li> <li>• Work with priority group to brainstorm ideas for supportive programming that might address gaps in services and needs identified by youth.</li> </ul>

**Team Lead:** Jessica Fogg, Hill Country MHDD and Jazzie Hamlet, Hill Country MHDD

**Workgroup Members:** Nathan Dentino, Hill Country MHDD; Kane Jagers, Belong; Jennifer Nieto, Hill Country MHDD; David Ricker, Communities in Schools Director; Rosalie Rosales, NBISD; Audrey Bailey, CISD; Jesikah Gutierrez, Drug Free Comal

**Additional Workgroup Members Added:** Kristian Fain; Susan Wetz

## 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. Comal 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 & 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 utilized 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.

# Improving Law Enforcement Response to Youth with Behavioral Health Needs

## Best Practices



Implement tailored **law enforcement training specific to responding to youth** with behavioral health needs in schools and the community.



Prioritize **law enforcement diversion programs** that avoid formal referral to juvenile court.



Establish **law enforcement and mental health provider collaboration** to support co-response to youth and families in the community and regular information sharing across

See additional **intercept 1** best practices highlighted in the [Youth SIM Best Practices Checklist](#).



## County Spotlights

### Youth Training for Law Enforcement

- [Fort Bend County's OJJDP FOCUS Youth Program](#)
- [Law Enforcement Diversion Programs](#)
- [Dallas Police Department - First Offender Program](#)
- [Welasco Police Department - First Offender Program](#)

## Key Resources

[Responding to Youth with Mental Health Needs - A CIT for Youth Implementation Manual](#) was developed by National Alliance on Mental Illness to support community leaders responding to youth in the community with implementing a youth specific crisis intervention team.

[Enhancing Police Response to Children Exposed to Violence - A Law Enforcement Toolkit](#) was developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to provide tools and resources to assist law enforcement agencies in building or enhancing effective responses to children exposed to violence.

The [Interactions between Youth and Law Enforcement](#) literature review developed by OJJDP provides an overview of research relevant to interaction between police and youth, including: the prevalence of police-youth interactions, factors that influence such interactions, the role of law enforcement in the juvenile justice system, and the outcome evidence of programs developed to help improve police-youth encounters (see page 19 for examples of evidence-based police training programs).

The [2020 Texas Juvenile Justice Handbook](#) by the Texas Attorney General provides an overview of the modern juvenile justice system in Texas. It can be used by law enforcement to understand statutory requirements related to responding to youth who have engaged in delinquent behavior and outlines alternatives to arrest (i.e., First Offender Programs, see page 12).

[Guiding Principles for School Resource Officer Programs](#) by Community Oriented Policing Services outlines a set of principles and considerations based on best practices to guide school-based policing.



# School-Based Behavioral Health Supports

## Best Practices



Implement the **Multi-Tiered System of Supports** or comprehensive school mental health care across all schools. *See Appendix E.*



Use **universal screeners** to identify risk and needs across all students.



Ensure access to **school-based mental health providers**, case management, family engagement specialists and wrap around services.



Establish **treatment referral pathways** between schools and community-based behavioral health providers.



Explore **alternatives to exclusionary discipline** practices and regular evaluation of school discipline policies.



Coordinate between alternative school or juvenile justice placements and home campus to support **continuity of care and transition planning**.

See additional **intercept 0** best practices highlighted in the [Youth SIM Best Practices Checklist](#).

## MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)



## County Spotlights

- [Round Rock ISD's Police-Mental Health Collaboration](#) utilizes an embedded model to support youth.
- Williamson County's [Mental Health in Schools Conference Guide](#) provides a toolkit for establishing trainings focused on school mental health.

## Key Resources

[The School Mental Health Practice Guide and Toolkit](#) by Texas Education Agency provides information, practice considerations, resources and tools for local education agencies (LEAs) to plan for and provide a comprehensive school mental health system.

TEA's [Restorative Discipline Practices in Texas](#) site provides a list of trainings and resources to support the implementation of restorative discipline practices in school districts across Texas.

[The Texas Child Mental Health Care Consortium's Biennial Report](#) provides an overview on the impact of Texas Child Health Access Through Telemedicine on school districts across Texas with data on number of schools enrolled, students served and family satisfaction on TCHATT services. Also see [Texas Child Health Access Through Telemedicine](#) website for additional information.

[Texas Education Code Chapter 37 Discipline Chart](#) is designed to assist school officials in determining the appropriate disciplinary responses to student misconduct.

[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.

The [Mental and Behavioral Health Roadmap and Toolkit for Schools](#) by Meadows Mental Health Policy Institute provides information on research-driven, evidence-based practices to help school leaders, teachers, and staff more effectively assess and address student mental and behavioral health needs.

# 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**.

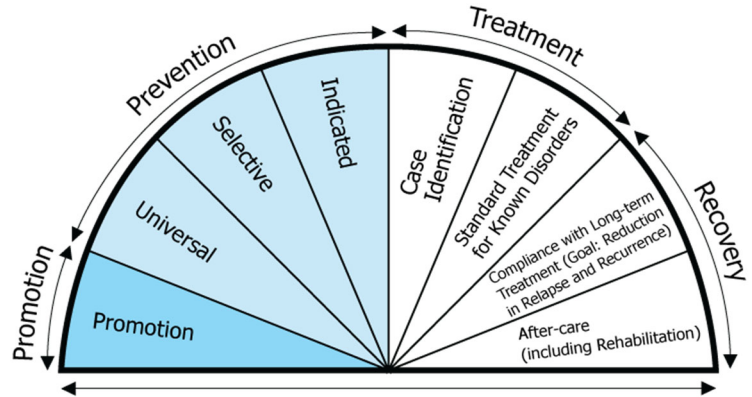


**Community Youth Development or Statewide Youth Services Network** programs offered by DFPS Prevention and Early Intervention.



Prioritize **family engagement** and voice at every stage of treatment and intervention planning.

See additional best practices highlighted in the [Youth SIM Best Practices Checklist](#)



The Behavioral Health Continuum of Care Model, based on the Mental Health Intervention Spectrum, highlights multiple opportunities for addressing behavioral health problems and disorders.

## 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 suggestion 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 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.

# Incorporating Youth Voice Into Key Decision Making

## Best Practices



Obtain **buy-in** from motivated youth and community groups.



Create partnership agreements with local governments, agencies and organizations to **formalize a youth council's role** in the community.



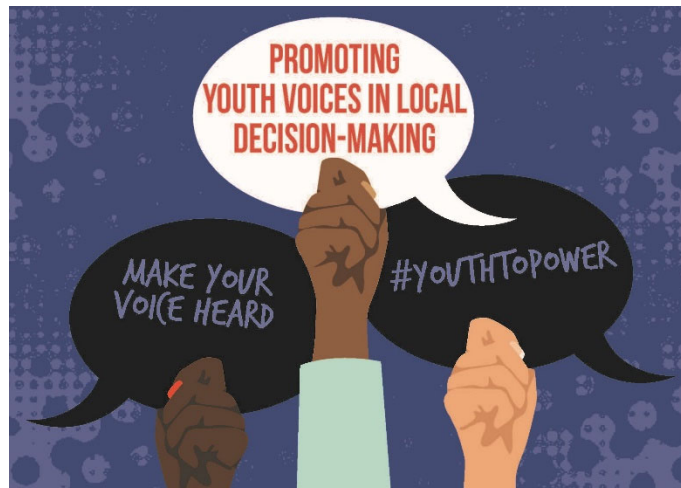
Ensure **inclusivity** and promote **participation**.

Involve youth in the **collecting** and **analyzing** of program **data**.



**Use data and action planning tools** to ensure the council's work is executed effectively.

See additional best practices highlighted in the [Youth SIM Best Practices Checklist](#)



## Local Spotlights

- [San Antonio Youth Commission \(SAYC\)](#) worked with city staff to create a teen mental health survey and citywide mental health plan.
- [DeSoto Teen Council](#) helps young people become engaged in civic life. It is one part of DeSoto's [Youth Master Plan](#).

## Key Resources

The Centers for Disease Control and Prevention's [Youth Advisory Council's website](#) provides guides for planning, implementing and sustaining successful and well-designed youth councils.

[Youth Advisory Commissions](#) is a document from the Texas Municipal League, outlines projects taken on by Youth Advisory Commissions around the state and outlines support provided by Texas Municipal League.

[Texas Youth Advisory Commission Summit](#) is an annual meeting of Youth Advisory Commissions around the state. It is supported by the Texas Municipal League.

Casey Family Programs' [Supportive Communities strategy brief on youth advisory boards](#) focuses on recruiting and engaging youth advisory boards comprised of children in foster care.

PACER, a nonprofit that supports youth with disabilities, publicized the rules and guidelines for their Youth Advisory Board on Children's Mental Health. Their [Youth Advisory Board Toolkit](#) provides examples of forms, policies and procedures and other administrative documents to build a mental health-focused youth advisory board.

## 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.

- Hill Country MHDD can sign memoranda of understanding with both Comal ISD and New Braunfels ISD to improve continuity of care and referral practices between both districts and the LMHA.
- SIM priority leads to meet with the New Braunfels Youth Collaborative to identify opportunities to collaborate on shared goals and strategies.
- The Student and Family Empowerment Program (SAFE) can increase outreach and education to Comal ISD and New Braunfels ISD in order to increase the number of youth referred to the program.
- Law enforcement and dispatch across Comal County can explore ways to flag mental health calls for service involving a youth to improve data collection and inform funding decisions related to youth behavioral health programs and services in the community.
- Hill Country's Youth Crisis Respite (YCR) can increase community awareness of services and explore opportunities to further partner with law enforcement and Comal County Juvenile Probation to serve youth that may be appropriate for diversion to the YCR.
- Hill Country MHDD can continue to provide Youth Mental Health First Aid across schools in Comal ISD and New Braunfels ISD to ensure all staff across schools are trained. Hill Country MHDD can also explore providing additional trainings in schools. For additional context on mental health training requirements, see House Bill 3, 88<sup>th</sup> Legislature, Regular Session, 2023) which added [Education Code section 22.904](#) to require mental health training for school district employees that regularly interact with students.
- Comal County Juvenile Probation Department can begin regularly sharing MAYSI, PACT, and Pre-PACT assessments on youth who have their cases referred to juvenile court with relevant juvenile court stakeholders (juvenile court judge, defense attorneys, and prosecutors).

# Appendices

## Appendix A: Comal County Youth SIM Workshop Agenda

September 26, 2023 - September 27, 2023  
*New Braunfels Food Bank  
 1620 S. Seguin Ave., New Braunfels, TX 78130*

### AGENDA – Day 1

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15 a.m.</b>	<b>Registration</b>	Coffee and Snacks
<b>8:30 a.m.</b>	<b>Opening Remarks</b>	Opening Remarks - <i>Chief Dan Collins, Comal County Juvenile Probation Director</i> <i>Rianne Sykes, Branch Director, Big Brothers Big Sisters of Comal &amp; Guadalupe County</i> Welcome and Introductions- <i>Jennie M. Simpson, PhD, Associate Commissioner and State Forensic Director, Texas HHSC</i>
<b>8:45 a.m.</b>	<b>Workshop Overview and Keys to Success</b>	Overview of the Workshop Community Polling
<b>9:00 a.m.</b>	<b>Presentation and Mapping of Intercepts 0, 1</b>	Overview of Intercepts 0 and 1 County Data Review Map Intercepts 0 and 1 Examine Gaps and Opportunities
<b>11:30 a.m.</b>	<b>Lunch</b>	
<b>12:15 p.m.</b>	<b>Presentation and Mapping of Intercepts 2, 3</b>	Overview of Intercepts 2 and 3 County Data Review Map Intercepts 2 and 3 Examine Gaps and Opportunities
<b>2:30 p.m.</b>	<b>Presentation and Mapping of Intercepts 4, 5</b>	Overview of Intercept 4 County Data Review Map Intercept 4 Examine Gaps and Opportunities
<b>3:45 p.m.</b>	<b>Summarize Opportunities, Gaps &amp; Establish Priorities</b>	Identify Potential, Promising Areas for Modification within the Existing System Establish a List of Top Priorities- Round Robin
<b>4:15 p.m.</b>	<b>Wrap Up</b>	Review the Day Homework
<b>4:30 p.m.</b>	<b>Adjourn</b>	

## AGENDA – Day 2

<b>TIME</b>	<b>MODULE TITLE</b>	<b>TOPICS / EXERCISES</b>
<b>8:15 a.m.</b>	<b>Registration</b>	Coffee and Snacks
<b>8:30 a.m.</b>	<b>Welcome</b>	Opening Remarks - <i>Judge Charles Stephens, Comal County Court at Law #2</i> Speaker 2 - <i>RecoveryWerks!</i>
<b>8:40 a.m.</b>	<b>Preview &amp; 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 &amp; 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>Landon Sturdivant, MBA, LBSW, Deputy Chief Executive Officer, Hill Country MHDD</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), count (#)	Intercept 0	Schools and Communities
Children's emergency department admissions for psychiatric reasons, count (#)	Intercept 0	Schools and Communities
Psychiatric hospital admissions (#)	Intercept 0	Schools and Communities
Mobile crisis outreach team episodes (with child as subject), count (#)	Intercept 0	Schools and Communities
Mobile crisis outreach calls responded to in the community (with child as subject) (%)	Intercept	Schools and Communities
Mobile crisis outreach team calls, repeat calls (% of calls)	Intercept 0	Schools and Communities
Crisis center admissions, count (e.g., children's respite center, children's crisis stabilization unit) (#)	Intercept 0	Schools and Communities
Number of suspensions (e.g., ISS and OSS) (#)	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), count (#)	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 v. 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, count (#)	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, count (#)	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 basic (#)	Intercept 4	Reentry
Number of juvenile supervision officers receiving specialized mental health training or trauma-informed care training beyond JSO 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 yr 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**

### **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) HHSC 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

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
1st TIME MISDEMEANOR <sup>1</sup>	Level 1	Level 1	N/A	N/A
Minor <sup>2</sup>	Level 2 or 3a	Level 2 or 3a	Level 2 or 3a-c	Level 3a-c or 4
Serious <sup>3</sup>	Level 2 or 3a	Level 2 or 3a-b	Level 3a-c or 4	Level 3a-c or 4
Violent <sup>4</sup>	Level 2 or 3a-b	Level 2, 3a-c or 4	Level 3a-c, 4 or 5	Level 3a-c, 4 or 5

**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.)

<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.

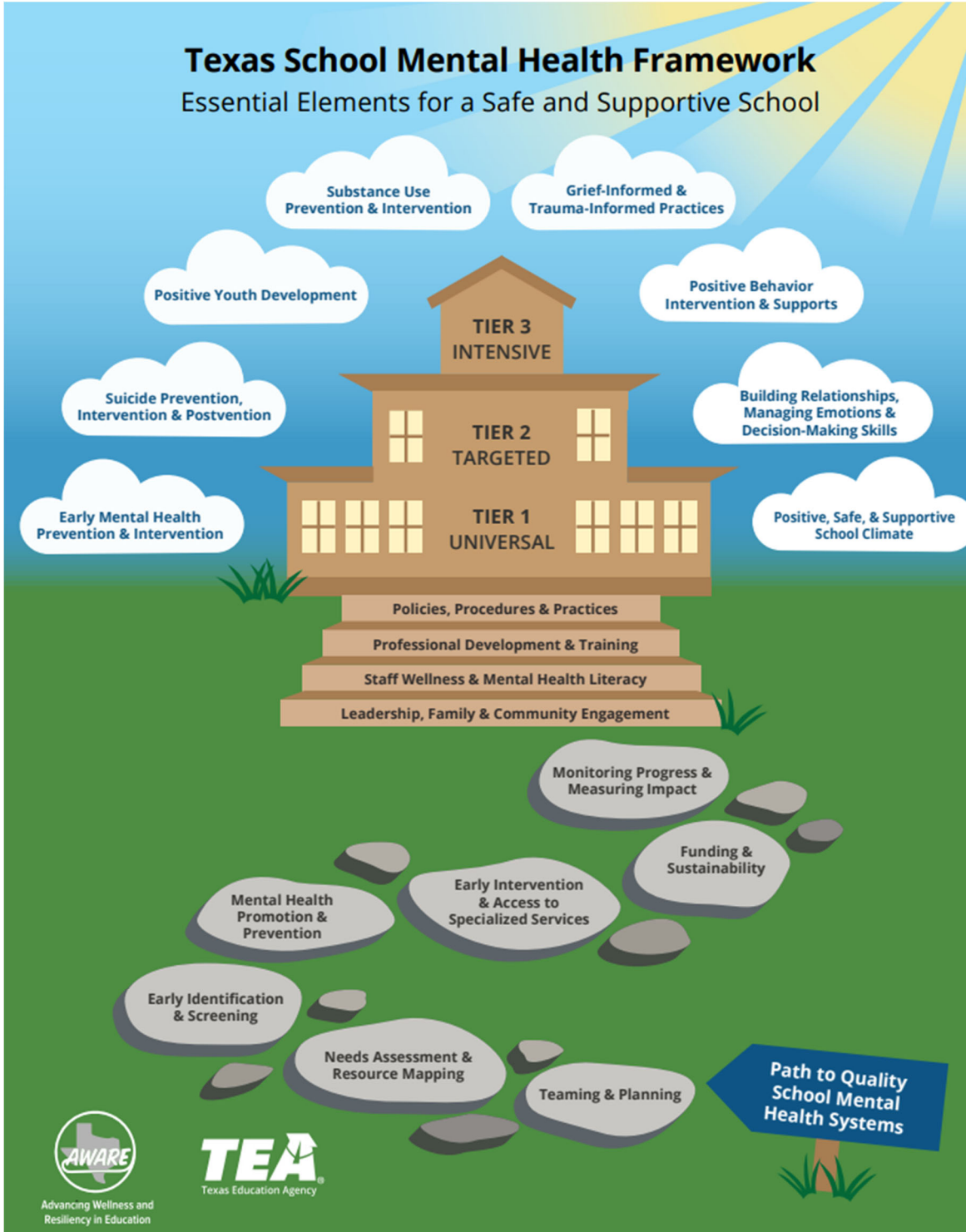
<sup>3</sup> - Felony offenses that do not include violence.

<sup>4</sup> - Violent felony offenses (do not include misdemeanor assault and battery, which is captured under "minor").

**Level 1** - Alternatives to Arrest  
**Level 3** - Community Supervision  
**(3a)** - Probation supervision  
**(3b)** - Probation enhancement services (ART, Lifeskills, etc.)  
**(3c)** - Day Treatment, MST, FFT, Minimum Risk Commitment

**Level 2** - Diversion & Non-DJJ Probation  
**Level 4** - Non Secure Residential Commitment (Low- & Moderate-Risk Programs)  
**Level 5** - Secure Residential Commitment (High- & Maximum-Risk Programs)

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



# Appendix E: Realms of Adverse Childhood Experiences

## 3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



PACEs Connection thanks Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [PACEsConnection.com](http://PACEsConnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.



## Appendix F: SIM Mapping Workshop Participant List

Name	Agency	Title
Shelley Betsworth	Communities In Schools	Supervisor
David Ricker	Communities In Schools	Director of Community Partnerships
Kristin Evens	CPS	Supervisor
Sarah Holesha	Connections IFS	Residential Counselor
Tiona Morris	Belong	Clinical Coordinator
Kane Jagers	Belong	St. Regional director
Letisia Balderas MacDonald	HHSC	Treatment for Youth Coordinator
Diane Quiroga	Comal ISD	Student Support Coordinator
Kurt Haynes	CIS	Supervisor
Kennya Torres	Any Baby Can	Case Manager
John Garcia	Comal County Juvenile Probation	Juvenile Probation Officer
Juliana Martinez	CDA	Chief Civil Legal Assistant
Kimberly Richardson	District Attorney	Legal assistant
Keisha Alvarado	WSA	BSR
Fabiola Barrera	WSA	Career Navigator
Anthony Kibble	Texas Juvenile Justice Department	Parole Regional Manager
Rianne Sykes-Wenske	Big Brothers Big Sisters	Branch Director
Donna Tiemeyer	Austin Oaks Hospital/Branches San Marcos	Clinical Community Liaison
Norma Herrera	New Braunfels Municipal Court	Juvenile Case Manager
Kellye Shipman	New Braunfels ISD	Director of Counseling
Ophelia Jaushlin	HHS TxSOC	Assistant Project Director
Willie Armstead	HHSC	Program Specialist
Morgan Royce	HHSC	Program Specialist
Rodney Bell	Children Mental Health	TJJ liaison
Berenice Hernandez	Belong	Permanency specialist
Susan White	Children's Advocacy Center of Comal County	Lead Forensic Interviewer



Stephanie Sisak	Comal ISD	Counselor
Kellie Burnam	STRAC	Southwest TX crisis' collaborative director
Jess Fogg	HCMHDD	Assistant Director
Charles Stephens	Comal County Court at Law #2 and Juvenile Court	Judge
Linda Wilber	Probation/ SAFE	Social Worker
Audrey Bailey	Comal ISD	Family Support Specialist
Jazzie Hamlett	HCMHDD	Centralized Crisis Team Lead
Monica Fernandez	Comal ISD	MKV Liaison- LMSW
Jim Strakos	Hill Country MHDD	Clinic Director
Vickie Adams	San Antonio Council on Alcohol and Drug Awareness	Coalition director
Jennifer Nieto	Hill Country MHDD	Clinic Director
Tim Judkins	CASA of Central Texas	Casework Supervisor
Andrea Ortega	JOVEN	Youth Prevention Specialist
Susan Hankins	CASA of Central Texas	Casework Supervisor
Dan Collins	Comal County Juvenile Probation	Director
Natalie Lopez	Children's Advocacy Center of Comal County	Clinical Director
Landon Sturdivant	Hill Country MHDD Centers	Deputy CEO
Amanda Hunt	River City Advocacy	Director
Chera Tribble	HHSC	Project Manager
Stacey LaBarr	Comal County Juvenile Probation	Assistant Chief Juvenile Probation Officer
Jesikah Gutierrez	Connections IFS/ Drug Free Comal	Coalition Coordinator
Adam Kindred	HHSC	Strategic Growth Specialist
Jenny Rodriguez	New Braunfels Public Library	Youth Services Manager, Librarian III
Gerri Flores	Hill Country MDD MST	MST therapist
Christopher Willis	City of New Braunfels	City Councilman
Stacey Roff	New Braunfels ISD	District Behavior Specialist
Rosia Turner	Precious Life Suicide Prevention	Secretary
Nancy Turner	Precious Life Suicide Prevention	President/Behavior Specialist
Lewis Jones	Comal County Mental Health Court	Court Coordinator
Shannon Dixon	Children's Advocacy Center of Comal County	Director of Outreach

Rosalie Rosales	NBISD/High School	Drop-out Prevention
Gayle Rice	Hope Hospice Foundation	Bereavement Program Manager
Liz Pearson	Health and Human Services Commission	Adult and Children's Mental Health Director
Justin Plescha	District Attorney Office	ADA
Boyd Baxter	San Antonio Council on Alcohol and Drug Awareness	Coalition Coordinator
Elgin Rhodes	Juvenile Probation	JPO
Araceli De La Cruz	NBISD	Executive Director of Student Services
Nathan Dentino	Hill Country MHDD	TCOOMMI Program Director
Melissa Ramirez	Hill Country MHDD	Director of Children Services
Jim Strakos	Hill Country MHDD	Clinic Director
Boyd Baxter	San Antonio Council on Alcohol and Drug Awareness	Coalition Coordinator
William Z. Saunders	RecoveryWerks!	Youth Services Director

## Appendix G: List of Acronyms

Acronym	Full Name
<b>ACEs</b>	Adverse Childhood Experiences
<b>CIS</b>	Communities in Schools
<b>CISD</b>	Comal Independent School District
<b>CIT</b>	Crisis Intervention Team
<b>COC</b>	Code of Conduct
<b>CSCD</b>	Community Supervision and Corrections Department
<b>DAEP</b>	Disciplinary Alternative Education Program
<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>IDD</b>	Intellectual and Developmental Disability
<b>ISD</b>	Independent School District
<b>JJAEP</b>	Juvenile Justice Alternative Education Program
<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>	Mobil Crisis Response 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>NBISD</b>	New Braunfels Independent School District
<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>PD</b>	Police Department
<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 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>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

