

# Comal County Roadmap

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

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

1. **Enhance jail-based mental health services, reentry planning and continuity of care.**
2. **Develop a comprehensive transportation plan for implementation.**
3. **Enhance diversion services through 9-1-1, law enforcement and the development of a diversion center.**
4. **Expand community-based Substance Use Disorder (SUD) treatment options in Comal County.**
5. **Develop core processes and procedures for case flow management and communication.**

1. Coordinate
  - Strengthen behavioral health and justice partnerships through regular convening of a leadership team.
  - Establish subcommittees dedicated to implementing the action plans developed during the SIM Workshop.
2. Partner
  - Identify opportunities to strengthen relationships with new stakeholders (e.g. housing partners, IDD services, jail mental health providers).
  - Learn from other similar sized counties implementing best practice models.
3. Train
  - Train stakeholder groups on identifying, responding and effectively treating people with MI, SUD, and IDD.

- Build on existing diversion center planning efforts.**
- Expand the frequency and scope of community mental health trainings to serve 9-1-1 dispatchers and Fire/EMS. (e.g. CIT, MHFA).**
- Explore opportunities to expand Comal County Co-response teams to include community paramedics.**
- Expand the use of pretrial diversion and supervision caseloads through Comal County CSCD.**

# Comal County Gaps, Opportunities and Best Practices

## Intercepts 0&1

Community Services, Crisis Services & Law Enforcement

### Selected Gaps:

- Mental health (MH) training for 911 dispatch and law enforcement
- Capacity of MCOT for rapid community-based response
- Alternatives for diversion from emergency rooms and jail
- Substance use disorder (SUD) treatment options
- Information sharing across stakeholder groups

### Opportunities:

- Provide MH training to 911 dispatchers and law enforcement
- Expand contract capacity for SUD treatment
- Develop a uniform data collection and reporting strategy across stakeholders
- Co-locate a mental health professional in the 9-1-1 dispatch call center

## Intercepts 2&3

Initial Detention, Jails, & Courts

### Selected Gaps:

- Substance use treatment services in jail
- Wait times for inpatient competency restoration services
- Use of alternatives to inpatient competency restoration
- Pretrial diversion programs
- Comprehensive jail-based mental health services (screening, assessment and treatment)

### Opportunities:

- Increase MH service capacity in jail
- Educate courts on alternatives to competency restoration and waitlist management best practices
- Use a validated risk assessment to determine treatment needs, bond and pretrial supervision
- Establish a regular BH staffing with jail staff, court stakeholders, and Hill Country MHDD

## Intercepts 4&5

Reentry & Community Corrections

### Selected Gaps:

- Capacity on specialized probation and parole caseloads
- Case management and reentry planning in jail prior to a release
- Medicaid benefits terminated rather than suspended in jail
- Provision of psychiatric medication prior to release
- Limited affordable housing for people with criminal records

### Opportunities:

- Provide probation officers with additional MH training
- Utilize peers to support community reentry programs
- Embed mental health providers in the jail to support care coordination
- Develop a jail-based referral system for improved access to community services

## Best Practices at Each Intercept

### Intercept 0 & 1

MH training for LE and 911 dispatch

Police coding of MH Calls

LE and MH Co-Responder Models

MH and SUD diversion centers

### Intercept 2 & 3

Consistent screening for MI, SUD and IDD

Pretrial Supervision and Diversion Programs

Active forensic waitlist monitoring

Jail-based SUD and MH services

### Intercept 4 & 5

Robust reentry planning (psych medications, benefits coordination, peer-support)

Specialized MI, IDD and SUD caseloads

Jail in-Reach transition planning