

Texas Youth Sequential Intercept Model Mapping Report: Comal County

**Texas Health and Human Services
September 2023**

Workshop Date: September 26 – September 27, 2023



TEXAS
Health and Human
Services

Table of Contents

Background	5
Acknowledgements	5
About the Texas Behavioral Health and Justice Technical Assistance Center.....	6
Recommended Citation	6
Introduction	7
Texas Youth SIM Map for Comal County	9
Opportunities and Gaps at Each Intercept	10
Intercept 0 and Intercept 1: Communities and Schools	11
Intercept 2 and Intercept 3: Referral to Juvenile Justice and Judicial Processing	14
Intercept 4: Reentry	16
Priorities for Change	18
Strategic Action Plans	19
Priority One: Enhance Training for Law Enforcement on Responding to Youth with Behavioral Health Needs and Implement A First Offender Program.....	21
Priority Two: Expand School-Based Behavioral Health Supports.....	22
Priority Three: Enhance Parent Engagement, Education and Early Intervention and Prevention Strategies To Support Families (Family, Early Engagement and Learning (FEEL)).....	24
Priority Four: Establish A Safe Place For Youth.....	26
Resources to Support Action Plan Implementation	28
Task Force and Networking	28
Communication and Information Sharing	28
Boundary Spanner	28
Local Champions	28
Ability to Measure Outcomes	29
Peer Involvement	29
Behavioral Health Leadership Teams.....	29
Improving Law Enforcement Response to Youth with Behavioral Health Needs	30
Best Practices	30
Program Spotlight.....	30
Key Resources	30
School-Based Behavioral Health Supports	32
Best Practices	32
County Spotlights	32
Key Resources	32

Parent Education and Early Intervention and Prevention Strategies	34
Best Practices	34
County Spotlights	34
Key Resources	34
Incorporating Youth Voice Into Key Decision Making	36
Best Practices	36
County Spotlights	36
Key Resources	36
Quick Fixes	38
Appendix A. Workshop Agenda	39
Appendix B. Texas Youth Sequential Intercept Model Map for Comal County, September 2023	41
Community Public Health and Support Services	41
Intercept 0: School and Community–Based Services	42
Intercept 1: Law Enforcement, SROs, and Children’s Emergency Services.....	43
Intercept 2: (Pre-adjudication) Initial Referral to Juvenile Justice, Intake, and Detention	44
Intercept 3: Judicial Processing (Secure Placement, Probation Supervision).....	45
Intercept 4: Reentry	46
Appendix C. Community Impact Measures	48
Appendix D. Texas and Federal Privacy and Information Sharing Provisions	50
Guidance and Resources for Information Sharing	50
School Records Sharing	50
Mental Health Record Protections	51
Records Sharing for Justice Involved Youth	54
Appendix E: Juvenile Justice Disposition Recommendation Matrix Example	62
Appendix F: Texas School Mental Health Framework (Multi-Tiered System of Supports)	64
Appendix G: Three Realms of ACEs	65
Appendix H: SIM Mapping Workshop Participant List	66
Appendix I: List of Acronyms and Initialisms	69

Background

Acknowledgements

This report was prepared by the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) on behalf of Texas Health and Human Services Commission (HHSC). The workshop was convened by 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:

- Judge Charles Stephens, County Court at Law, #2
- Jenifer Nieto, Hill Country Mental Health and Developmental Disabilities
- Kristen Evens, Department of Family and Protective Services
- Diane Quiroga, Comal Independent School District
- Lesli Day, New Braunfels Independent School District
- Kane Jagers, Belong, St. Jude's Ranch for Children Texas
- Jessica Fogg, Hill Country Mental Health and Developmental Disabilities
- Jennifer Garrigan, Comal Independent School District

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

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

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

Introduction

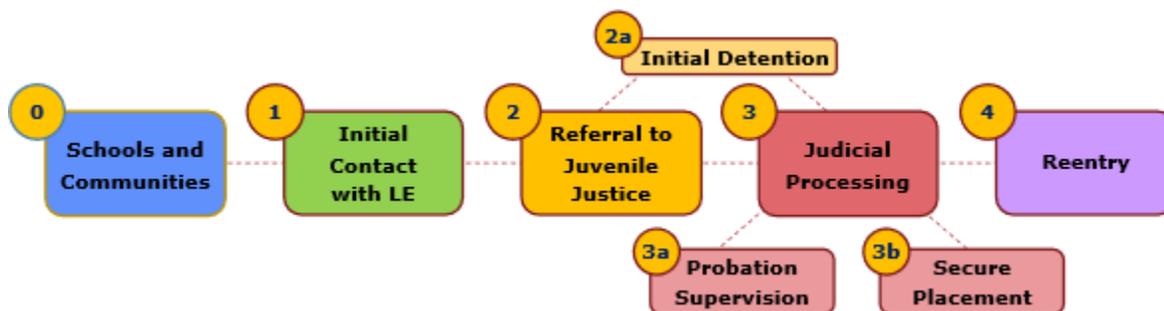
The Texas Health and Human Services Commission’s Office of Forensic Coordination (OFC) convened a six-month workgroup series to discuss key services, gaps, opportunities, and best practices for youth with MI, SUD, and IDD who are justice-involved or at risk of justice involvement in Texas.

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^a 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 Figure1;
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

Create a customized local map and local action plans to address identified gaps.



^a 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 SIM Map for Comal County

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 (Secure Placement, Probation Supervision)	Intercept 4 Reentry
<p>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</p> <p>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</p>	<p>911 Dispatch / Emergency Communications New Braunfels Police Support Services Division, Comal County Sheriff's Office Dispatch</p> <p>Law Enforcement New Braunfels Police Department, Comal County Sheriff's Office, Bulverde Police Department, Garden Ridge Police Department, Selma Police Department</p> <p>School Resource Officers CISD School Resource Officers - Comal County Sheriff's Office NBISD School Resource Officers - Comal County Sheriff's Office Disciplinary Alternative Education Programs Bexar County Juvenile Justice Alternative Education Program Comal Discipline Center - CISD DAEP NBISD DAEP</p>	<p>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</p>	<p>Pre-Trial Intervention Programs • Deferred Prosecution (FC Sec. 53.03) • GPS/Electronic Monitoring Program</p> <p>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</p>	<p>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</p>
<p>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.</p>	<p>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, Texas</p>	<p>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-</p>	<p>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</p>	<p>Juvenile Parole Texas Juvenile Justice Department (TJJD) Specialized Case Loads</p>
<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>
<p>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</p>		<p>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</p>		<p>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</p>

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

Opportunities and Gaps at Each Intercept

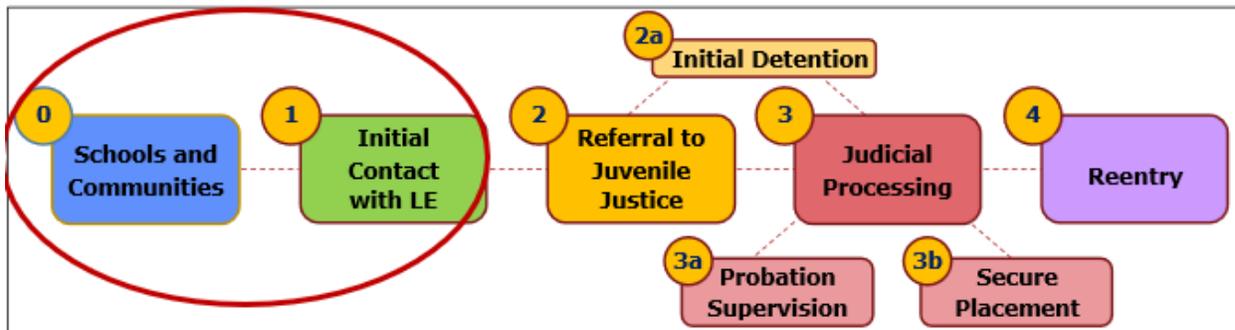
As part of the mapping activity, facilitators worked with workshop participants to identify services, key stakeholders, and gaps and opportunities at each intercept. This process is important due to the ever-changing nature of school, juvenile justice, and behavioral health services systems. The opportunities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

National and State Best Practices

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



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.

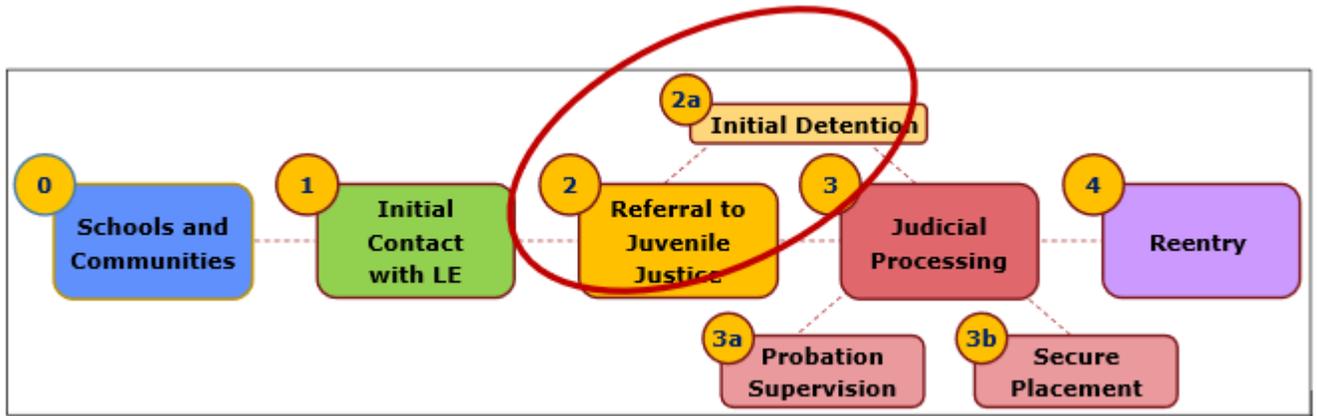
Intercepts 0 and 1 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> Limited time and capacity of school-based mental health professionals to utilize universal mental health screening tools across campuses. Limited school-based mental health supports and consistent referrals to 	<ul style="list-style-type: none"> Implement Texas Child Health Access Through Telemedicine (TCHAT) at both New Braunfels ISD (NBISD) and Comal ISD (CISD).

<p>treatment (i.e., referrals to Hill Country MHDD).</p> <ul style="list-style-type: none"> • Infrequent information sharing between school mental health providers and community mental health providers (i.e., MOUs, ROIs). 	<ul style="list-style-type: none"> • Ensure there are mental health staff at every campus (K-12) in both NBISD and CISD.
<ul style="list-style-type: none"> • Variance in student code of conduct (COC) protocols and interpretation across schools. • Variant use of mitigating factors across campuses to explore alternatives to expulsion and exclusionary discipline practices (see mitigating factors definition in the Chapter 37 Discipline Chart). • Limited community awareness on changes in Section 37.006 of the Texas Education Code related to e-cigarettes and student discipline requirements. • Limited cross-campus teacher training and education on mental health signs and symptoms and referral resources. 	<ul style="list-style-type: none"> • Provide education across school administrators, mental health professionals, and school law enforcement on COC protocols. • Create a school discipline decision tree to streamline the response to misconduct across schools in CISD and NBISD. • Educate local smoke shops on new law related to minors caught with e-cigarette's on campus. • Increase utilization of Hill Country MHDD's Youth Mental Health First Aid training and suicide prevention trainings.
<ul style="list-style-type: none"> • Lack of parent engagement with schools and follow up on mental health referrals for their children. • Limited parent education and awareness of mental health symptoms and resources to support youth in the community. • Unmet social service and behavioral health needs of parents. 	<ul style="list-style-type: none"> • Explore use of family partners to facilitate parental engagement in services. • Expand training for parents on early signs of behavioral health needs. • Spread information about community resources where parents can access social services and mental health supports.
<ul style="list-style-type: none"> • Limited safe community spaces for youth to connect with peers. • Lack of planned activities and access to resources when school is out. 	<ul style="list-style-type: none"> • Explore Westside Library Community Center as an untapped resource. • Incorporate youth voice to access community needs and youth interests (i.e., Youth Advisory Council). • Collaborate with New Braunfels Youth Collaborative.

<ul style="list-style-type: none"> • Limited ability of unaccompanied youth to consent to mental health services. 	<ul style="list-style-type: none"> • Increase awareness of legal support for youth interested in the emancipation process. • Connect with Child Protective Services to explore legal options for youth to consent or act independently of their guardian.
<ul style="list-style-type: none"> • Continuity of care for youth discharged from psychiatric hospitalization or residential treatment. • Lack of medication continuity for youth transitioning into the community. • Lack of transportation options for youth to attend mental health appointments. • Limited community wrap around supports and capacity of crisis responders (i.e., YES Waiver, MCOT). 	<ul style="list-style-type: none"> • Set appointments rather than make referrals. • Explore school-based provider referral and treatment options (i.e., TCHAT) • Increase coordination between psychiatric hospitals and Hill Country MHDD, and local pediatric providers to plan for medication continuity.
<ul style="list-style-type: none"> • Limited SUD treatment services and inpatient treatment options for youth in Comal County. 	<ul style="list-style-type: none"> • Explore telehealth SUD treatment options. • Increase community awareness of HHSC-contracted SUD treatment providers in Comal County (e.g., Elite Counseling and South Texas Rural Health Services).
<ul style="list-style-type: none"> • Limited training for law enforcement on responding to youth with behavioral health needs. • Limited number of available school resource officers to respond in both CISD and NBISD (Comal County Sheriff’s Office and New Braunfels Police Department) 	<ul style="list-style-type: none"> • 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).
<ul style="list-style-type: none"> • No psychiatric emergency room in Comal County. • Limited local inpatient resources (all hospitals are in Austin or San Antonio) to support youth that require a higher level of care. 	<ul style="list-style-type: none"> • Increase referral and utilization of outpatient treatment and early intervention and prevention options (i.e., Multi-systemic Therapy and the SAFE program).
<ul style="list-style-type: none"> • Limited diversion options on non-violent juvenile offenses for law enforcement. 	<ul style="list-style-type: none"> • Explore implementation of a First Offender Program that would allow for law enforcement to divert youth pre-arrest.
<ul style="list-style-type: none"> • Lack of housing and referral options for runaway youth (cases usually must be reported to CPS by law enforcement). 	<ul style="list-style-type: none"> • Expand law enforcement awareness of community housing supports for youth and families (i.e., Connections offers emergency youth shelter options).

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.

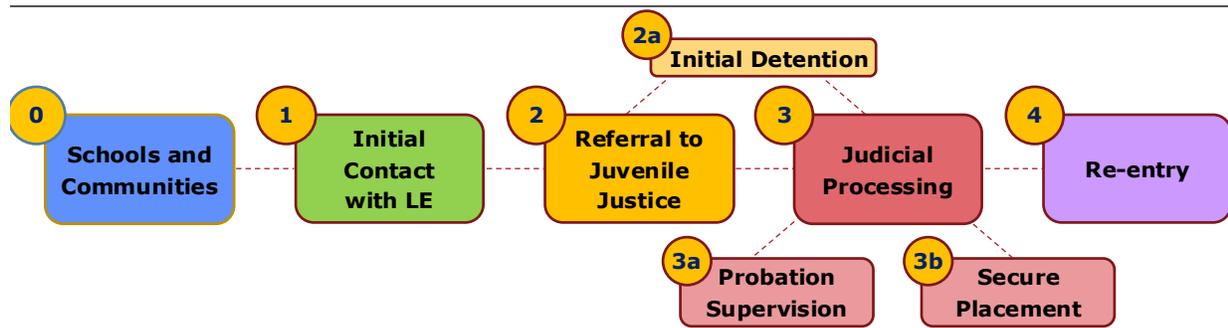
Comal County Intercepts 2 and 3 Gaps and Opportunities

Gaps	Opportunities
<ul style="list-style-type: none"> Inconsistent utilization of the Massachusetts Youth Screening Instrument (MAYSI) for youth referred to juvenile probation. 	<ul style="list-style-type: none"> Implement additional screening and assessment tools for youth that screen above the caution cut-off score on the MAYSI (i.e., CSSR-S, PHQ-9, etc.) Implement trauma informed training for law enforcement and intake and detention

<ul style="list-style-type: none"> • MAYSI score reliability due to stress levels as a result of the screening environment (i.e., detention centers) • Inconsistent sharing of MAYSI and Positive Achievement Change Tool (PACT) scores with prosecutors, judges, and defense attorneys. 	<ul style="list-style-type: none"> • staff to support trauma informed assessment and intake practices. • Share MAYSI and PACT scores across juvenile court stakeholders.
<ul style="list-style-type: none"> • Limited alternative education (DAEP) capacity to support youth expelled due to the new vaping laws passed. 	<ul style="list-style-type: none"> • Explore the use of mitigating factors to avoid expulsion when appropriate. • Continue parent and community education on new vape laws.
<ul style="list-style-type: none"> • Limited education for judges on pre- and post-booking diversion options to support youth with MI and SUD. • No pre-adjudication treatment court/docket options for youth with MI, SUD, or IDD. • Limited community service opportunities as conditions for youth with felony or violent misdemeanor charges. 	<ul style="list-style-type: none"> • Explore opportunities to provide judges with training on diversion opportunities. • Distribute the updated Judicial Commission on Mental Health Juvenile Bench Book to all judges, prosecutors, and defense attorneys in Comal County. • Explore implementing pretrial mental health dockets.
<ul style="list-style-type: none"> • No county detention facility: Comal County Juvenile Probation must contract with detention facilities outside of county to place youth. • Limited capacity at out-of-county detention facilities (50% of youth referred from Comal County not accepted). • Limited continuity of care for youth detained out of county. • Inconsistent information sharing between out-of-county detention facilities and Hill Country MHDD, CISD and NBISD for youth returning to the community. 	<ul style="list-style-type: none"> • Build a Comal County detention center. • Establish MOUs between out-of-county detention facilities, Hill Country MHDD and school districts.
<ul style="list-style-type: none"> • Lack of parental engagement in follow-up services for youth released from detention. 	<ul style="list-style-type: none"> • Use family partners and peer support to support parents with youth transitioning back to the community.
<ul style="list-style-type: none"> • Limited treatment and placement options for youth with charges pending. • Youth in foster placements who become justice-involved are often not able to return to placement which can increase 	<ul style="list-style-type: none"> • Coordinate with local RTCs and treatment facilities to explore broadening eligibility criteria.

their time spent in detention.	
<ul style="list-style-type: none"> A lack of systematic data collection and information sharing across the juvenile courts, juvenile probation, and Hill Country MHDD. 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Limited resources to support youth with IDD who are justice involved. 	<ul style="list-style-type: none"> Increase IDD training for juvenile court, probation, and detention staff. Inventory IDD services in Comal County.

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"> Limited continuity of care for youth placed in detention or post-adjudication facilities outside of Comal County. 	<ul style="list-style-type: none"> Explore telehealth intakes with Hill Country MHDD for youth that are placed out of county.

<ul style="list-style-type: none"> • Lack of alignment between LMHA/LBHA, juvenile probation, and school district county catchment areas. 	<ul style="list-style-type: none"> • Improve information sharing processes across juvenile system partners.
<ul style="list-style-type: none"> • The release of youth from regional detention facilities or placements without medication. 	<ul style="list-style-type: none"> • Work with contract detention facilities and post-adjudication placements to explore opportunities to release youth with a prescription or supply of medications. • Ensure youth on psychotropic medications have an appointment with a prescriber prior to release.
<ul style="list-style-type: none"> • No specialized juvenile probation caseloads. • Lack of awareness on community resources available to support youth with behavioral health needs among juvenile probation officers. 	<ul style="list-style-type: none"> • Explore the use of specialized probation caseloads. • Increase mental health training and community resource education for Comal County juvenile probation staff.
<ul style="list-style-type: none"> • The timing of Hill Country MHDD service intake: currently only done in the community once a youth has been released from detention or placement. 	<ul style="list-style-type: none"> • 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. • 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.
<ul style="list-style-type: none"> • Limited housing options for youth reentering the community with record of violent offenses. • Lack of transitional housing options in the community. • Lack of foster care placement options once a youth is justice-involved. 	<ul style="list-style-type: none"> • 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. • Work with local group homes and residential placements to explore expanding eligibility criteria and serve youth reentering from juvenile justice settings.

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
1	Enhance training for law enforcement on responding to youth with behavioral health needs and implement a First Offender Program	22
2	Expand school-based behavioral health supports	15
3	Enhance parent engagement, education and early intervention and prevention strategies to support families	14
4	Establish a safe place for youth	11
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
9	Establish court-based mental health liaisons	5
10	Improve referral pathways	3
11	Expand employment, community service and skills training options	3
12	Expand housing options for youth and families	2
13	Enhance transitional 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.^b 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

^b System Mapping Center at Policy Research Associates. (2021). *Critical Intervention Mapping for Youth*.

this knowledge into practice. See Trauma-Informed Care in Behavioral Health Services.

Priority 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"> • Create a survey to inventory existing trainings offered to law enforcement across Comal County as well as training interests and needs. • Establish a distribution plan for the survey. Distribute to: <ul style="list-style-type: none"> ○ Comal County Sheriff’s Office, New Braunfels Police Department, Bulverde Police Department, Garden Ridge Police Department and Selma Police Department ○ Consider target respondents (school resource officers, leadership, mental health officers, etc.)
Develop trainings	<ul style="list-style-type: none"> • Inventory existing trainings available (Youth Mental Health First Aid, Counseling on Access to Lethal Means, Applied Suicide Intervention Skills Training, TCOLE youth trainings, etc.) • Explore training format and platform. • Virtual versus in person • Prioritize trainings that are clear and have actionable next steps. • 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> • Develop action cards that support law enforcement decision-making in the field.
Plan for a First Offender Program (FOP)	<ul style="list-style-type: none"> • 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. • Research First Offender Programs. Consider: <ul style="list-style-type: none"> ○ Connecting with other communities that have established programs ○ Exploring statutory considerations (Tex. Fam. Code Sec. 52.031)

	<ul style="list-style-type: none"> • Assess law enforcement resources that are available to support a first offender program. Consider: <ul style="list-style-type: none"> ○ Staffing and capacity ○ Level of supervision and follow up required to support program ○ Data on number of current law enforcement calls for service involving youth to explore size of program • Explore funding resources to support program.
Plan for diversionary court	<ul style="list-style-type: none"> • Research pre-trial specialty court programs • Connect with other counties that have established juvenile pre-trial diversion courts or dockets. • Collect data on: <ul style="list-style-type: none"> ○ Number of juvenile cases processed (misdemeanor and felony) ○ Number of cases eligible for diversion • Coordinate with county judges to explore feasibility.

Team Leads: 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"> • Identify key stakeholders to include in initial school-based behavioral health workgroup meeting: <ul style="list-style-type: none"> ○ 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

	<ul style="list-style-type: none"> • Set meeting with school and county leadership to discuss next steps and explore any barriers to implementation in both NBISD and CISD. • Connect with other similarly sized school districts that use TCHATT. Explore: <ul style="list-style-type: none"> ○ Operational considerations (school-based liaison, referral resources, etc.) ○ Impact ○ Barriers to implementation • Begin implementation, reach out to TCHATT at tcmhcc@utsystem.edu to confirm availability in Comal County and to initiate next steps.
<p>Inventory existing behavioral health resources and referrals used by NBISD and CISD</p>	<ul style="list-style-type: none"> • Inventory existing community-based behavioral health referrals made by NBISD and CISD schools using a survey. (See Appendix E to guide inventory.) <ul style="list-style-type: none"> ○ Distribute survey to all primary and secondary school principals and behavioral health or counseling departments. • Streamline referral process used across campuses. <ul style="list-style-type: none"> ○ Further explore use of universal screening and assessment tools. ○ Explore use of MOUs and ROIs to coordinate with community behavioral health providers. • 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"> ○ Incorporate mental health trainings and community resource presentations during teacher training and school district in-service days. • Explore opportunities to further implement restorative justice practices in the classroom. Consider: <ul style="list-style-type: none"> ○ Classroom calming corners. ○ Spaces in schools for youth to “take breaks” when needed.
<p>Explore school-based law enforcement and BH partnership</p>	<ul style="list-style-type: none"> • 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"> ○ Connect with Round Rock ISD police department. • Collect data on law enforcement responses to behavioral incidents in CISD and NBISD. <ul style="list-style-type: none"> ○ Use data to validate need. • Explore feasibility with NB Police Department, Comal Sheriff’s Office, NBISD and CISD.

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"> • Identify which prevention population is being targeted. • Inventory existing local and state resources to support and educate parents in the community. <ul style="list-style-type: none"> ○ Coordinate with local school districts, Communities in Schools (CIS), Connections, SAFE, Belong, and local nonprofits and faith-based organizations (i.e., Any Baby Can). ○ DFPS Prevention and Early Intervention programs, HHS Prevention Resource Centers (Comal’s PRC) ○ Identify organizations and parent liaisons that have a record of parent engagement or strong relationships with parents. • 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"> ○ Poll parents in the community to understand gaps in parent education and behavioral health supports. ○ Collect data on the utilization of parenting classes and social service supports.

Establish a multi-disciplinary priority workgroup	<ul style="list-style-type: none"> • Invite key stakeholders to participate in the FEEL priority workgroup: <ul style="list-style-type: none"> ○ New Braunfels ISD, Comal ISD, Belong, primary care providers (pediatricians), local nonprofits, Comal County Juvenile Probation Department • Survey stakeholders on existing gaps and proposed interventions to best support parents of children with behavioral health needs in the community.
Information and data sharing	<ul style="list-style-type: none"> • Establish Memoranda of Understanding (MOU) and Releases of Information (ROIs) to coordinate across stakeholders providing prevention and early intervention services in the community. • 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"> ○ Location ○ Meeting frequency ○ Key stakeholders to invite
Share resources	<ul style="list-style-type: none"> • Develop a marketing and outreach plan <ul style="list-style-type: none"> ○ Leverage social media and digital platforms ○ Explore existing community platforms and events (health fairs, school-based educational series, online parenting groups, etc.) • Distribute pamphlets on resources across key stakeholders (schools, county courts, law enforcement, juvenile probation, etc.).

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

	supportive programming that might address gaps in services and needs identified by youth.
--	---

Team Leads: 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 may consider these as they plan to implement action plans developed during the Texas Youth SIM mapping workshop.

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

Task Force and Networking

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

Communication and Information Sharing

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

Boundary Spanner

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

Local Champions

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

Ability to Measure Outcomes

Strategic 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

Program Spotlight

- 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**.

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 TCHAT 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.

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 youth that are

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.

County 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, 88th 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).

Appendix A. Workshop Agenda

Texas Youth Sequential Intercept Model Mapping Workshop: Comal County

September 26, 2023 – September 27, 2023

New Braunfels Food Bank

1620 S. Seguin Ave., New Braunfels, TX 78130

AGENDA – Day 1

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

**Texas Youth Sequential Intercept Model Mapping Workshop:
Comal County**

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

AGENDA – Day 2

TIME	MODULE TITLE	TOPICS / EXERCISES
8:15 a.m.	Registration	Coffee and Snacks
8:30 a.m.	Welcome	Opening Remarks - <i>Judge Charles Stephens, Comal County Court at Law #2</i> Speaker 2 - <i>RecoveryWerks!</i>
8:40 a.m.	Preview & Review	Review Day 1 Accomplishments Preview of Day 2 Agenda Best Practice Presentation
9:15 a.m.	Action Planning	Group Work
10:45 a.m.	Workgroup Report Outs	Each Group will Report Out on Action Plans
11:00 a.m.	Next Steps & Summary	Finalize Date of Next Task Force Meeting Discuss Next Steps for County Report Funding Presentation Complete Evaluation Form
11:30 a.m.	Closing Remarks	Closing Remarks - <i>Landon Sturdivant, MBA, LBSW, Deputy Chief Executive Officer, Hill Country MHDD</i>

Appendix B. Texas Youth Sequential Intercept Model Map for Comal County, September 2023

Community Public Health and Support Services

Child and Adolescent Behavioral Health:

- **Hill Country Mental Health Developmental Disabilities (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!:** Substance Use Disorders (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:**

Intercept 0: School and Community–Based Services

Crisis Phone Lines:

- **Hill Country MHDD Crisis Hotline:** 877-466-0660 available 24/7 365 days a year
- **988 Suicide & Crisis Lifeline:** 988
- **Texas Abuse, Neglect and Exploitation Hotline:** 800-252-5400

Youth Crisis Services:

- **Youth Crisis Respite Center – San Marcos:** Operated by Hill Country MHDD, provides short-term respite care for juveniles 13-17 who exhibit significant behavioral or emotional difficulties

Warmlines/ Resource Lines:

- **RecoverWerks!:** 830-310-2585

Peer and Family Support Services:

- **Student and Family Empowerment (SAFE) Program-Prevention and 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

Mobile Crisis Response Team:

- **Hill Country MHDD:** 24/7 response, 830-387-5987
- **Mental Health Co-Responder Programs:** New Braunfels Police Department, Mental Health Deputies (MHDs)
- **Comal County Sheriff’s Office:** Mental Health Deputies

Wrap Around Services and 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

Intercept 1: Law Enforcement, SROs, and Children’s Emergency Services

911 Dispatch and 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:

- **Comal Independent School District (CISD) School Resource Officers:**
Comal County Sheriff's Office
- **New Braunfels Independent School District (NBISD) School Resource Officers:** Comal County Sheriff's Office

Disciplinary Alternative Education Programs:

- **Bexar County Juvenile Justice Alternative Education Program:**
- **Comal Discipline Center:** Critical Incident Stress Debriefing and Disciplinary Alternative Education Programs
- **New Braunfels Independent School District:** Disciplinary Alternative Education Programs

Hospitals:

- **Resolute Health Hospital-New Braunfels, TX:** 24/7 Emergency Room (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

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

Juvenile Probation Department-Intake:

Screening Assessments Used:

- **MAYSI-2:** Behavioral health screening tool
- **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:** Cameron County Juvenile Probation Department (CCJPD) probation officer or contracted detention facility

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

County Prevention and Intervention Programs:

- **Community Resource Coordination Group Referral and Diversion:** CCJPD referrals for youth under age 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, offers job placement, GED, Diploma and internships

Intercept 3: Judicial Processing (Secure Placement, Probation Supervision)

Pre-Trial Intervention Programs:

- **Deferred Prosecution (FC Sec. 53.03)**
- **GPS/Electronic Monitoring Program:**

Juvenile Court:

- **County Court at Law #2**

Treatment Court:

- **Comal County Mental Health Court:** Comal County Court at Law #3, Judge Deborah Wigington

Placement (Non-Secure and Secure):

Non-secure:

- **Rite of Passage organizations:** The Oaks, Gulf Coast Trade Center, Monarch Academy for Girls
- **Pegasus Schools:** Juvenile sex offender program

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**
- **Texas Juvenile Justice Department Facility Placement Waco Center for Youth:** For children in need of extensive mental health services

Intercept 4: Reentry

Juvenile Probation:

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

Juvenile Parole:

- **Texas Juvenile Justice Department (TJJD):**
- **Specialized Case Loads:**

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

Appendix C. Community Impact Measures

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

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

Appendix D. Texas and Federal Privacy and Information Sharing Provisions

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

Guidance and Resources for Information Sharing

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

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

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

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

School Records Sharing

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

Mental Health Record Protections

Health and Safety Code Chapter 533:

Section 533.009. EXCHANGE OF PATIENT RECORDS.

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

Health and Safety Code Chapter 611:

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

(a) A professional may disclose confidential information only:

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

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

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

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

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

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

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

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

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

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

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

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

Health and Safety Code Chapter 614:

Section 614.017. EXCHANGE OF INFORMATION.

(a) An agency shall:

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

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

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

(c) In this section:

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

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

(B) the Board of Pardons and Paroles;

(C) the Department of State Health Services;

(D) the Texas Juvenile Justice Department;

(E) the Department of Assistive and Rehabilitative Services;

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

Records Sharing for Justice Involved Youth

Texas Family Code Chapter 58

Section 58.0051. INTERAGENCY SHARING OF EDUCATIONAL RECORDS.

(a) In this section:

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

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

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

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

(H) a charter school;

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

(J) a court with jurisdiction over juveniles;

(K) a district attorney's office;

(L) a county attorney's office; and

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

(3) "Student" means a person who:

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

(B) is younger than 18 years of age.

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

(1) taken into custody under Section 52.01; or

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

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

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

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

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

(2) use the confidential information only to:

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

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

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

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

(h) A juvenile service provider that requests information under this section shall pay a fee to the disclosing juvenile service provider in the same amounts charged for the provision of public information under Subchapter F, Chapter 552, Government Code, unless:

(1) a memorandum of understanding between the requesting provider and the disclosing provider:

(A) prohibits the payment of a fee;

(B) provides for the waiver of a fee; or

- (C) provides an alternate method of assessing a fee;
- (2) the disclosing provider waives the payment of the fee; or
- (3) disclosure of the information is required by law other than this subchapter.

Section 58.0052. INTERAGENCY SHARING OF CERTAIN NONEDUCATIONAL RECORDS.

(a) In this section:

- (1) "Juvenile justice agency" has the meaning assigned by Section 58.101.
- (2) "Juvenile service provider" has the meaning assigned by Section 58.0051.
- (3) "Multi-system youth" means a person who:
 - (A) is younger than 19 years of age; and
 - (B) has received services from two or more juvenile service providers.
- (4) "Personal health information" means personally identifiable information regarding a multi-system youth's physical or mental health or the provision of or payment for health care services, including case management services, to a multi-system youth. The term does not include clinical psychological notes or substance abuse treatment information.

(b) Subject to Subsection (c), at the request of a juvenile service provider, another juvenile service provider shall disclose to that provider a multi-system youth's personal health information or a history of governmental services provided to the multi-system youth, including:

- (1) identity records;
- (2) medical and dental records;
- (3) assessment or diagnostic test results;

- (4) special needs;
- (5) program placements;
- (6) psychological diagnoses; and
- (7) other related records or information.

(b-1) In addition to the information provided under Subsection (b), the Department of Family and Protective Services and the Texas Juvenile Justice Department shall coordinate and develop protocols for sharing with each other, on request, any other information relating to a multi-system youth necessary to:

- (1) identify and coordinate the provision of services to the youth and prevent duplication of services;
- (2) enhance rehabilitation of the youth; and
- (3) improve and maintain community safety.

(b-2) At the request of the Department of Family and Protective Services or a single source continuum contractor who contracts with the department to provide foster care services, a state or local juvenile justice agency shall share with the department or contractor information in the possession of the juvenile justice agency that is necessary to improve and maintain community safety or that assists the department or contractor in the continuation of services for or providing services to a multi-system youth who is or has been in the custody or control of the juvenile justice agency.

(b-3) At the request of a state or local juvenile justice agency, the Department of Family and Protective Services or a single source continuum contractor who contracts with the department to provide foster care services shall, not later than the 14th business day after the date of the request, share with the juvenile justice agency information in the possession of the department or contractor that is necessary to improve and maintain community safety or that assists the agency in the continuation of services for or providing services to a multi-system youth who:

- (1) is or has been in the temporary or permanent managing conservatorship of the department;

(2) is or was the subject of a family-based safety services case with the department;

(3) has been reported as an alleged victim of abuse or neglect to the department;

(4) is the perpetrator in a case in which the department investigation concluded that there was a reason to believe that abuse or neglect occurred; or

(5) is a victim in a case in which the department investigation concluded that there was a reason to believe that abuse or neglect occurred.

(c) A juvenile service provider may disclose personally identifiable information under this section only for the purposes of:

(1) identifying a multi-system youth;

(2) coordinating and monitoring care for a multi-system youth; and

(3) improving the quality of juvenile services provided to a multi-system youth.

(d) To the extent that this section conflicts with another law of this state with respect to confidential information held by a governmental agency, this section controls.

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

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

(g) This section does not affect the authority of a governmental agency to disclose to a third party for research purposes information that is not personally identifiable as provided by the governmental agency's protocol.

(h) A juvenile service provider that requests information under this section shall pay a fee to the disclosing juvenile service provider in the same amounts charged for the provision of public information under Subchapter F, Chapter 552, Government Code, unless:

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

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

Most Serious Presenting Offense	PACT Risk Level: Low Risk to Reoffend	PACT Risk Level: Moderate Risk to Reoffend	PACT Risk Level: Moderate to High Risk to Reoffend	PACT Risk Level: High Risk to Reoffend
First Time Misdemeanor ^c	Level 1	Level 1	N/A	N/A
Minor ^d	Level 2 or 3a	Level 2 or 3a	Level 2 or 3a-c	Level 3a-c or 4
Serious ^e	Level 2 or 3a	Level 2 or 3a-b	Level 3a-c or 4	Level 3a-c or 4
Violent ^f	Level 2 or 3a-b	Level 2, 3a-c or 4	Level 3a-c, 4 or 5	Level 3a-c, 4 or 5

Level 1 – Alternatives to Arrest

Level 2 – Diversion & Non-DJJ Probation

^cFirst 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.

^d All misdemeanor offenses.

^e Felony offenses that do not include violence.

^f Violent felony offenses (do not include misdemeanor assault and battery, which is captured under "minor").

Level 3 – Community Supervision

(3a) – Probation supervision

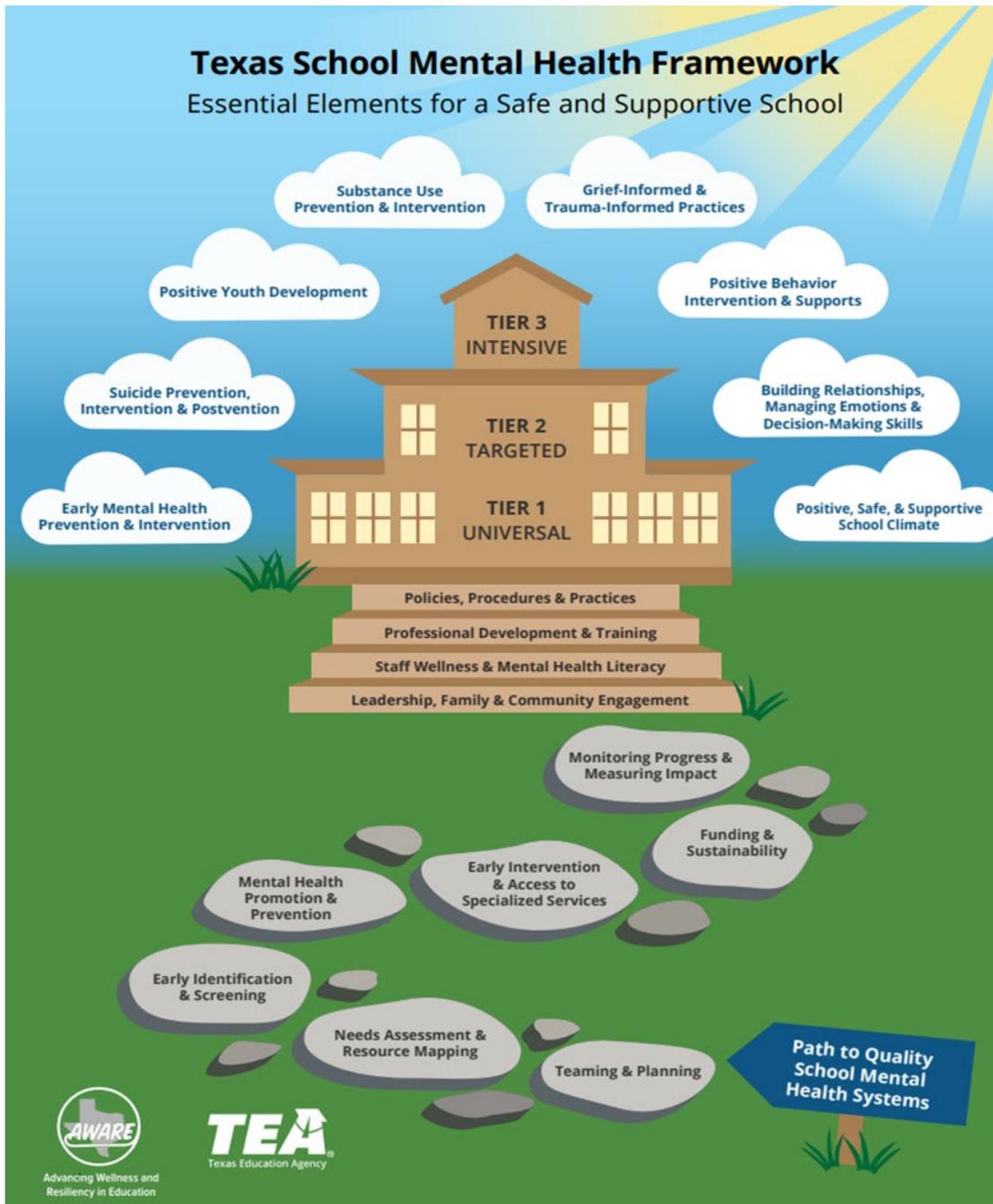
(3b) – Probation enhancement services (ART, Lifeskills, etc.)

(3c) – Day treatment, MST, FFT, Minimum Risk Commitment

Level 4 – Non Secure Residential Commitment (Low-& Moderate-Risk Programs)

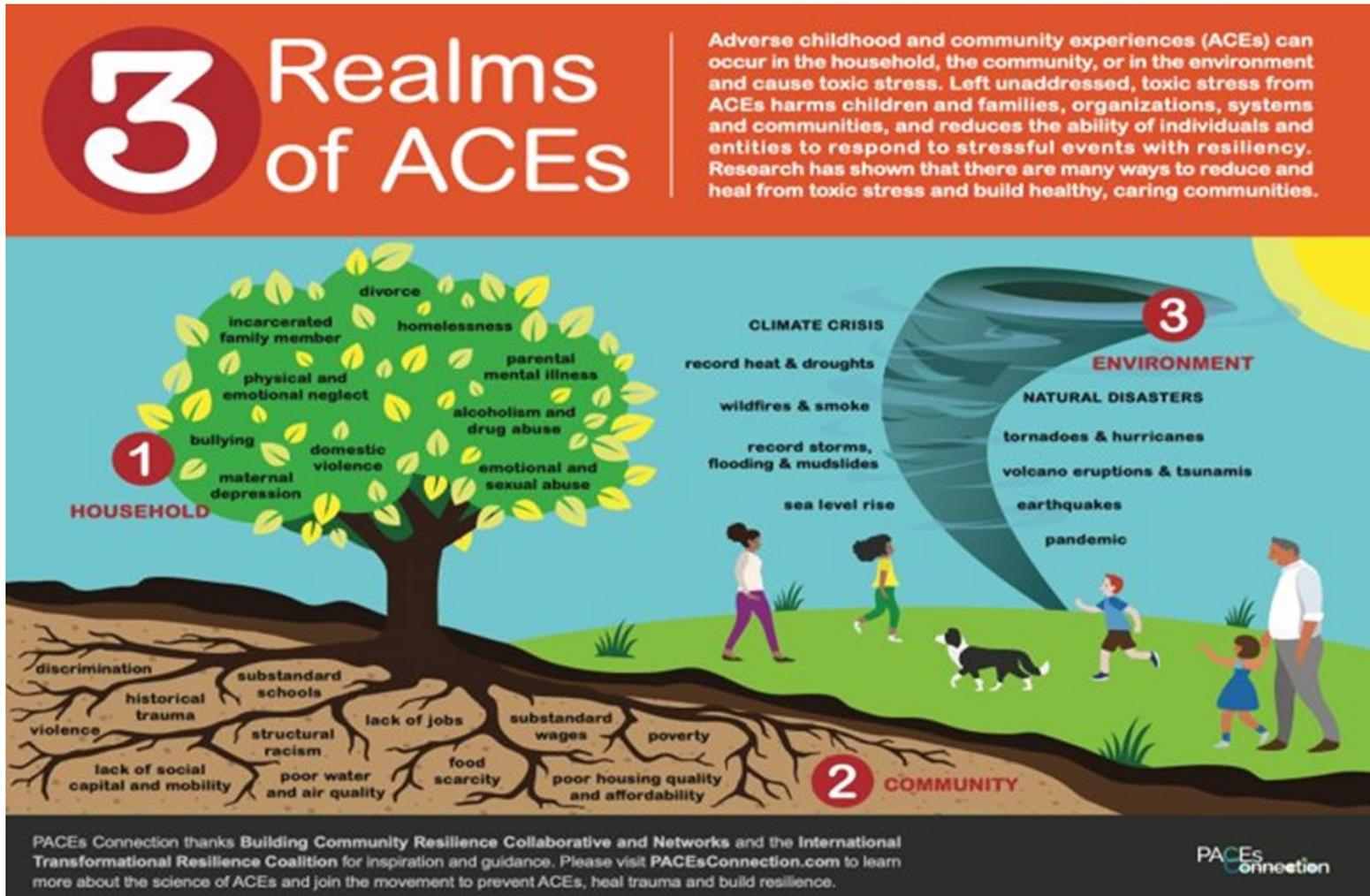
Level 5 – Secure Residential Commitment (High- & Maximum-Risk Programs)

Appendix F: Texas School Mental Health Framework (Multi-Tiered System of Supports)⁹



⁹ School Mental Health Practice Guide and Toolkit (schoolmentalhealthtx.org)

Appendix G: Three Realms of ACEs^h



^h 3 Realms of ACEs | PACESConnection

Appendix H: SIM Mapping Workshop Participant List

Name	Agency or Organization	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

Name	Agency or Organization	Title
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

Name	Agency or Organization	Title
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 I: List of Acronyms and Initialisms

Acronym	Full Name
ACEs	Adverse Childhood Experiences
CIS	Communities in Schools
CISD	Comal Independent School District
CIT	Crisis Intervention Team
COC	Code of Conduct
CSCD	Community Supervision and Corrections Department
DAEP	Disciplinary Alternative Education Program
EMS	Emergency Medical Services
FERPA	Family Educational Rights and Privacy Act
HHSC	Health and Human Services Commission
HIPPA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
ISD	Independent School District
JJAEP	Juvenile Justice Alternative Education Program
LE	Law Enforcement
LIDDA	Local Intellectual and Developmental Disability Authority
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MAYSI	Massachusetts Youth Screening Instrument
MCOT	Mobil Crisis Response Team
MHDD	Mental Health and Developmental Disabilities
MI	Mental Illness
MOU	Memorandum of Understanding
MTSS	Multi-Tiered System of Support
NAMI	National Alliance on Mental Illness
NBISD	New Braunfels Independent School District
OFC	Office of Forensic Coordination
OJJDP	Office of Juvenile Justice and Delinquency Prevention
PACT	Positive Achievement Change Tool

Acronym	Full Name
PCES	Positive Childhood Experiences
PD	Police Department
PRA	Policy Research Associates
QMHP	Qualified Mental Health Professional
ROI	Release of Information
RTC	Residential Treatment Center
SAFE	Student and Family Empowerment Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TA	Technical Assistance
TCHAT	Texas Child Health Access Through Telemedicine
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
YAC	Youth Advisory Council