

**Children and Youth Behavioral Health Subcommittee  
Meeting Minutes  
Wednesday, October 11, 2017**

**Agenda Item 1: Welcome and Introductions**

The Children and Youth Behavioral Health Subcommittee meeting commenced at 10:05 a.m. with Molly Lopez providing a welcome to the members. Table 1 shows attendance for the meeting.

Table 1: The CYBHS Subcommittee member attendance.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
John Huffine (alternate; HHSC - Medicaid)	X		Lori Robinson (TJJD)	X	
Suling Homsy (HHSC - Medicaid)		X	Amy Saflekos (TCOOMI)	X	
Marisol Acosta (HHSC-Behavioral Health Services)	X		Suzanne Alley (HHSC-Behavioral Health Services)	X	
Lauren Bledsoe (DFPS)	X		Molly Lopez (Higher Education-TIEMH-UT Austin)	X	
Kelley Logans-Ali (Alternate; DFPS)		X	Monica Rodriguez (Community Representative Tropical Texas)	X	
Julie Wayman (TEA)	X		Ron Kimbell (Community Representative Heart of Texas)	X	
Merily Hodge-Keller (Community Partner Mental Health America of Texas)		X	Telawna Kirbie (alternate; Community Representative Heart of Texas)		X
Barbara Granger (Family Representative)	X		Susana Rivera (NCTSN)		X
Ayo Gathing (BHAC Representative)		X	Ivonne Tapia (Alternate; NCTSN)		X
Nakia Scott (BHAC Representative)	X		Tina Lincoln (Alternate; Juvenile Justice)		X
Lillian Stengart (HHSC-OMHC Representative)	X		Lidya Osadchey (BHAC Representative)		X
Mitch Cochran (Youth Representative)	X		Valencia Gensollen (Family Representative)	X	
Nigel Cunningham Williams (Youth Representative)	X				

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

Also in attendance: Alice Alvarez, Sammie Artho, Kay Barkin, Anne Bondesen, Julie Bourne, Amanda Britton, Kay Brotherton, Jameson Cardenas, Glenn Dembowski, Rachel Gandy, Greg Hansch, Kyler Heintz, Beth Hutton, Verlyn Johnson, Kamala Joy, Ramah Leith, Tracy Levins, Leticia Liamero, Henny Mbosowo, David McClung, Shannon Moreno, Modesto Putla, Leela Rice, Josette Saxton, Rochelle Schutte, Nancy Stanley, Laura Stevens, Kristi T., and Melissa Zemencsik.

### **Agenda Item 2: Family/Youth Experience**

Mitch Cochran shared his experience as a young person with lived experience in the mental health system and the power that relationships had in his healing process. His message to agencies is to ensure to prioritize relationship building.

### **Agenda Item 3: Children and Youth Behavioral Health Subcommittee (CYBHS) Business**

The group reviewed minutes from the last CYBHS meeting. Lori Robinson made a motion to accept the minutes. Suzanne Alley seconded the motion. Through a vote of the members (with Ron and Rochelle voting remotely), minutes were approved as written.

### **Agenda Item 4: New Member Welcome**

Barbara Granger welcomed Nigel, Valencia, and Mitch as new members of CYBHS.

### **Agenda Item 5: Development of Recommendations for Submission to the Behavioral Health Advisory Committee**

Molly talked about opportunities to provide policy recommendations to HHSC and the legislature. This group talked previously about how those recommendations may be taken to the BHAC on October 27. Tracy led the group in an activity to offer suggestions to improve children's mental health services and substance use treatment and recovery supports to the BHAC.

Possible recommendations to improve mental health services included:

1. Kids that present 'high' on drugs should not go to BH hospitals for care. We need a youth detox. When youth who use end up in BH hospitals they are diagnosed with mental health issues and prescriptions and end up labeled. Appropriate SUD care is necessary.

2. Developing youth peer support and recovery coaching services, through which community colleges would provide training and certification.
3. Include youth in the decisions that impact them regarding mental health services.
4. Require all mental health authorities and all local school systems to enter into a MOU for the provision of children's mental health services in schools of students at risk of experiencing mental/behavioral health challenges
5. Make Certified Family Partners Medicaid billable.

Possible recommendations to improve substance use and recovery supports included:

1. Expand youth peer/recovery coaching training and employment opportunities.
2. SUD program licensure changed to allow home or school-based treatment.
3. Reduce (not remove) consequences for substance abuse at public schools and instead offer drug/substance abuse counseling as an alternative.
4. Make peer support specialist services billable to Medicaid. Making incentives (i.e., scholarships) available to people who pursue a higher education to work in the substance abuse/mental health services industry.
5. Create a Youth Advisory Committee comprised of young adults with substance use lived experience to advise HHSC in the formulating of policies and procedures addressing Substance Use Disorders.
6. Include young people in the development of prevention programs for substance use. Have young people with lived experience participate in the presenting prevention programs to encourage younger people not to begin using.
7. Do not criminalize these youth with substance abuse and mental health concerns. Have youth in dual services for treatment instead of incarcerations. Treatment over punishment.

The group identified one suggestion from the above list for the mental health services to focus on for the recommendation. The group identified the problem as well as potential solutions to the identified concern:

Medicaid funding for family partners:

The problem:

- Family partner services is an effective, evidence-based approach that is not currently funded
- Families value it, and there is limited access now
- Not enough Certified Family Partners
- No targeted funding to build capacity
- Parity issue as adult peer services is added to Medicaid

The solutions:

- Define services
- Workgroup with appropriate representative
- Making sure there is no negative impact to Certified Family Partner employment; still able to provide others
- Inclusive of family partner services to transitional age youth
- Needs assessment

Argument:

- Data reflecting need
- Research studies
- Historically underserved communities
- Data comparison for other states (especially combined with youth peer)

Committee volunteers: Kamala, Lilly, Christianna and David volunteered to review the recommendations for mental health services submission to the BHAC.

The group identified one suggestion from the above list for the substance use and recovery support services to focus on for the recommendation. The group identified the problem as well as potential solutions to the identified concern:

*Youth are criminalized for substance use:*

The problem:

- There is a lack of access to SUD/COD treatment and recovery services and barriers to accessing those that exist in the community

The solutions:

- Local partnerships; especially with schools
- Require effective practices
- Treatment individualized for need
- Treatment needs to be where kids are; kids are criminalized when they miss appointments

- MOUs; written agreements; benefit to embedding community providers
- Creating staffing opportunities/capacity for recovery coaches in LMHAs. USD providers, schools, hospitals, recovery high schools
- Address limitations from licensure in home and school settings
- Create incentives for the schools
- Best practices shared across schools and providers – creative solutions

Argument:

- Value of lived-experience in connecting with youth
- Money saved by investing in treatment vs. crime and child welfare
- Framing of services
- Outcomes of kids not receiving treatment
- Percent with need who access it
- Educational outcomes – school climate, attendance, graduation
- Surveys showing transportation as the primary barrier
- 95% of youth who need publically funded services go untreated

Committee volunteers: Nigel, Josette, Kamala and Julie volunteered to review the recommendations for substance use and recovery support services submitted to the BHAC.

**Agenda Item 6: CYBHS Workgroup Introductions**

Lillian Stengart introduced the CYBHS workgroups. The TxSOC grant started September 30, 2017 and the workgroups needed include evaluation, youth and family voice, and communication. A sign-up sheet was distributed to the group.

**Agenda Item 7: Evaluation and Recent Reports**

Molly Lopez led the group through a data discussion. An SOC value is to use data in our decision-making. Three evaluations were completed in the past year.

- 1) The first one is related to the first episode psychosis program.

**Conclusions**

- Largely positive empirical findings regarding the effectiveness of FEP
- In FEP, individuals showed either recovery or psychosis symptoms were low and stable
- The adolescent group was too small for appropriate matching.
- Implementation of OnTrackNY model successful

- Recruitment difficult early on
- Providers/administrators uniformly reported the program going well
- Communication between providers and with clients/team approach major factor in success of the program
- Family involvement important to success of young people

## **2) RTC Initiative to Prevent Parental Relinquishment**

- 228 children referred to program
- 95 children placed in RTC through program
- Ages 6-17 (mean age 13.1 years); 52.2% male
- Most common diagnosis – Bipolar Diagnosis (23.9%) and other Mood DO (21.1%)
- 41 (62.1%) youth were served by LMHA following discharge

### **Findings from interviews**

- Stakeholders reported some problems with DFPS case managers understanding the program
- LMHA liaisons understood their role in the program, but were unclear about the roles and expectations for DFPS and RTCs
- RTC liaisons indicated family involvement and continuity of care with community providers set the program apart

## **3) Family Peer Support in Texas**

There has been a decrease in the proportion of families with access to family partner services and a decrease in the amount of services. Potential hypothesis for decrease in access (all with some data support):

- Increase in children served in system
- Use of family support services in YES waiver
- Increase in the use of Family Partners to provide Nurturing Parenting

## **Agenda Item 8: Hurricane Harvey – Children’s Mental Health Response**

Marisol talked about the impact of Harvey and the plan for collaboration in the long term. Joint services leadership talked about the long-term effects and describes this storm as a larger disaster than Katrina. Fifty counties have been declared federal disaster areas. Some counties are included because they were not directly hit, but a significant number of evacuees fled to those counties. 30 providers were directly impacted. 9 SA providers, 3 RTCs, 14 LMHAs.

Children in RTCs had to be relocated. The logistics were complicated and considerations had to be made to ensure parent's rights were not impacted due to the effects of the storm.

Ground Zero for the state is Rockport/Aransas Pass. The second worst area is Orange, Jefferson, Chambers and Liberty counties. The third area is Harris County. The impression is that Harris County was the worst, but that is likely due to media coverage. More than 50,000 families are still in temporary housing. TEA estimates 1.5 million students were impacted. 197,000 employees were impacted and 250 schools were impacted.

TEA is prioritizing that behavioral health is something that should be provided in the schools. Not only for the immediacy, but also for the long run. Marisol is excited about the potential to collaborate with TEA. This subcommittee should consider these services as we move past the impact of Harvey. There is a provision that anyone impacted by Harvey can receive regular or crisis services anywhere in the state. During intake, the clients are asked if they were impacted by Harvey. HHSC has applied for federal funding from SAMHSA and FEMA for behavioral health services and crisis counseling services. The state received 2.5 million in the first round of funding for disaster services. The next round is called the regular services program to provide best practices after a disaster. They are holding a training of trainers for psychological first aid and the majority of participants are substance use prevention trainers. Twenty-one substance abuse prevention trainers are going to 71 schools affected by Hurricane Harvey. Staff from the National Child Traumatic Stress Network have also come to assist with the training. The federal government expects that at a minimum it will take at least three years for Texas to recover from the impact of Hurricane Harvey. HHSC is working with TEA to distribute materials to families after the disaster. HHSC also helped TEA create a list of resources for families, which is now on the TEA website.

### **Agenda Item 9: Alliance for Adolescent Recovery and Treatment in Texas Strategic Plan**

Beth Hutton provided an update for the Alliance for Adolescent Recovery and Treatment in Texas (AART-TX) Strategic Plan. The AART-TX initiative has just finished the planning phase of their project. The aim of the project is to increase access to evidence-based assessments and treatment as well as recovery support services for youth ages 12-18 across the state. The Alliance has now submitted all deliverables to the Substance Abuse and

Mental Health Services Administration (SAMHSA). At the previous CYBHS meeting this group brainstormed ideas to engage youth and families in the AART-TX initiative. Those ideas, along with guidance from the AART-TX Stakeholder Strategic Planning group led to the development of seven overarching goals that framed the final strategic plan. While the planning phase has ended, the group has requested a no-cost extension to finalize the planning phase. AART-TX will now begin the implementation phase, which will include outreach, increased access to screening, evidence based assessment and treatment, enhancing recovery support services, and education and training opportunities for professionals working with adolescent substance use disorders.

### **Agenda Item 10: Texas System of Care (TxSOC) Project Updates**

Lillian provided an update for TxSOC and discussed the progress of the MOU. The new SOC grant began on September 30th, which will include two new communities. Shannon Moreno talked about available online trainings, a series of webinars and a podcast series. The webinar series is named the ABCs of CLCs (cultural and linguistic competency). Podcasts are advertised in the TxSOC newsletter. There will be a webinar on November 7 on the topic of persons with disabilities. Valencia talked about TxFVN's response to families affected by Hurricane Harvey. The group is planning to distribute calm boxes for children affected by Harvey. Coastal Plains is a designated distribution site for the calm boxes and they are available for \$20.00 on the TxFVN website at [txfvn.org](http://txfvn.org).

### **Agenda Item 11: Public Comments**

Comment from Kyler Heintz, a public policy intern with NAMI Texas. He thanked group for the Certified Family Partner discussion and wants to request an expansion of Certified Family Partner access and services for FY 2020 and 2021. He states there will be improved MH outcomes. Some Medicaid reimbursement, training and supervision requirements are desired outcomes. The group requested that he submit his testimony in writing to be submitted to the BHAC.

### **Agenda Item 12: Next Steps**

Barbara discussed the two different workgroups that were identified today. An email will be sent to the members who volunteered for a meeting in the very near future. Barbara also reminded the group to sign up for a CYBHS committee that was discussed today.



**Agenda Item 13: Announcements**

Next Meeting- January 10, 2018, 10:00am

13<sup>th</sup> Annual Strengthening Youth and Families Conference  
October 30 - November 2, 2017  
Sheraton, Georgetown, TX

Meeting ended at 3:03 pm.