

**Children and Youth Behavioral Health Subcommittee  
Meeting Minutes  
Wednesday, January 9, 2019**

**Agenda Item 1: Welcome and Introductions**

The Children and Youth Behavioral Health Subcommittee meeting was called to order at 10:10 a.m. with Molly Lopez providing a welcome to the members. Members introduced themselves. Table 1 shows attendance for the meeting.

Table 1: CYBHS Member Attendance

<b>MEMBER NAME</b>	<b>YES</b>	<b>NO</b>	<b>MEMBER NAME</b>	<b>YES</b>	<b>NO</b>
<b>Behavioral Health Advisory Council</b>			<b>Suicide Prevention</b>		
Ayo Gathing		X	Merily Keller		X
Kate Peoples		X	Lisa Sullivan (Alternate)		X
<b>Community</b>			<b>TX Correctional Office Medical/Medical Impairments</b>		
<i>Heart of Texas</i> Ron Kimbell		X	Krista Greathouse	X	
<i>Heart of Texas</i> Telawna Kirbie (Alternate)		X	<b>Texas Dept. of State Health Services</b>		
<i>Tropical Texas</i> Monica Rodriguez		X	Ramah Leith		X
<b>Family</b>			<b>Texas Dept. of Family &amp; Protective Services</b>		
Barbara Granger	X		Lauren Bledsoe		X
Valencia Gensollen	X		Trace Burks-Bell (Alternate)		X
Verlyn Johnson (Alternate)	X				
<b>Health and Human Services Commission</b>			<b>Texas Education Agency</b>		
<i>Behavioral Health</i> Marisol Acosta		X	Julie Wayman		X
<i>Medicaid</i> Suling Homsy		X	Denise Magallanez (Alternate)		X
<i>Medicaid</i> John Huffine (Alternate)	X		<b>Texas Juvenile Justice Department</b>		
<i>Mental Health Coordination</i> Lilly Nguyen	X		Lori Robinson	X	
<i>Substance Use Treatment</i> Suzanne Alley		X	Marie Welsch (Alternate)	X	
<b>Children's Traumatic Stress Network</b>			<b>Youth/Young Adult</b>		
Vacant			Mitch Cochran		X
<b>Higher Education</b>			Nigel Cunningham Williams		X
<i>UT-TIEMH</i> Molly Lopez	X				

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

Attended Online: Kaitlin Doerge, Leanne Lindsey

Also in attendance: Arnaldo Amador, David Baker, Anne Bondesen, Cristopher Burton, Jameson Cardenas, Glenn Dembowski, Kaleigh Emerson, Andrés Guariguata, Nidia Heston, Kisha Ledlow, Tracy Levins, Zatara Lumen, Henny Mbosowo, Kelli McAdams, David McClung, Michelle Monk, Cory Morris, Leela Rice, Shanna Robbins-Donnell, Sara Underwood, Amanda Vasquez, Sebastian Laroche, Jessica Davis, Georgie Price, Alissa Sughrue, Carmen Tilton, and Dana Danaher.

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

Barbara Granger introduced Shanna Robbins-Donnell and invited her to share her experience. Ms. Robbins-Donnell lives in West (a small community near Waco) and is a person with lived experiences with multiple service providers and is the parent of two sons with special needs. During Ms. Robbins-Donnell's presentation, she shared about growing up in the Texas foster care system until she aged-out at age 18. Now celebrating 16 years of sobriety, Ms. Robbins-Donnell also faced significant issues with substance use. She has completed her BA in social work and will receive her master of social work degree this year.

Ms. Robbins-Donnell is the mother of three children, ages 20, 19 and 13 years old. Her oldest son (19) is challenged by multiple mental health and developmental challenges. Because of these challenges, he had episodic involvement with the juvenile justice and child welfare systems. Her youngest son (13) is also challenged with mental health needs. Ms. Robbins-Donnell shared her appreciation for the services, support and warmth she and her family received from the Klaras Center for Families.

She also shared that the approach and philosophy of the Klaras Center for Families team is to work with parents and families as allies and partners. She said that she has not felt judged nor diminished by any of the professionals and other staff. The main point she communicated was that she felt that the care of her two sons and the family was a partnership with the staff. Because of this very positive and healing experience, Ms. Robbins-Donnell volunteers for various activities for Klaras Center for Families. She is involved with bringing Parent Cafés to the Waco community and is completing her internship for her master's of social work degree in their school-based mental health services program with a particular focus on supporting parents.

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

The minutes from the October 10, 2018 meeting were presented for review. As there was not a quorum to approve the minutes, the vote for approval was deferred until the April 10<sup>th</sup> CYBHS meeting. Dr. Lopez asked members to email her any changes or corrections.

#### **Agenda Item 4: NAMI Texas Policy Updates**

Noting that today is the second day of the 2019 legislative session, Dr. Lopez asked participants to consider sharing the legislative initiatives they may be following for their agency.

Alissa Sughrue, MSW, Policy Coordinator, NAMI Texas presented a brief overview of the work that NAMI provides locally and nationally. Ms. Sughrue provided an overview of the legislative process, while addressing a handout that described how bills proceed through the legislative process.

Ms. Sughrue shared that there are five interim legislative committees addressing mental health and substance use for children and youth. These include:

- (1) Senate Select Committee on Violence in Schools and School Security;
- (2) Senate Health and Human Services Committee;
- (3) House Select Committee on Opioids and Substance Abuse in Texas;
- (4) House Public Health Committee (focusing on substance use disorders for children and their families involved in the foster care system); and
- (5) House Committee on Human Services.

Ms. Sughrue outlined NAMI's principal legislative priorities for the 2019 legislative session.

1. *Child Psychiatry Access Program* – increase access across the state through the use of telehealth and training pediatricians regarding mental health.
2. *Certified Family Partners (CFPs)* – expand this service throughout Texas, have CFPs codified in the Texas Administrative Code, and request that Medicaid pay for CFP services
3. *School Mental Health* – increase the number of social workers, counselors and other mental health professionals. Other themes include social-emotional learning, education for children and youth around mental health issues, and funding for parents to receive education on mental health issues.
4. *Foster Care* – youth in foster care are four times more likely to have mental health and substance use challenges. NAMI wants additional funding for treatment/interventions services for these youth and their families.
5. *Coordinated Specialty Care* for first episode psychosis is an integrated approach focused on individuals ages 15-34. There are currently ten sites with 12 teams in operation in Texas, but NAMI wants to see these services expanded statewide.
6. *Medicaid/CHIP* – fund appropriately to serve more children and families with mental health services. Expand the provider networks focusing on mental health and substance abuse.

7. *Trauma Informed Care* – particularly focused on youth involved in the juvenile justice system. NAMI is promoting investing in trauma-informed prevention, diversion, treatment and reentry programming.
8. *Suicide Prevention* – focused on delivery through schools. Promoting use of the Suicide Safer Schools model. A systematic approach to suicide prevention in schools. Boerne, TX ISD has implemented this model and they have not had a suicide in three years.
9. *Interpersonal Violence* – sexual assault, harassment and domestic violence. Promote healthy relationships through educational efforts in Texas communities. This effort related directly to reinforcing trauma informed practices across the public child/family serving systems to mitigate the long-term effects of interpersonal violence/trauma.
10. *Social Determinants of Mental Health* – how the environment, community and other factors affect a person’s mental health (poverty, physical health care, nutrition).

Responding to questions from CYBHS members and guests, Ms. Sughrue clarified numbers related to the exceptional item requests and provided additional information related to the four pillars for the Safe and Healthy Schools initiative. Specifically, the four pillars include mental health supports, positive school culture, facility safety, and emergency response coordination.

At the conclusion of the presentation, Dr. Lopez provided the opportunity for other group members to share bills or exceptional items being tracked.

Leela Rice (Texas Council of Community Centers) described HHSC’s request for increased funding for the Early Childhood Intervention (ECI) program to ensure program continuity and access and an increased funding request by HHSC for First Episode Psychosis that would allow for expansion of this service across Texas. Current funding for FEP is from federal mental health block grant funding. The request is to have state help fund as well.

Ann Bondesen (Burke) inquired if any legislative funding requests included expanded access for inpatient psychiatric beds/services. Ms. Sughrue responded that funding for inpatient services is a perennial issue with the increase of forensic commitments impeding access to beds for people on civil commitments. She added that she believes there is an exceptional item to increase funding to private contracted beds/services paid for by the State to augment state hospital capacity.

Julie Wayman (TEA) noted she was interested in seeing legislation to expand Medicaid funding for Family Partners services, a critical component to helping families navigate crises/services.

## **Agenda Item 5: Texas Correctional Office on Offenders with Medical or Mental Impairment (TCOOMMI) Collaboration with Texas System of Care**

Amanda Vasquez, Deputy Director of TCOOMMI presented on TCOOMMI's mission. Ms. Vasquez' presentation is available as an appendix to these minutes.

Legislatively mandated, TCOOMMI's enabling legislation is found in Chapter 614 of the Texas Health and Safety Code. The primary goal of TCOOMMI programs and services is to prevent rearrests and/or incarceration. Case managers work in partnership with probation or parole officers to provide services, supports, and supervision for participants. TCOOMMI clinicians use the Child Adolescent Needs & Strengths (CANS) assessment to determine the levels of care a youth needs. TCOOMMI providers have smaller caseloads of 12-15 youth each and offer intensive case management, team-based approaches, and wraparound services. TCOOMMI and the Texas Juvenile Justice Department (TJJD) have a Memorandum of Understanding that allows for this partnership, with TCOOMMI providing the case managers and local juvenile probation departments providing probation supervision. Ms. Vasquez underscored TCOOMMI services are focused on youth with high risk and high clinical needs and tailor their services to meet those needs. Legislation allows for agencies to share protected health information for the purpose of continuity of care, including medical, psychiatric, and other treatment information.

In response to a question from Barbara Granger, Ms. Vasquez said that core team meetings through TCOOMMI are similar to wraparound team meetings, except the family and youth are not present and the intent of TCOOMMI's team meetings is to assure that the appropriate levels of supervision are in place and that the team is supporting families, working with the education system, and working with probation and diversion strategies. The goal is to tailor the services to the needs of youth and their families.

Ms. Vasquez added that YES Waiver and TCOOMMI are working together to serve youth and avoid duplication of efforts. She complimented Heart of Texas for their work with the TCOOMMI program.

Leanne Lindsey asked if TCOOMMI would be involving certified family partners in the services. Ms. Vasquez responded that if the Texas Legislature chooses to fund this service, then they will involve CFPs on their teams.

Ms. Vasquez added that TCOOMMI has contracts with all 39 local mental health authorities (LMHAs) to provide continuity of care services. There are some communities where the mental health providers and probation co-locate to serve youth and their families.

Barbara Granger asked Ms. Vasquez to clarify why TCOOMMI's Special Needs Diversionary Program services are limited to 13 communities in Texas if TCOOMMI is defined in and required by the Texas Health and Safety Code. Ms. Vasquez

responded that the services are limited by the amount of funding available for that program.

Dr. Lopez asked how Texas System of Care efforts could partner with TCOOMMI to strengthen local efforts. Ms. Vasquez noted that the primary limitation to this collaboration is funding and suggested that Texas System of Care communities could reach out to local TCOOMMI program directors to determine how partnerships can be strengthened and how services and funding can be maximized.

Dr. Lopez followed up with asking how trauma-informed care (TIC) training and coordination might be brought to local probation officers to enhance their work. Ms. Vasquez noted that all probation officers are trained in TIC and all case managers at the LMHAs have been trained in TIC.

Dr. Levins asked Ms. Vasquez what types of special programming might be in place to address the unique needs of transition age youth. Ms. Vasquez indicated that the TCOOMMI caseworker works closely with the adult caseworker to provide a warm handoff and close coordination of care.

Dr. Marie Welsch added that TJJD is strengthening their trauma-informed care training, expanding to include Trust Based Relational Intervention (TBRI). This training will soon be expanded to probation departments.

Ms. Verlyn Johnson asked if TCOOMMI could serve youth who are in a TJJD state juvenile correctional facility. Ms. Vasquez replied that TCOOMMI services are offered to youth for 90 days post-release.

## **Agenda Item 6: Our Community Our Future System of Care Implementation**

Barbara introduced the next presenters from the Heart of Texas system of care. Georgie Price, David Baker and Kelli McAdams are employees of the Heart of Texas MHMR with the Klaras Center for Child and Adolescent Services. They work specifically with their system of care efforts, known as Our Community Our Future (OCOF). OCOF is now in their third year of system of care implementation. The service area for the SOC efforts encompass the six counties served by Heart of Texas Region MHMR.

Georgie Price provided a background on the focus, objectives and core values for all systems of care efforts. (PowerPoint slides are provided as an attachment to these minutes). Ms. Price underscored that the core values of family-driven and youth-guided systems is fundamental to their local efforts.

Ms. Price went on to share that OCOF has developed Youth Living Out Loud, a vehicle for youth voice to ensure that youth voice is included in all OCOF efforts.

Ms. Price described the chronology of OCOF's development, discussing various initiatives and funding opportunities. After receiving the SOC grant award, the local committee initiated the Closing the Gaps services, including implementing school-based mental health services in Waco ISD and transition age youth services. Additionally, planning was begun to build crisis respite services for youth as part of OCOF.

Ms. Price noted that their SOC initiative was initially known as the Heart of Texas SOC. The initiative focused on youth involved with juvenile justice, schools, child protective services, and mental health services. The guidance committee analyzed how their systems interfaced and how to collaborate to serve youth. The committee identified a number of priorities that reflected the needs of youth served by the participating agencies. Four primary objectives were selected for the Closing the Gaps efforts to include development of a meaningful community strategic plan, increasing access to services through school-based mental health, developing and implementing services for transition age youth, and establishing a crisis respite facility for adolescents.

In the past 18 months, the guidance committee renamed their SOC effort to Our Community Our Future (OCOF). Community input was solicited for this name change with the goal of encompassing and reflecting the goals for their SOC efforts. The guidance committee developed a mission statement to reflect both system of care values and the identity of the Heart of Texas Region.

Ms. Price closed by describing how the SOC efforts have grown and matured and the number of collaborating agencies and school districts has expanded to better encompass community needs.

Kelli McAdams, LCSW, Youth Crisis Respite House Director (YCRH), presented on OCOF's newest service. She shared that the search for a suitable crisis respite facility began in January 2018. In September 2018, a suitable location and facility was selected that would reflect a home-like living environment. Although envisioned to serve children and adolescents, the restrictions of licensure currently allow only teenagers (age 13-17) to reside at the facility.

The primary objective of the YCRH is to provide accessible, short-term services for youth experiencing a mental health crisis and if possible avert the use of emergency departments, psychiatric hospitalization and juvenile detention. The closest respite providers for adolescents to Waco is Hill Country Mental Health Developmental Disabilities Center and a facility near Dallas-Ft. Worth.

Ms. McAdams shared that the YCRH is designed on a "living room model" to promote a safe, nurturing, homelike environment and guided by trauma-informed practices. Services include academics, life skills, meditation, individual and family counseling, peer services, family partner services and medication training and support. YCRH will be assigning bedroom arrangements based on the gender the young person identifies with. Group meetings will be held to discuss safety issues

and supporting youth in expressing their discomfort. The goal is to be all inclusive.

Ms. McAdams said that before the Closing the Gaps Grant was awarded, the Klaras Center had one volunteer family partner for 150 families. Verlyn Johnson was initially volunteering her time and supporting Ms. McAdams in promoting family voice. With the award of the grant, Ms. Johnson's services could be paid for and enable youth and family voice to be a bigger part of how the YCRH operates.

Sharing photographs of the YCRH setting, Ms. McAdams noted that the YCRH facility is located on six acres and provides opportunity for many activities such as gardening and outside sports.

Ms. McAdams addressed the financial sustainability concerns for the YCRH effort. Recognizing that the grant will not be able to sustain this service, funding is being sought through other grants and community "buy-in" to sustain this effort.

YCRH is not currently serving youth because they are hiring and training 11 staff. Ms. McAdams shared that HHSC has granted YCRH an exemption so as not to delay the opening. While YES Waiver funds can pay for respite, they will only do so if the facility is licensed by DFPS. The goal is to have some of these barriers addressed in policy. Ms. McAdams invited interested people to contact her.

Georgie Price, MSW, TAY Program Manager, next presented on their Transition Age Youth (TAY) program, serving youth between the ages of 16 and 22 years old. Per state policy, TAY services are offered for youth ages 16-21. However, because of the Closing the Gaps Grant, OCOF is able to extend the services to age 22. The OCOF community would like to see a policy change that would allow for expansion of TAY level of care to the older age group.

Youth are seeking the TAY services as they transition from child/adolescent mental health services, juvenile justice, child protective services, and/or local school systems. The services and supports offered through the TAY program include housing, employment, supporting educational/career goals and accessing other community resources. Additional services include psychiatry services, case management, skills training, and counseling.

Ms. Price described the specific models being used to address the needs of these young adults, including modified Individual Placement and Support (IPS) focused on supports for employment and the Transition to Independence (TIP) Model supporting youth in engaging natural supports. Ms. Price shared that they realized that the Wraparound model was not as effective for the TAY population as it is for the adolescent population.

David Baker, LPC-S, School-based Mental Health Program Manager shared that the Closing the Gaps Grant facilitated the expansion of school-based mental



health services. The school-based mental health effort began with Mr. Baker and a colleague providing services for one elementary school campus for Waco ISD. They initially approached Waco ISD administration with the request that they refer 30 of their youth with the most intense needs for services. Because of their initial efforts and the funds made available through the Closing the Gaps Grant, expansion to other campuses within Waco ISD and the five counties was quickly realized.

Mr. Baker shared that they currently serve over 206 students in 10 school districts encompassing 40 campuses. As a result of these services, schools have seen a reduction in disciplinary referrals, increased attendance and improved grade performance.

Mr. Baker spoke to the challenge of sustaining these services beyond the funded efforts of the available grant funds. He shared that their approach for funding has been “we would love to offer you these services, either through the school district or another community partner.”

Mr. Baker outlined the services provided through their school-based services including robust case management services, skills training focused on the development of social skills and understanding behavioral expectations, individual and group counseling using cognitive behavioral therapy and trauma-focused cognitive behavioral therapy, crisis services, parent consultation and education, psychiatric assessments and family partner supports. Mr. Baker voiced that an important aspect of their work is advocating to school staff on behalf of a child who may be emotionally dysregulated to avoid additional discipline.

Mr. Baker closed his presentation saying because the school-based staff are employees of the local mental health authority, it allows them the opportunity to work with parents, caregivers, and extended family to support the child in being successful.

In response to questions from CYBHS members, the presenters indicated:

- They have funding for one CRCG paid coordinator in McLennan County;
- They work closely with the Bear Project in Waco ISD, Communities in Schools, and Talitha Koum (early childhood program in Waco);
- Supervision in the crisis respite house is 24-7 with the day shift having three youth and 2 staff for every six youth during afternoon and night shifts. All items in the kitchen that could present a danger are secured. Locks are made as unobtrusive as possible to help create a home-like environment;
- They are creating a “drop-in center” called the Independence Center for the transition-age youth population. A home-like environment, it has a dining area, full kitchen and art room. Essentially, it is a multiservice environment for young adults. In addition, three buildings behind the Independence Center were once apartments that they hope to refurbish to offer transitional housing in the future;

- Substance use treatment is provided by Heart of Texas for individuals 18 years and older. For children and adolescents they are using the Seeking Safety Curriculum that focuses on substance use and trauma issues. For youth needing inpatient or outpatient treatment, they partner with Cenikor Foundation.
- They currently have funding for a half-time youth peer provider that is working with their transition age youth population. They have used the peer provider with YES Waiver and juvenile justice populations, but have not used the position in schools at this time. The peer provider is certified through Via Hope.
- They currently serve 10 different school districts. The superintendents communicating with each other about the benefits of school-based mental health services has improved buy-in with various schools. OCOF also provides Mental Health First Aid training to the schools. Mr. Baker pointed out that obtaining “buy in” is not so much about approaching the district as a whole but rather each individual school campus.

Website: Our Community Our Future

<https://www.ourcommunityourfuture.org/our-community-our-future>

## **Agenda Item 7: Texas System of Care Needs and Capacity Assessment**

Kisha Ledlow asked for members’ input in helping to determine the components to be included in the Texas System of Care Needs and Capacity Assessment, noting that as Texas enters year three of the system of care grant, the intent is to expand to two additional communities. In order to do so, a needs and capacity assessment will need to be developed.

Ms. Ledlow asked the group for input related to the defining characteristics of systems of care communities, posing questions such as to what should the communities be committed? What should be prioritized? What should be emphasized? What questions should be asked? What should be included in the assessment? During the review process, what should be weighed more heavily?

Ms. Ledlow led members through a group exercise designed to begin identifying overarching themes related to the needs and capacity assessments. Ms. Ledlow summarized the overarching themes for the exercise such as collaborations in place, knowledge of and awareness of needs of their community, creativity and openness, sustainability, evaluation (given/received) feedback, geographic considerations, funding considerations, and large focus on SOC values (See Appendix for full list).

## **Agenda Item 8: Texas System of Care and Community Resource Coordination Groups Strategic Partnership Planning**

Ms. Ledlow described recent efforts to strengthen partnerships and planning between the Texas System of Care and the Community Resource Coordination Groups, including joint presentations at conferences and helping CRCG leaders identify how to incorporate system of care values into the work they are doing.

Ms. Ledlow added that planning is underway for the 2019 TxSOC/CRCG Conference. She asked group members to consider how collaboration efforts could be strengthened and strategic efforts could be coordinated.

Sara Underwood (CRCG State Coordinator) asked the group who should be invited to the conference and what topics would be useful to cover during the conference. Group members suggested that conference planners should consider inviting:

- School districts (educators, administrators, school counselors and school affiliates), people who could promote school-based mental health
- Attorneys, judges, physicians
- Directors of community centers and neighborhood associations
- Local LGBTQ communities
- Outreach beyond leadership to the folks with “boots on the ground”

Topics could include:

- Conversations around the how SOC/CRCG can collaborate
- Accurate use of data by both SOC and CRCG to inform decisions and goals
- Addressing community gaps

## **Agenda Item 9: Project Updates**

Cris Burton, Project Coordinator for the Alliance for Adolescent Recovery and Treatment, shared that provider collaborative members will attend a leader training for the Seven Challenges training in January 2019 (1/15-1/17). Dr. Lopez has provided evaluation training for providers and data will be collected to allow an evaluation of the interventions. Mr. Burton noted that he and Dr. Levins conducted a brief site visit to Cenikor in San Marcos where they are doing great work with youth. Mr. Burton and Dr. Levins were especially impressed by the work of the peer recovery specialists as they are very active in the community and especially at Texas State University.

Additionally, Mr. Burton added that TIEMH received a small grant from the Dell Foundation to provide training and evaluation on the use of Screening Brief Intervention and Referral to Treatment (SBIRT) to identify and intervene with transition age youth in mental health settings. Integral Care (local mental health authority for Austin/Travis Co.) will be the primary partner.

Tracy Levins spoke about the Texas Building Bridges Initiative (TxBBI). TxBBI is a partnership between HHSC, DFPS, TIEMH and the national Building Bridges Initiative to bring best practices in residential care to residential providers in Texas. The TxBBI conference will be held in Houston, January 28-30<sup>th</sup>. Residential providers from across the state are invited to participate and hear from national BBI experts and residential providers from around the country who have implemented BBI best practices/principles in residential settings. Currently, 102 participants are registered and represent 20-24 programs. She asked that if members of the group know of a residential services provider that would be interested in participating, encourage them to reach out to TIEMH for registration information.

Cory Morris added that one of the outcomes of the conference is to provide ongoing technical assistance through Learning Action Networks (LAN). Currently there are 10 agencies participating in bi-monthly webinars and technical assistance calls. The technical assistance efforts focus on the use of data to inform the change process and to receive support from their peers.

Jameson Cardenas provided an update on the Children's Mental Health Awareness Day (CMHAD) efforts. As part of raising awareness regarding children's mental health challenges a Children's and Adult's Mental Health Awareness Creative Arts Contest. The deadline for creative arts submissions is March 11, 2019. A website was created to allow participants to upload their submission(s). There are three categories for the contest: (1) Original Art Work, (2) Creative Writing, and (3) Photography. The contest will have four age groups including elementary school, middle school, high school and adults.

Mr. Cardenas noted that Austin's CMHAD will be held in the Mueller area at the Browning Hangar on April 27th. The planning committee is reaching out to possible keynote speakers. Arrangements are being made with possible vendors and participants to make the day be fun and festive. For more information, please visit the website: <https://cmhaustin.weebly.com/>

Mr. Cardenas added that the CMHAD-Texas Toolkit is being revamped and updated. It will soon offer tools, artwork and other general information that any community in Texas can use for their own CMHAD event. The theme this year will follow SAMHSA's theme focused on suicide prevention.

David McClung addressed ACCEPT activities. Mr. McClung noted that ARTIFY will be held in Austin this year. ARTIFY is a nationally-recognized youth leadership effort using fine art to support wellness and as a vehicle for community change. This year will be the third year for this event and will be held in late July 2019.

This year's event will feature a youth performance night with 15 performances by youth in the Austin area. Six keynote speakers are planned with three being from the Austin/Hill Country Area and three national speakers. Additionally, 60 fine arts

clinics will be held lasting approximately 80 minutes each. The fine art clinics/workshops will be offered in five different categories including writing, visual arts, dance, music and theater. It is anticipated that approximately 200 youth will participate.

Mr. McClung announced that any group members wishing to teach a fine arts clinic would be welcome to participate. Also, if any members know of youth in the Austin area who might like to participate in planning, they are urged to refer the young person to Mr. McClung.

Valencia Gensollen provided an update on the Texas Family Voice Network (TxFVN). A stakeholder meeting of family members was held to discuss potential methods to increase access to certified family partners. A policy paper was created and provided to legislators. TxFVN members went with Gregg Hansch, Texas NAMI, and Josette Saxton, Texans Care for Children, to meet with and educate legislators on the value of CFPs. Additionally, the TxFVN leadership module, *Amplify Your Voice*, has been developed to educate families on how to be change agents at the local and state level to affect policy. It can be found on the TxFVN website.

### **Agenda Item 12: Public Comments**

No requests for public comment were received.

### **Agenda Item 13: Next Steps**

Next Meeting- April 10, 2019 at 10:00 AM

When asked for agenda topics, Valencia Gensollen requested that NAMI provide another legislative update

The meeting adjourned at 3:05 pm.

## Appendix

The resulting recommendations for the Texas System of Care Needs and Capacity Assessment included:

- Awareness of barriers/gaps/needs
- Goals
- Agency willing to take the lead and responsibility
- Being thoughtful about diversity of communities being chosen
- Some awareness of SOC
- Targeting communities with no to little previous funding
- Infrastructure or services being funded? Who are the partners already in place?
- Strong wraparound program in place?
- Openness to trying new things
- History of successfully collaborating with community partners, current implementation of SOC values (even if unaware of SOC); history of working with HHSC in similar initiatives and ability to sustain after funding ends; inclusiveness of those who do not have access to supports (income, immigration barriers, gender identity barriers); practically when not meeting federal eligibility requirements of Medicaid
- Receptiveness to feedback, partnerships
- Managing of data/data partnerships
- Willingness to receive or ability to access technical assistance
- How do you plan on partnering with ACCEPT and TxFVN?
- What are you currently doing to gather youth and family voices?
- How do you make these distinct voices?
- What are you currently doing to promote cultural responsiveness?
- What do you hope to gain by partnering with SOC?
- Rural Areas
- Family/Youth Voice
- Transportation
- CLAS/Community understanding cultures represented
- Ability to recruit and retain staff---include family members in staffing
- Things they are committed to renew---sustainability from the beginning
- Keeping youth in the community and/or school
- Implementation support
- Youth crisis respite – Different with IDD diagnosis and acceptance...Autism Spectrum
- Letters of support from communities