

**Children and Youth Behavioral Health Subcommittee  
Meeting Minutes  
Wednesday, January 13, 2021**

**Agenda Item 1: Welcome and Introductions**

The Children and Youth Behavioral Health Subcommittee meeting was called to order at 10:05 am by Barbara Granger (CYBHS co-chair). Barbara Granger provided a welcome to the members and invited all attendees to place their names and email addresses in the chat box for attendance tracking purposes. She also asked attendees to indicate in the chat box if they desired to offer public comment during that section of the agenda. Table 1 shows attendance for the meeting.

Table 1: The CYBHS Subcommittee member attendance.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
<b>Behavioral Health Advisory Council</b>			<b>Advocacy Organizations</b>		
Donna Fagan	X		<i>NAMI Texas</i>		
Shannon Hoffman	X		Greg Hansch	X	
Jordan Smelley	X		Alternate: Matthew Lovitt	X	
<b>Community Provider Representatives</b>			<i>Texans Care for Children</i>		
<i>Heart of Texas Center</i>			Joseette Saxton	X	
Ron Kimbell		X	Alternate: Stephanie Ruben		X
Alternate: Telawna Kirbie		X	<b>Suicide Prevention</b>		
<i>Tri-County Behavioral Healthcare</i>			Lisa Sullivan		X
Melissa Zemencsik	X		<b>TCOOMMI</b>		
Alternate: Shannon Miller		X	Emily Eisenmann	X	
<b>Family Representatives</b>			Alternate: Bettina Grant	X	
Barbara Granger	X		<b>Dept. of Family and Protective Services</b>		
Valencia Gensollen		X	Che'Vun Lane	X	
Alternate: Verlyn Johnson	X		Alternate: Nicole Weaver		X
<b>Health and Human Services Commission</b>			<b>Dept. of State Health Services</b>		
<i>Behavioral Health Services</i> Veronica Martinez		X	Claire Niday		X
Alternate: Liz Pearson	X		Alternate: Cristell Perez	X	
<i>Behavioral Health Services</i> Suzanne Alley	X		<b>Texas Education Agency</b>		
<i>Medicaid</i> John Huffine	X		Julie Wayman	X	
<i>Office of Mental Health Coordination</i> Lillian Nguyen	X		Alternate: Denise Magallanez		X

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Office of Mental Health Coordination Kisha Ledlow	X		<b>Texas Juvenile Justice Department</b>		
<b>Higher Education</b>			Susan Palacios	X	
UT-TIEMH Molly Lopez	X		Alternate: Marie Welsch		X
			<b>Youth/Young Adult</b>		
			Callie Dupree	X	
			Calista Hughes		X

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

**Also in Attendance:** Adrianna Flores, Alfonso Bermea, Alice Alvarez, Andrés Guariguata, Ari Acosta, Brianna Grant, Brianna Rodriguez, Brytani Cavil, Christine Vo, Corliss Powell, Courtney Harvey, David McClung, Donna Shaver, Donna Wood, Dorothy Garza, Doug Beach Felecia Monique Garner, Glenn Dembowski, Ivonne Tapia, Jennifer Banks, Joey Gidseg, John Johnson, Julie Bourne, Julie McElrath, Karen Palombo, Laura Hernandez Gold, Laura Munch Leah Davies, Leela Rice, Leslie Sirrianni, Letisia Balderas MacDonald, Linda Logan, Linda Madrigal Luanne Southern, Marqus Butler, Molly Sanders, Natalie Fikac, Natalie Linhart, Natasha Dixon, Robbie Owens, Sara Underwood, Sara Strader, Sara Turner, Sarah Melecki, Sarah Strang, Sharon Munroe, Shannon Hoffman, Sonja Burns, Terranisha Hiley, Tanya Jopling, Tiffany Jackson, Tracy Levins, Vanessa Saenz, Zach Ager, Zatará Lumen.

## Agenda Item 2: Youth Experience

Ms. Granger introduced Tiffany Jackson, who shared her experience as a young person receiving services.

Ms. Jackson, a 2018 graduate of Texas A&M University with a master's degree in Biomedical Studies, currently works for the State of Texas as a COVID 19 epidemiologist, with hopes of attending medical school in the future. Tiffany completed her undergraduate degree at Sam Houston State University. In 2005, she moved into her freshman dorm at Sam Houston State directly from a homeless shelter in inner-city Houston. Tiffany shared the challenging journey of her youth, which included various placements and attending 12 different schools between her 5<sup>th</sup> grade and 12<sup>th</sup> grade year. She spent her early years with her elderly grandmother, followed by a four-year placement in a group home for girls in Beaumont, and a year on scholarship in a prestigious boarding school in Austin. She left the boarding school due to funding issues and an undiagnosed learning disability. Afterwards, she endured multiple moves between family members and friends while trying to stay in school, and ultimately began living on her own. Despite working two jobs, she was unable to make ends meet, and ended up in a

homeless shelter, where she stayed until she began her freshman year in college. Upon reflecting on her journey of perseverance, Tiffany offered the following insights and lessons she has learned:

- Learning life skills is critical. Although her experience in the group home was “not terrible,” she wishes there had been more focus on teaching independent livings skills, such as the importance of establishing credit; how to network meaningfully to get more work experience; how to address transportation issues, including how to buy a car; and alternative means for paying for school and issues around school debt.
- Tiffany identified her cousin as a major positive influence, even though they often did not get along. Her cousin’s capacity to model a successful professional life as something positive and attainable played a key role in Tiffany’s success. Her cousin has her PhD and values education and provided meaningful guidance on the importance of dressing and conducting oneself professionally.
- The most important advice Tiffany has to offer for other youth in similar situations is to do well in school, find a way to build a support network, and establish a track record of success that shows you worked hard regardless of outcomes. Building a support network is key.

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

Barbara Granger confirmed that a quorum of members was present. Minutes from the October 14, 2020 meeting were sent to members before the meeting for their review. Molly Lopez made a motion to approve the minutes; Julie Wayman seconded. The minutes were approved without changes.

Ms. Granger announced that Josette Saxton has been elected by CYBHS members to fill the current vacancy for the CYBHS Co-Chair position. She expressed great appreciation on behalf of the CYBHS Nomination Subcommittee to the other nominees and extended a warm welcome to Ms. Saxton.

### **Agenda Item 4: Community Resource Coordination Groups/Texas System of Care Legislative Report**

Kisha Ledlow, Project Director for the Texas System of Care (TxSOC) at the Health and Human Services Commission’s Office of Mental Health Coordination, provided a brief overview and update of the Texas System of Care and Community Resource Coordination Groups (CRCGs) Legislative Report. Ms. Ledlow reviewed the process by which recommendations for the report were solicited from and corroborated by local CRCGs and members of the CYBHS community. The recommendations resulting from those discussions were grouped into five different categories listed below

- Financing

- Services and Supports
- Leadership
- Accountable Systems
- Community Capacity

At previous meetings, participants voted on the recommendations to pare them down for the final draft report submitted to HHSC in September for review and approval. The report went through the HHSC approval process and was posted in November. Ms. Ledlow reviewed the final recommendations that are included in the report, which can be found in Attachment 1.

Dr. Courtney Harvey, Associate Commissioner for the Health and Human Services Commission's Office of Mental Health Coordination, addressed the process by which the final recommendations were selected for inclusion in the report. Dr. Harvey explained that the HHSC review of recommendations was informed by specific guidance from legal services regarding legislative lobbying. Any recommendations that HHSC puts forth, as well as internal recommendations HHSC reviews and approves intra-agency, may not contain directive language or anything that might be interpreted as a legislative lobbying effort. Dr. Harvey will provide a copy of the restrictions and guidelines regarding legislative lobbying for our CYBHS members.

According to Dr. Harvey, recommendations were also vetted through different HHSC departments to identify if and how proposed recommendations may be being addressed through other department initiatives. She noted that there may be some activities the agency is taking to close or remediate gaps identified by the public that may not be successfully shared with stakeholders. It is important for representatives to attend meetings so they may share information and clarify any misinformation on how services are being provided. It is equally important for stakeholders to have the opportunity to give voice to concerns heard from the people they serve and identify issues and barriers they encounter working with local authorities.

In response to concerns around how best to track those recommendations not included in the final report, Dr. Harvey shared that she meets monthly with Doug Beech, Chair of the Behavioral Health Advisory Committee, to collaborate on pertinent information from their respective committees regarding gaps in services and to align their efforts in determining how best to move forward to maintain the urgency and momentum of the issues.

To help stakeholders learn if issues they identify are being addressed in ways within HHSC, the State Behavioral Health Coordinating Committee (SBHCC) is working with the Office of Mental Health Coordination to add a resource to [mentalhealthtx.org](http://mentalhealthtx.org) that will serve as a portal/inventory for key reports published by the respective agencies. This will increase visibility and facilitate access to reports that cover a broad span of issues that may hold important information to stakeholders. Additionally, there is opportunity at SBHCC meetings to invite

presentations of the Behavioral Health Advisory Committee to provide visibility on the work of subcommittees serving similar populations and highlight gaps in service that need to be addressed.

### **Agenda Item 5: Texas System of Care Community Presentations:**

Through the TxSOC grant, two new communities have been added to TxSOC, The Harris Center, located in Houston, Texas and the Coastal Plains Community Center, serving a nine-county area in rural South Texas.

Sarah Strang, program director for The Harris Center's Mobile Crisis Outreach Team (MCOT) and Project CHANGE, provided an overview of the Harris Center System of Care initiative established through Project CHANGE. A brief description of the presentation is provided below:

- Project CHANGE is a collaboration of the Mobile Crisis Outreach Team and YES Waiver program at The Harris Center
- Team Members include the Project Director, Evaluator and Assistant Director, Evaluator/Care Coordinator/Intake Coordinator, two Care Liaisons, three Youth Peer Support Specialists, Certified Family Partner, Psychiatrist, and Intensive Case Managers and Clinical Team Leads-YES Waiver team.
- The Governance Advisory Council (GAC) is a collaboration of two SOC grants: Project CHANGE (The Harris Center) and Be Well Be Connected (Baylor College of Medicine, Menninger, and the City of Houston). The GAC is comprised of five subcommittees: (1) Policy, Process, Legal & Evaluation; (2) Resource Identification; (3) Training/Education and Community/Social Media; (4) Youth, Family, and Stakeholders; and (5) Social Justice Call to Action. Approximately 30 different organizations/agencies are involved with GAC.
- Project CHANGE has six Care Coordination Agreements, to include two residential treatment centers, Houston Community College and three mental and physical health care service providers. Project CHANGE also has two community collaborations through the Harris County Sheriff's Office: Project Guardian, dedicated to help keep individuals with autism safe, and Project Lifesaver, which provides law enforcement, fire/rescue, and caregivers a program designed to protect and quickly locate individuals with cognitive-disorders prone to wandering.

Linda Madrigal, Coastal Plains Program Manager for SOC, provided an overview of the Coastal Plains Community Center (CPCC) SOC program. A brief description of the presentation is provided below:

- Coastal Plains SOC serves nine rural counties that include Jim Wells, Duval, Kenedy, Kleberg, Brooks, Live Oak, Bee, San Patricio, and Aransas counties.
- Team Members include the Youth and Family Director, Program Manager, a full-time SOC/YES Wraparound facilitator, 12 certified case managers, a full-time Youth Peer Support Specialist, a full-time Certified Family Partner, and a full-time SOC evaluator.
- Due to the rural nature of the service area, resources are scarce. To fully understand the needs families and youth were facing, CPCC conducted a series of focus groups with youth and families to identify critical service gaps.

- CPCC-SOC Team actively promoted the SOC approach and recruited members for the Governance Board and developed an SOC Governance Board application to help organize steering committees and maintain sustainability. The Governance Board is currently working to create a dashboard of community services and help prevent duplication of effort among service providers supporting the large geographical area.
- CPCC-SOC has opened a total of 44 intensive services cases and is serving 10 Transitional Age Youth. The evaluator has been successful in providing quality data where 90% of families have participated.
- Two CPCC-SOC success stories were shared that highlighted the important collaboration between CPCC-SOC, the Department of Family and Protective Services, and the court system, as well as the critical role the Youth Peer Support Specialist plays in reaching positive outcomes.

### **Agenda Item 6: HHSC Prevention Team Presentation:**

Donna Wood, Director of Prevention and Behavioral Health Promotion, provided an overview of their current work and described potential opportunities to work together. Highlights of the presentation include:

- The goal of Prevention and Behavioral Health Promotion is to prevent substance use and misuse by promoting behavioral health and wellness in communities, families, and youth. Their work is currently funded primarily through the Substance Abuse Mental Health Services Administration (SAMHSA).
- Ms. Wood described four focus areas:
  - Direct Services to Youth and Families
    - Youth prevention programs based on evidence-based curriculum and using community-based processes
    - Target three different audiences: universal (all youth); selective (youth at increased risk); and indicated (early warning signs but no diagnosis)
  - Community Mobilization – mobilize community partners to change community policies and social norms around substance use and coordinate education around prevention and reduction.
  - Data/Training Hubs – conduct regional needs assessment with focus on four priorities: alcohol, tobacco/nicotine, marijuana/cannabinoids, and prescription drug use
  - Statewide Public Awareness – Prevention messages in English and Spanish through social and broadcast media

Members can go to [www.texaspreventiontraining.org](http://www.texaspreventiontraining.org) to access resources and engage with Prevention Resource Centers.

- They are also working on a collaboration opportunity to gain insight into and an understanding of community health determinants by giving opportunity to express and help leverage meaningful community voice.

- Ms. Wood also described their work to establish community listening sessions (p-chats) to identify:
  - Perceptions of underlying causes of substance use and misuse
  - Community dynamics, strengths, gaps
  - Shifting community needs
  - Perceptions on specific strategies
  - Engagement of hard-to-reach populations in preventions services
- Finally, they plan to launch p-chats in March and continue them through August. Their dissemination plan is targeted to be completed in the fall and dispersed as widely as possible, first through internal partners and then outward.

## **Agenda Item 7: 2021 Legislative Updates**

Josette Saxton, Director of Mental Health Policy, Texans Care for Children, provided an overview and update on the 2021 Legislative Session which began earlier this week. Ms. Saxton reported that due to the pandemic, this legislative session will look very different than in the past. However, as in previous sessions, the number one priority will be to pass the state budget.

The Legislature is addressing a large budgetary deficit which has the potential to impact proposed budgets for current programming. Last year's budget cuts addressed some of this deficit. The state maintains a "rainy day" fund, and there are also some COVID relief dollars available, with the potential for additional COVID relief in the future. As a result, the budget situation does not appear quite as dire as first thought.

Given the deficit, it is anticipated that very few of the bills that have been filed will move forward to become law. However, policies may be enacted as budget riders in the budget bill which, while not providing additional dollars, can provide direction on what programs and services to target with current funding. Of primary concern is how we will be able to interact with elected officials during the pandemic on filed bills. The Legislature is currently finalizing the rules. Current information indicates that:

- People CAN testify in person in the Senate but will require a COVID test.
- There will NOT be opportunities to testify remotely.
- Written testimony can be submitted.

Ms. Saxton reviewed some of the pre-filed legislation grouped in the following categories (specifics of the bills may be found in Attachment 2):

- Insurance Coverage for Children/Youth, Young Adults, and Families
- Treatment
- Public Schools and Higher Education
- Child Welfare
- Juvenile Justice

- Parents and Caregivers
- Reports

For youth and families to provide input/voice to their legislator, Ms. Saxton recommends that if they are unable to testify in person, they can submit written testimony, send emails, and schedule a Zoom/phone call with the specific legislator's office. Ms. Saxton emphasized that it is important to schedule Zoom/phone calls with the staff person who is working specifically on the bill of interest. Reaching the right staffer within the individual legislator's office is key.

### **Agenda Item 8: Behavioral Health Advisory Committee (BHAC) Updates**

Donna Fagan, BHAC Member, Co-Chair of the Peer and Family Partner Subcommittee, presented BHAC updates, particularly those that relate to CYBHS interests. Ms. Fagan reported that at the last BHAC meeting in October, the Peer and Family Partner Services Subcommittee, originally established as an ad hoc subcommittee was voted to full subcommittee status. In an effort to have the BHAC work more effectively and efficiently, the new BHAC Chair, Doug Beech, has asked the subcommittees to identify and develop full recommendations to be presented to the BHAC for vote in order to more quickly recognize and address critical service needs. As a result, there is potential to develop more subcommittees to address specific service areas as new needs arise.

BHAC does not currently have a youth peer subcommittee and is holding discussions to determine if youth voices are being adequately represented through the Peer and Family Partner Subcommittee, or if establishing a separate Youth/Peer Support Subcommittee would prove more effective. The Peer and Family Partner Subcommittee welcomes David McClung, TxSOC Youth Engagement Specialist, to attend next meeting to assist in the discussion.

Subcommittees are comprised of full members which include members of the BHAC, but there are also subject matter experts that can join the subcommittee to contribute their voice and expertise without holding a formal subcommittee seat. Youth voice has been represented on the Peer and Family Partner Subcommittee by Jordan Smelly, Peer Recovery Support Specialist with Transitional Age Youth designation (and a CYBHS member), who holds a subcommittee seat, and by Ariana Mellinger, Youth Peer Support Specialist, who has served as subject matter expert.

The Peer and Family Partner Subcommittee presented two important recommendations of particular interest to the CYBHS membership to BHAC this past October, which received unanimous vote of approval by the Committee:



- Include state Medicaid funding for young adults between the ages of 18-21
- Add Family Partner services to the Medicaid state plan so that those services are Medicaid reimbursable

Any member of the public can submit a proposal for a Medicaid medical or dental benefit, to include a new service, technology or other benefit, by submitting a HHS Topic Nomination Form with proper documentation to the HHSC Medicaid Benefit Request office.

## **Agenda Item 9: Culturally and Linguistically Responsive Services**

Ari Acosta, TxSOC Behavioral Health Equity Specialist, delivered a presentation titled "Self-Care & Community Care – A Cultural Approach During COVID 19." Ms. Acosta set the stage by asking meeting participants to describe how they treat symptoms of a common cold. Ms. Acosta noted that the different things that each of us do are often rooted in our family and cultural traditions. The healing powers of these traditions are found in the nurturance and comfort we feel being connected to the friends, family, and cultures to which we belong. Similarly, the term "self-care" is meant to describe "what people do for themselves to establish and maintain mental health, and to prevent and deal with illness," and it has become very common for us to hear that we all need to practice self-care to help navigate through the pandemic. However, the term self-care is very nonspecific and is often ascribed to popular behaviors that do not fit many on a personal level. As a result, our intentional participation in delivering "community care" is key to providing a supportive safety net and helping to build connections and resilience for everyone in our communities. We can build community care by:

- Checking in regularly
- Exercising empathy – listening and validating
- Making specific offers to assist
- Prioritizing rest – giving people permission to take time off
- Socializing for real – creating spaces for genuine connection
- Intervening – building trust by showing up and speaking up
- Understanding of and being responsible for each other

Community care consists of both small and large scale actions that show our support for and compassion towards another person or group of people, especially for those that are unable to do provide it for themselves.

## **Agenda Item 10: Project Updates**

Kisha Ledlow introduced Christine Vo, TxSOC Public Affairs Representative, who shared the website to the 2021 Mental Health Creative Arts Contest (<https://gallery.txsystemofcare.org/>), which is accepting submissions now through March 15, 2021. The contest theme this year is "Why Does Mental Health Matter to You?" and there are four age-groups for submissions:

- Elementary (Pre-K through grade 5)
- Middle School (grades 6-8)
- High School (grades 9-12)
- Adults (ages 18 and up)

There are three categories for submissions:

- Original Art
- Photography
- Writing

This contest is designed to highlight how common experiencing mental health challenges are among us all, regardless of age, and to promote openness in our ability to share and discuss these issues, which will hopefully lessen barriers to seeking help. The art contest flyer with rules and guidelines may be found at the following link for your own use and distribution:

<https://gallery.txsystemofcare.org/wp-content/uploads/2018/07/art-contest-flyer-2021-1.pdf>

### **Agenda Item 11: Public Comment**

No public comment.

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

If anyone has agenda items for the next CYBHS meeting, please email them to Barbara Granger.

### **Agenda Item 11: Next meeting**

Next meeting is scheduled for April 14, 2021.



## **Community Resource Coordination Groups of Texas Report – November 2020**

### **RECOMMENDATIONS SUMMARY:**

(<https://hhs.texas.gov/reports/2020/11/community-resource-coordination-groups-texas-report>)

### **Recommendations Related to Financing:**

Explore funding mechanisms to ensure the long-term sustainability of the TxSOC.  
CYBHS recommends identifying funding mechanisms for the long-term sustainability of the TxSOC, including the planning, training, policy, and technical assistance infrastructure necessary to ensure fidelity to the system of care model.

### **Recommendations Related to Services and Supports**

Prioritize Recruiting, Training, and Retaining the Behavioral Health Workforce  
CYBHS recommends that HHSC partner with stakeholders to prioritize recruiting, training, and retaining workforce specific to behavioral health services for children, adolescents, and transition-age young people.

### Support the Multi-Tiered System of Support (MTSS) Framework

CYBHS supports the multi-tiered systems of support<sup>15</sup> and encourages further advancement of those efforts, including:

- Whole-school programming that supports nurturing relationships, a sense of safety and belonging, and building student skills that help them to understand and manage emotions, establish positive relationships, and make responsible decisions;
- Targeted interventions to students in need of additional social-emotional services/support;
- Identification and provision of additional supports to the families of students experiencing those challenges; and
- Referral pathways to school- or community-based mental/behavioral health professionals for students in need of clinical services.

### Increasing Trauma-Informed Training

CYBHS recommends that all agencies participating in CRCGs and systems of care should consider participating in training on the impact of trauma, implementing trauma-informed practices and being trauma-informed organizations.

### **Recommendations Related to Leadership**

## Attachment 1 – CRCG Report Recommendations Summary

### Launch a Training Module to Members of Court System Groups

To expand SOC leadership across systems, CYBHS recommends that HHSC, in partnership with the Texas Judicial Commission on Mental Health, the Supreme Court Commission on Children, Youth, and Families, the Texas Children’s Mental Health Care Consortium, the Juvenile Law Section of the Texas State Bar, and the TxSOC identify potential opportunities to develop and launch a training module. A training module could provide judges and attorneys with information related to children’s behavioral health and the system of care approach.

### Update Documents to Align with SOC Values and Principles

CYBHS recommends that HHSC and each agency participating in the system of care consider reviewing and updating language in all official contracts, strategic plans, requests for proposals, block grants, and program manuals, etc., to ensure alignment with SOC values and principles.

## **Recommendations Related to Accountable Systems**

### Empower Youth Serving Agencies to Collect Information on Shared Outcomes

CYBHS recommends that state agencies serving youth identify, define, collect, and report on a set of shared outcomes across systems that will inform cross-agency data analyses.

## **Recommendations Related to Community Capacity**

### Incorporate Youth Peer Support Training and Services in Residential Programs

CYBHS recommends that each CYBHS agency explore comprehensive approaches to incorporate youth peer support training and services into residential programs, education systems, juvenile justice alternative education programs, disciplinary alternative education programs, LMHAs, etc.

## Attachment 2 – 2021 Legislation Update

### Pre-Filed Legislation (as of Dec 17, 2020)

#### Insurance Coverage for Kids

HB 240, SB 51 -relating to the requirement and study of insurance coverage for serious emotional disturbance of a child

HB 290, SB 39 -relating to the period of continuous eligibility for the medical assistance program

#### Insurance Coverage for Young Adults and Families

SB 91 -relating to coverage for serious mental illness under certain group health benefit plans (*post-traumatic stress disorder*)

HB 98, HB 133, HB 107, HB 414, SB 141 -relating to the Medicaid eligibility of certain women after pregnancy or miscarriage

HB 218 -relating to coverage for certain services relating to postpartum depression under the medical assistance and CHIP perinatal programs

#### Provider Reimbursements

HB 515, HB 522, SB 228 -relating to the reimbursement and payment of claims by certain health benefit plan issuers for telemedicine medical services and telehealth services

HB 706 -relating to the provision of counseling services by certain providers under Medicaid and reimbursement for those services

SB 96 -relating to school districts' enrollment as a Medicaid provider to provide and receive reimbursements for mental health services provided to eligible students

#### Treatment

HB 407, HB 560, SB 97 -relating to unprofessional conduct by mental health providers who attempt to change the sexual orientation of a child

HB 726 -relating to prohibited non-consensual medical procedures and treatment on certain minors with intersex traits

#### Public Schools

SB 96 -relating on-campus mental health services provided by a LMHA; sharing info. with primary care docs; and school districts to enrolling as Medicaid provider for mental health services

HB 28, HB 226, HB 239, SB 209 -relating to social work services in public schools

SB 78 -relating to a notification requirement if a public school does not have a nurse, school counselor, or librarian assigned to the school during all instructional hours

HB 332 -relating to expanding the compensatory education allotment to allow funds to be used to implement social-emotional learning programs

SB 123 -relating to the inclusion of social and emotional skills in character trait instruction provided by public schools

## Attachment 2 – 2021 Legislation Update

HB 771 -relating to the inclusion of instruction about bullying and cyberbullying in the required curriculum for public school students

HB 188, SB 233 -relating to the prohibition of certain discrimination based on sexual orientation or gender identity or expression (*public & higher ed*)

HB 823 -relating to the inclusion of chronically absent students as students at risk of dropping out of school and the collection and reporting of data regarding those students

HB 62 -relating to the use of disciplinary alternatives to suspension by a school district and the creation of a restorative justice coordinating council

HB 822 -relating to requiring the expulsion of a public school student who engages in certain conduct that constitutes the felony offense of terroristic threat

### Higher Education

HB 581 -relating to the inclusion of suicide prevention information on student identification cards issued by a public institution of higher education

### Child Protection

HB 564 -relating to trauma-informed care for children in DFPS conservatorship and trauma-informed care training for certain department employees

HB 565 -relating to required training regarding trauma-informed care for certain judges and attorneys

HB 566 -relating to requiring trauma training for certain attorneys

### Juvenile Justice

HB 486,-relating to the age of criminal responsibility and to certain substantive and procedural matters related to that age (*raise maximum age to 18*)

HB 487, SB 85 -relating to the age of a child at which a juvenile court may exercise jurisdiction over the child and to the minimum age of criminal responsibility (*raise the minimum age to 12*)

HB 561 -relating to the repeal of the authority of political subdivisions to adopt or enforce juvenile curfews

### Parents and Caregivers

SB 147 -relating to the maternal mental health peer support pilot program for perinatal mood and anxiety disorder

HB 232 -relating to the placement on community supervision, including deferred adjudication, of a defendant who is the primary caretaker of a child

### Reports

HB 551, SB 184 -relating to reports on the prevalence of eating disorders and eating disorder-related deaths in the state.