

**Children and Youth Behavioral Health Subcommittee (CYBHS)
Meeting Minutes
Wednesday, October 13, 2021**

Agenda Item 1: Welcome and Introductions

The Children and Youth Behavioral Health Subcommittee (CYBHS) meeting was called to order at 10:02 am by Josette Saxton (CYBHS co-chair). Ms. Saxton 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
Behavioral Health Advisory Council			Advocacy Organizations		
Donna Fagan (also family)	X		<i>NAMI Texas</i>		
Shannon Hoffman		X	Greg Hansch	X	
Jordan Smelley		X	Alternate: Matthew Lovitt	X	
Community Provider Representatives			<i>Texans Care for Children</i>		
<i>Heart of Texas Center</i>			Josette Saxton	X	
Ron Kimbell	X		Alternate: Stephanie Ruben		X
Alternate: Telawna Kirbie		X	Suicide Prevention		
<i>Tri-County Behavioral Healthcare</i>			Lisa Sullivan		X
Melissa Zemencsik	X		TCOOMMI		
Alternate: Shannon Miller	X		Emily Eisenmann		X
Family Representatives			Alternate: Bettina Grant	X	
Barbara Granger			Dept. of Family and Protective Services		
Valencia Gensollen		X	Gabrielle Rogers	X	
Alternate: Verlyn Johnson	X		Alternate: Che'Vun Lane		X
Health and Human Services Commission			Dept. of State Health Services		
<i>Behavioral Health Services</i> Liz Pearson	X		Claire Niday		X
Alternate: Veronica Martinez	X		Alternate: Cristell Perez		X
<i>Behavioral Health Services</i> Suzanne Alley	X		Texas Education Agency		
<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		Texas Juvenile Justice Department		
Higher Education			Susan Palacios	X	
UT-TIEMH Molly Lopez	X		Alternate: Marie Welsch		X
			Youth/Young Adult		
			Callie Dupree		X
			Calista Hughes		X

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

Also in Attendance: Ari Acosta, Steven Aleman, Alice Alvarez, Arnaldo Amador, Jennifer Bacak, David Baker, Letisia Balderas MacDonald, Julie Bourne, Sonja Burns, Faith Colson, Glenn Dembowski, Rachelle Finck, Mary Beth Fisk, Adriana Flores, Holly Fullmer, Elcye Harris, Rebecca Helterbrand, Laura Hernandez Gold, Danielle Kailing, Casey Koenig, Tracy Levins, Leanne Lindsey, Linda Litzinger, Matthew Lovitt, Zatarra Lumen, Melissa Luna, Shea Meadows, Shannon Miller, Hilda Moreno, Stella Olise, Jessica Ramos, Samantha Reznik, Leela Rice, Brianna Rodriguez, Monica Rodriguez, Huntley Russell, Molly Sanders, Lynn Sherman, Brook Son, Luanne Southern, Sara Strader, Sarah Strang, Rohanna Sykes, Sarah Turner, Christine Vo, Jacob Welch, Janiece Williams, Tiffanie Williams-Brooks, and Kristin Wright.

Agenda Item 2: Family Experience

Josette Saxton introduced Faith Colson to share information about her family's experience. Ms. Coulson introduced herself as a parent of three adopted children and an active advocate. She has served on the House Bill (HB) 906 Task Force and noted her delight at being invited to join CYBHS today to share her family's experience. Her family's experience started several years ago when her three adopted children were 3, 4, and 5 years of age. They are now 10, 11, and 12 years of age. As a young child, her son was in special education with emotional disturbance as his qualifier. He was eventually able to test out of special education and moved into 504 accommodations as a result of his Attention-Deficit/Hyperactivity Disorder. While he did not demonstrate a lot of problematic behaviors at school, Ms. Coulson noted there were plenty at home due to his trauma history. She sought to educate herself, reading many books about trauma, attachment theory, and adoption to help inform her parenting skills and strategies. As a parent, she had to advocate for supports for her son at school, especially around the time he entered fifth grade and began exhibiting some behavioral issues and receiving some disciplinary referrals to the office.

Ms. Coulson noted that at that time, the average teacher did not have a comprehensive understanding of the developmental impacts of trauma on children. She noted that while she agreed with the behavioral expectations the school had for her child, she strongly disagreed with the type of discipline the teachers and administrators wanted to use to address his maladaptive behaviors. Advocating on her son's behalf, Ms. Coulson brought in documentation from books and articles to help guide the discussion and the recommendations she was making to help support her son to be successful. In doing that, she was also helping prepare the schools to better address other students' needs.

When she learned that the Texas Association of School Boards wanted to hear from family members, she reached out to them. Eventually, she was also connected to Julie Wayman (Texas Education Agency) who invited her to become a parent voice on the HB 906 Task Force. Ms. Coulson noted that the Partners Resource Network was also really helpful in providing information. Ms. Coulson was soon able to bring her children with her to the Capitol to provide testimony and to share the importance and meaningfulness of being able to use one's voice to effect change. She is also very interested in advocating at the state level for health and safety guidelines regarding internet access and digital accountability. Ms. Coulson voiced an interest in making sure that lines of communication with medical and mental health professionals are open to help guide discussions about digital safety for young people.

In closing, Ms. Coulson noted that she knows the Texas Education Agency (TEA) has several programs underway, such as the Safe and Supportive Schools and the Multi-Tiered Services and Supports program. She knows that some students, like her daughter, will likely never need mental health services and supports at school, but some children, like her son, will likely need a lot of assistance. She encourages CYBHS members and attendees to keep the lines of communication open between schools, mental health providers, and families. She also wants to continue the conversation about the developmental impact of trauma on children and how classroom management strategies may look different for students impacted by trauma. Finally, she recognizes that there is still a shortage of mental health providers, which is a serious need in a lot of places. While schools are addressing it more than they used to, she encourages all attendees to keep the focus and the work moving forward.

Josette Saxton added that CYBHS offers a way of helping to address some of these needs, noting that there are two charges to the CYBHS: (1) Provide policy recommendations related to the Health and Human Services Commission to the Behavioral Health Advisory Council (BHAC) and (2) To act as the advisory body for the system of care work, which includes schools. Ms. Saxton encouraged CYBHS members to consider potential recommendations that could be made to improve the

service delivery system of children, youth, and young adults with mental health needs.

Donna Fagan thanked Ms. Coulson for her presentation, voicing special appreciation for her remarks on youth needing to have “felt safety” in their classrooms.

During questions from the audience, Molly Lopez wondered if Ms. Coulson’s school, district, or the state did anything that helped her step into the role of sharing her voice as a parent. In response, Ms. Coulson said that while strong advocacy is part of the process, it only works if the other side listens. She explained that she had an easier time advocating at the state level than at the local level, detailing that she had a really easy reception at the state level. She noted that at the district level, the teachers’ collective experience outweighed her collective years of experience as a mother and that was a little more formidable. When the people are receptive -- if the teachers had previously worked with young people with special needs -- it didn’t take much to convince them of the need to ensure the student’s trauma history was considered in meeting their needs. Her ability to share her voice was really more about finding people willing to listen.

Josette Saxton segued to the next agenda item, noting that a quorum is not yet present to allow CYBHS to undertake business, and shifted the agenda order to the first panel discussion of the day.

Agenda Item 4: Panel - School-Based Mental Health Services

Ms. Saxton introduced the panel to speak on school-based mental health services.

1. Rachelle Finck (with her young son, Dean) is the director of social-emotional learning and guidance at Taylor Independent School District (ISD). She is helping to lead Taylor ISD in all programming and services for student and educator mental health. She previously worked at Round Rock ISD.
2. David Baker (Heart of Texas) is the non-physician mental health professional (NPMHP) housed at Region 12 Educational Service Center (ESC). He provides liaison services, training, and resources related to mental and behavioral health supports, trauma and grief, and substance use.
3. Hilda Moreno (Tropical Texas Behavioral Health) is Mr. Baker’s counterpart at Region 1 in the Rio Grande Valley and helps to provide coverage for the school districts covered by Region 1 Educational Service Center.
4. Monica Rodriguez (Tropical Texas Behavioral Health program manager) oversees wraparound services, Youth Empowerment Services (YES), and other services in three counties. She works with 37 school districts in the

region, not including charter or private schools. She helps to provide mental health services, substance use treatment, and trauma-informed care.

Ms. Saxton launched the discussion by asking Rachelle Finck, "What are some things you are seeing among students and staff that is different since the pandemic?"

In response, Ms. Finck noted that in their district they are seeing an increase in behaviors associated with emotional dysregulation among students. The extended time of being in social isolation and being on screens seems to have heightened big emotions for young people; teachers need to be equipped with increased skills to help young people learn how to walk through those big emotions. They are also seeing that staff discussions of trauma have become much more prevalent.

Ms. Finck voiced that one of the greatest things that has come out of this pandemic is that we are actively and proactively talking about mental health in a way that we have not done so before. She went on to say that they know that teachers and principals are carrying a lot right now and that it is her goal to support teachers, parents, youth, and administrators. She also said that the needs of rural and urban schools are fairly similar and primarily differ in the amount of needs being demonstrated and the resources available. They are really hoping to proactively equip teachers with skills and to address staff and student mental health in ways that they haven't before.

Josette Saxton then posed the question to Hilda Moreno and David Baker, "As a non-medical mental health provider, what are some of those requests that are coming to you from schools?" Hilda Moreno replied, noting that she has been working in her position for about a year. The main topics schools have asked for support around have been related to suicide prevention, suicide prevention resources in Spanish, and LGBTQ sensitivity. She noted that many of the districts are still struggling with student attendance and with complying with the new required trainings for teachers. Ms. Moreno indicated that a lot of the larger school districts have mental health professionals on staff, and the smaller districts seem to need more supports. They have individuals wearing multiple hats and are trying to meet more needs with fewer staff. She has seen some districts able to roll out Project Restore to everyone in the district, and there are still some schools really struggling trying to get students to school and teachers in required training.

As a follow-up, Ms. Saxton asked, "Is the challenge that the districts don't have time for training or the resources for the training?" Ms. Moreno answered, noting that districts are often overwhelmed with the sheer number and technology requirements of the required trainings.

Monica Rodriguez agreed, noting that the schools she's been working with are also overwhelmed. They understand classroom management challenges and trying to

balance that with being sensitive to the fact that often over half of the class has experienced a recent loss in their family. Teachers are trying to find the right skill set to manage all of those factors at the same time.

Ms. Saxton affirmed, noting that for the larger districts who might have mental health staff on site or have a variety of referral resources available in the community, trying to meet the needs of the students can be shared rather than landing squarely and only on the schools.

David Baker added that Region 12 has a mix of schools, resources, and populations in schools ranging from 1A schools to 6A schools, rural and urban. They are seeing a lot of trauma in their students and staff. They have had high numbers of staff and student deaths to COVID, but also students have experienced other significant traumas as well. He has been doing a lot of training on grief, trauma, and Youth Mental Health First Aid. He has seen some small schools hire mental health professionals using ESSER funds. Also, some communities have embedded counselors, case managers, and social workers in the schools and the districts have figured out how to make the best use of those positions to really benefit from those partnerships.

His ESC region is covered by four local mental health authorities (LMHAs) or local behavioral health authorities (LBHAs), requiring significant coordination and collaboration. They have seen responses from providers ranging from "The school won't let us in" to "The LMHA isn't responsive to our needs!" They are trying to reduce and address those barriers and have seen a lot of schools wanting trauma sensitive schools training. Mr. Baker communicated that the majority of the training is going through school counselors, but he would love to see more decision-makers and administrators going through the training. They typically see very few actual educators or classroom staff in the trainings.

Josette asked Laura Hernandez Gold to share around suicide prevention and the Project AWARE schools. Ms. Hernandez Gold affirmed what the previous speakers shared, saying they had seen the same needs in the Project AWARE schools. They are also trying to establish partnerships with LBHAs and LMHAS. They know that sometimes just having a name and a phone number to talk to and connect with can make a difference. They are also seeing some situations in which a group of school and mental health professionals meet to discuss specific student situations.

In the case of suicide prevention, Ms. Hernandez Gold said they try to communicate to school counselors, administrators, and everyone that everything you do to teach children how to listen to their emotions, identify their feelings, identify adults they can go to – all of that is suicide prevention. She noted that as communities of providers, we need to talk about it that way, especially with parents. Ms. Hernandez Gold added that the Suicide Safer Schools Roadmap is available, free, and has

everything a school needs to get started. She agreed with Ms. Moreno that suicide training and prevention resources need to be in Spanish and other languages because that is still an unmet need. She closed her statement by saying that the teachers need our help and support every bit as much as the students and families do.

Ms. Saxton asked, "It doesn't stop when students leave the campus for the day – could you talk a little bit about what that looks like?" Ms. Finck responded, indicating that in her district, it's an evolving process. They have initiated a weekly electronic newsletter, and every week they include an article on family or parent mental health on what parents can do at home that goes along with what is happening at school. Taylor ISD acknowledges that, for some parents, school was not a safe place for them, and they have let parents know they want their campus to be safe for the families and the children. They hope to launch focus groups in the spring and also do some specific social emotional wellness activities. They want to create partnerships with families, understanding that engaging families means the district can create and maintain a sense of felt safety for parents and students.

As a follow-up, Ms. Saxton asked the panelists working with the ESCs how they engaged families. Mr. Baker replied, saying they talk with schools about teaming with parents and community members, acknowledging that schools can't do everything by themselves. Mr. Baker added that sometimes it is about promoting School Health Advisory Councils (SHACs) or "Workshop Wednesdays" or "Wellness Wednesdays," but at its most basic, it's about coming together to learn together and address student and educator mental health together.

Hilda Moreno (Region 1 office) added that they also work with the GEAR UP initiative which has a parent involvement component. She sees that they will be will be requesting trainings in mental health to include parents.

Monica Rodriguez (Tropical Texas) noted that they partner with schools and districts when they're doing parent involvement, bringing in mental health training and information for parents. Tropical Texas is also supporting parents on the ground, offering parent support groups and parent educational components throughout the district. They participate on SHAC work and help to ensure the lines of communication are open and families know who to contact.

Ms. Saxton added that she was glad that so many people have brought up SHACs. It is required element in school districts and mental health information is explicitly required in the work of SHACs. Having parent voice reflected is important and is a key point.

Melissa Luna (Tropical Texas) noted that she has seen the added push promoting social-emotional learning, focus on the whole child, etc. and indicated that an

important thing they have done in their region is the implementation of Positive Behavioral Interventions and Supports (PBIS) on campuses to shift the culture within the campus to connecting with students. She added that she works in a Disciplinary Alternative Education Program (DAEP) and sees that those students and families are already feeling detached. They use specific tools (e.g., the PAX Tools training) to help bridge that connection and help them feel safe.

Rebecca Helterbrand (Center for Young Minds in San Antonio) noted that the Center for Young Minds (CYM) is actively trying to get upstream to create wellness and resilience for young people in San Antonio.

Through the meeting chat, Jennifer Bacak asked how schools were addressing the mental health needs of students receiving special education services. David Baker responded, saying that he has seen several schools who would rather provide services through 504 accommodations than through special education services. The timeframes are less critical and specific and allow a bit more flexibility. They have also had schools who would rather provide those services in house rather than refer out to a community provider.

Josette closed the panel, asking, "If you had a magic wand that you could make some policy change happen, what might those changes be?"

Hilda Moreno replied that Senate Bill (SB) 1267 is moving in the right direction, but there needs to be more clarity and specificity around the training requirements.

Rachelle Finck responded that she thinks there needs to be more Youth Mental Health First Aid in educator preparation programs so that even before the new teacher steps foot on campus, they have received information on social-emotional learning and wellness. Also, while it may be a bit more controversial, there needs to be a temporary focus on social-emotional wellness rather than on academics while our youth and families recover from the isolation, grief, and loss of the past year or so. We need to give teachers breathing space to focus on skills and mental health in ways that are meaningful instead of trying to make a difference in one class period every other week.

In the chat, Donna Fagan identified the needed change of comprehensive programs around bullying and felt safety.

David Baker noted that previous legislation said 25% of training would be mental health and now they're saying "no more than 25%" of training would be on mental health over a five-year timeframe". He wondered how that is being tracked and why that change occurred. He also added that Tarleton State University and University of Texas at San Antonio are adding Youth Mental Health First Aid to their educator preparation programs.

In the chat, Molly Lopez offered a free mental health resource for teachers, available at <https://www.classroomwise.org/>

Dr. Lopez added that some states are launching surveys to help inform their work. In Texas, we already have the Youth Risk Behavior Survey and a substance use survey from Texas A&M University. She asked if Texas might consider launching a survey at a campus level to find out more information about social emotional wellness on campuses. It's a lot of work to do as separate campuses, but together it might be an easier lift.

Josette agreed, wondering, what data are already being collected that we could use in a strategic way? What data are missing and could be added without burdening the schools and districts? What are some ways that we could address those needs, including data needs?

Luanne Southern (Texas Child Mental Health Care Consortium) added that she recently learned of a report that indicated over 14,000 Texas children have lost a caregiver to COVID. She reminded attendees of the work of the Texas Child Mental Health Care Consortium and the work they are doing to increase access to mental health care for children and youth across the state. More information is available at <https://tcmhcc.utsystem.edu/>.

Agenda Item 3: Children and Youth Behavioral Health Subcommittee Business

Josette Saxton confirmed that a quorum of members was present. Minutes from the July 14, 2021 meeting were sent to members before the meeting for their review. Suzanne Alley made a motion to approve the minutes; Julie Wayman seconded. The minutes were approved without changes.

CYBHS adjourned for lunch at approximately 11:35 am CT, reopening the meeting at 1:00 pm CT.

Agenda Item 5: Panel - Treatment Capacity for Youth with Intensive Needs

Ms. Saxton introduced panel members who would discuss the agency use of residential programming as a part of the continuum of services for children with intensive mental health needs.

1. Liz Pearson, Children's Mental Health Manager at Health and Human Services Commission

2. Susan Palacios, Texas Juvenile Justice Department, Probation and Community Services

Ms. Pearson provided a brief overview of SB 642 and the Residential Treatment Center (RTC) project, noting the goal of the RTC project is to keep families together who might otherwise be at risk of separation due to the child's intensive mental health needs. Families can contact their local LMHA or LBHA for a referral to the project. Ms. Pearson referred to SB 642 and how it helps to outline the eligibility process, referral, scope of the roles for all participating entities, and the rights of those who participate. All LMHAs and LBHAS are required to have an RTC project liaison and the LMHAs and LBHAS have received some training and technical assistance related to this project through HHSC. HHSC is also developing a provider portal which will provide quick links to required forms and other resources. HHSC has launched an outreach and education component, developed a descriptive flyer, updated the RTC project website, and is developing a Family Guide to the RTC project.

HHSC is continuing to present to external stakeholders on the referral process and provides all 11 contracted RTCs with access to centralized training structures. They are also working with other stakeholders (e.g., LMHAs, LBHAs) to continue to reach out to other RTCs about the open enrollment period. HHSC has trained over 900 people and have been contacted by over 100 families. Since the June passage of the legislation, there have been 17 referrals from LMHAs or LBHAs.

Many of the 11 facilities under contract for the RTC project also have other contracts with the Texas Juvenile Justice Department (TJJD) and the Department of Family and Protect Services (DFPS). Ms. Pearson noted that 96% of youth served in the project return to the community. Prior to enrollment, 44% of youth were not actively enrolled in services through the LMHA or LBHA.

In response to a question posed by Ms. Saxton about the type of demographic data collected, Veronica Martinez (director of the HHSC Child and Adult Mental Health Services) replied that they do collect demographic data, and they partner with the Texas Institute for Excellence in Mental Health for the development of an annual analysis and evaluation report on the RTC project.

CYBHS attendee Sonja Burns asked the capacity of the RTC project. Ms. Martinez replied that there is funding for 50 slots. With an average length of stay of about 6 months, they can serve about 100 children each year in this project.

CYBHS attendee Luanne Southern asked Ms. Martinez the average dollar amount spent per child on these beds. Ms. Martinez did not have that data available at the moment, but could bring that information to a future meeting.

Ms. Southern followed up with additional questions about the project outcomes and goals, posing, "How will we know that the residential treatment worked in terms of improving the behavioral health of the young people? What is the goal of placement? In terms of identifying a process for how someone enters placement, is there some sort of a wraparound process first?"

In response, Ms. Martinez said that staff are connecting children and families to the LMHA and administering a Child and Adolescent Needs and Strengths (CANS) assessment to help identify the needs, strengths, and level of care appropriate for the child. She noted that the Children's Mental Health (CMH) unit works really hard to support the LMHAs as they are connecting and engaging the family in services.

Ms. Martinez acknowledged that there is still work left to be done in terms of outcomes and noted that the passage of SB 642 will be helpful to ensuring more visibility of the children at the beginning of the process. The goal is always to connect children to the least restrictive environment, and the CMH unit works really hard through the provision of training, technical assistance, and ongoing support to support the residential programs to be more person-centered and family-centered. She added that they have engaged national experts and partners in the state system to help in that capacity when serving our children.

Ms. Pearson added that services don't stop when children go into the RTCs. They continue with continuity of care. The treatment team will continue and will work to help ensure a smooth transition when they return back to the community.

Susan Palacios (TJJD) described TJJD's work with justice-involved young people in the regional diversion program. The goal of TJJD is to keep young people in as shallow in the system as possible. If they are committed to the state juvenile correctional facility, they still receive trauma-informed services, including trauma-focused cognitive behavioral therapy, Dialectical Behavioral Therapy, and Trust-Based Relational Interventions.

The goal of the regional diversion program is to divert youth from placement in a state juvenile correctional facility and into a community-based residential treatment center instead. When they have a child who meets criteria, juvenile probation departments apply to TJJD for funding to cover the costs of the residential program. Last year, they diverted 185 young people from commitment to state juvenile correctional facilities.

They try to divert youth who are younger, female, and youth who have committed offenses that do not warrant incarceration. Dr. Palacios noted that serving justice-involved youth is challenging – many places automatically refuse service for justice-involved youth or are unable to serve certain youth. Probation departments try to

place youth as close to home as possible, but given the paucity of services and the size of the state, it is often quite challenging.

Juvenile probation departments work closely with HHSC to try to creatively problem-solve when they identify a young person who needs an alternate route. Several of the contractors for the RTC project do not take justice-involved youth with significant mental health needs. Probation services offer a multitude of placements to meet the high criminogenic needs for youth post-adjudication, but finding placements available to address both the high criminogenic and high mental health needs can be really difficult. They do sometimes go to TJJD, but that is usually limited to when there are really no viable other options.

Dr. Palacios added that another challenge they face is when Medicaid stops 30 days after detention and is no longer available, sometimes creating funding struggles to cover the cost. She also noted that sometimes the youth's needs are too great for residential, but not enough for hospitalization.

Dr. Palacios explained that when youth initially enter probation departments, the probation officers look at the whole child and try to determine how the child's needs – educational needs, criminogenic needs, mental health needs, etc. – can best be met. Probation departments try to raise awareness of underlying, previously unidentified sensory needs and challenges. They partner with schools, LMHAs, Community Resource Coordination Groups (CRCGs), YES programs, etc. to try to keep the youth in their homes, schools, and communities. Additionally, any youth under the age of 12 automatically are automatically referred to the CRCG. Dr. Palacios concluded by stating TJJD and local probation departments are partnering with as many programs and services as possible to keep young people in their homes and communities.

In the chat, Sonja Burns asked if there were data regarding the number of kids sent to TJJD each year due to lack of appropriate placement because of autism or intellectual or developmental disabilities (IDD). Dr. Palacios confirmed that it does occasionally happen that justice-involved youth who have autism or IDD may not be able to be diverted because community-based placements that meet their needs are not available. However, she does not have that data available. Dr. Palacios clarified a child would not be placed in TJJD only because they are IDD and need placement. Every child who comes to TJJD has some sort of justice involvement.

Donna Fagan noted that there are opportunities to identify those young people with autism and IDD in their elementary and middle school years. Looking at the paper trail of the number of times they've been suspended, put in a hold, or struck a teacher or another student could enable local schools and providers to undertake preventive measures before the child turns 10 and it becomes an offense.

Casey Koenig interjected that she has worked with guardianship and the parole side of TJJD and one of the issues was the lack of documentation that often accompanied a child. TJJD often doesn't know if there was LMHA or LIDDA involvement prior to TJJD involvement. If a young person doesn't have a Determination of Intellectual Disability prior to the age of 18, it is really difficult to obtain.

In conclusion, Ms. Saxton asked, "What are some things that could be done within the state to help ensure that treatment services youth receive in a restrictive setting are the types of services they need?"

Dr. Palacios responded that the state is already doing some good things, but could do more. She notes that being flexible is a key response, providing as an example that they have had situations in which they have put a child in a placement that could meet the majority of the child's needs and then contracted with another provider to provide additional services (e.g., services provided by a licensed sexual offender treatment provider).

Ms. Martinez added that Texas needs earlier intervention and prevention to help make sure children are connected to the appropriate services earlier. The CMH team listens to families, to children, and to stakeholders. CMH staff recognize that systems are extremely complicated. Each community is completely different from the next and fostering those local relationships between the systems is really important. They hope to soon pilot a systems navigator position at the LMHAs that would not carry a case load but would be the person who helps connect families to people and services.

Attendees provided additional thoughts in the chat:

- Luanne Southern: "Are we able to improve our capacity to provide the intensive home- and school-based services and mobile crisis teams focused on keeping families together?"
- Sonja Burns: "Re: documentation - on the adult side, we find many people in the criminal legal system who did receive services in school, but the time limit of the schools maintaining records has expired - impacting the connection to services and ultimately outcomes for these (now) adults. Has anyone given thought to how to create a centralized database so that these records can be available in the event a person ends up in the criminal justice system as an adult?"
- Julie Wayman: "Are there any accountabilities for any local mental health entity to convene the local stakeholders for mental health planning locally, that would include schools?"
- Luanne Southern: What services do families say they need to divert their child from going to RTCs or get them home sooner/reunified back to the community? Family centered, strengths-based practice should be the norm.

Agenda Item 6: Culturally and Linguistically Responsive Services

Ari Acosta, Texas System of Care Behavioral Equity Specialist, offered a presentation titled *System of Care, School Mental Health, and CLAS Standards: Thoughts on Diversity, Culture and Equity*

Ms. Acosta began her presentation explaining that school connectedness is a powerful protective factor. Students who are taught social and emotional skills in school have lower rates of mental health symptoms. Youth are eight times more likely to complete mental health treatment in schools than in community settings. Fifty percent of lifetime mental health conditions begin by age 14; 75% by age 24.

Cultural responsiveness can serve as a tool to reduce disparities and disproportionalities. Schools that maintain strong partnerships with community stakeholders, including healthcare providers, families, community and faith-based organizations, and local mental health providers are uniquely positioned to be culturally responsive to the specific needs of their students and their families.

Ms. Acosta noted that systems of care that partner with school mental health programs that include culturally and linguistic competent activities and evidence-based programs are able to address prevention, early intervention, and treatment for students experiencing mental health difficulties/diagnoses. These activities and programs promote a positive school climate that enhances the development of students' mental health and positive social and emotional skills, which increases positive student behaviors and decreases high-risk behaviors.

When looking at the National Culturally and Linguistically Appropriate (CLAS) Standards in the school setting, Ms. Acosta explained that administrators and school leaders need to take on the adaptive work of leadership and assist the school in shifting values and beliefs to integrate culturally and linguistically appropriate practices, promoting policies and practices that support cultural responsiveness and allocate resources to promote educational equity.

Ms. Acosta added that the American School Counselor Association calls school counselors to continually work toward cultural competence and address racism and bias through the implementation of a data-informed school counseling program, to shape ethical, equitable, and inclusive school environments, to engage in self-reflection, develop knowledge and skills, and advocate for the equitable treatment of all students through action to address broader issues of systemic and institutional racism, and to seek to address policies, practices, and guidelines contributing to the inequities experienced by students from racially diverse backgrounds in the pre-K-12 setting.

Ms. Acosta described challenges and opportunities for CLAS, pointing to the inequities most notably seen in disciplinary referrals, alternative education placements, suspensions, and expulsions and their disproportionate impact on males, Black students, and students identified as having a serious emotional disturbance.

Ms. Acosta concluded her presentation with a short video on the importance of cultural responsiveness in schools.

Agenda Item 7: Behavioral Health Advisory Committee (BHAC) Updates

Donna Fagan, BHAC member and CYBHS co-chair, provided an update from the BHAC, explaining that the most recent meeting offered descriptions of funding provided through the American Rescue Plan, HR 133, Mental Health Block Grant, and the Substance Abuse Block Grant funding streams. Ms. Fagan reported that HHSC's Associate Commissioner Trina Ita provided the BHAC with a presentation on the funding allocated towards various services, including crisis services, outpatient competency restoration, coordinated specialty care, and recovery supports. Ms. Fagan pointed out that the amount of funding specifically going towards children and youth is not known, although some children and youth are receiving some of those services listed. The services did not include family peer supports, but did include youth recovery communities.

Ms. Fagan described the reports on Exceptional Item 22, funding for IDD through outpatient services. By the end of June, 135 people were enrolled in the five pilot sites. They announced that they are beginning to see more expansive outpatient services, collaborative case management services, psychiatric medical services, and skills training around mental health needs and supports being offered. As a result, she said they were beginning to see a reduction in interaction with law enforcement and hospitalizations.

As Ms. Fagan closed her report, she noted that the BHAC has revamped their annual fiscal report so that it will follow in the fiscal year. The goal of BHAC is to have the report completed by July 31, 2022 and have it ready to go before the Executive Council. There are a lot of organizations that will be using this annual report. The recommendations made through CBYHS to BHAC were included in the addendum to that report. Ms. Fagan recommended that CYBHS keep in mind as we go forward how to track information from our meetings for inclusion in the BHAC report, specifically related to what we are working on and what CYBHS has accomplished.

Ms. Fagan provided the following important dates for CYBHS action:

BHAC Behavioral Health Advisory Committee Annual Report (including Committee Reports)

State Fiscal Year 2020 (September 1, 2019, through August 31, 2020)

- CYBHS prepares summary to the BHAC
- BHAC Completes Annual Report by July 31, 2021 for vote during August BHAC meeting

State Fiscal Year 2021 (September 1, 2020, to August 31, 2021)

- CYBHSC prepares summary to the BHAC
- BHAC Completes Annual Report by July 31st 2022 for vote during August 2021 BHAC meeting)

Agenda Item 8: Project Updates

Kisha Ledlow (HHSC, Texas System of Care Project Director) updated CYBHS members on Texas System of Care (TxSOC) activities, noting that the Substance Abuse and Mental Health Services Administration (SAMHSA) has approved a no-cost extension for TxSOC efforts. The four LMHAS (Burke, Lifepath Systems, Harris Center, and Coastal Plains) will continue to receive funding through the no-cost extension for one year. TxSOC staff will continue to provide training and technical assistance on implementation supports and sustainability efforts. Specific attention will be given to helping the LMHAS develop strategies to sustain their governance boards, youth peer support work, cultural and linguistic responsiveness, and family peer support work.

Ms. Ledlow also announced that SAMHSA awarded HHSC a new four-year grant for expansion of TxSOC. HHSC will continue to partner with the Texas Institute for Excellence in Mental Health at the University of Texas at Austin and their work to continue to support state infrastructure and new communities in implementation and sustainability efforts.

With the new grant funding, TxSOC efforts will be focused on school-based mental health services and supports and partnering with three LMHAS (Integral Care in Travis County, Pecan Valley and their 6 counties in north central Texas, and Emergence Health Network in El Paso) in their implementation of local school-based SOC. We will be working with them to infuse SOC values into their activities. Each of the LMHAS will hire four staff members to be housed within a school: (1) a school-based therapist, (2) a school-based interventionist, (3) a Certified Family Partner (CFP), and (4) a youth peer support provider.

TxSOC staff will work with our new partners to either establish new Memorandum of Understanding (MOUs) with the local ESCs and ISDS or expand upon existing MOUS they already have in place. The new SOC sites will also implement local governance boards that will bring together youth and family members with lived experience and stakeholders from other systems and agencies to look at the communities' strengths and gaps to figure out how they might pool resources,

address barriers, fill in gaps to ensure services and supports are family- and youth-driven, culturally and linguistically responsive, community-based, and sustainable.

Ms. Ledlow added that TEA also received a grant through Project AWARE, and we will be collaborating closely with them to gain their lessons learned, identify needed policies and procedures, resources, best practices, etc., to make sure we are capitalizing on and leveraging their work.

In response to a request from Luanne Southern (TCMHCC), Ms. Ledlow agreed to share the involved ISDs so they can be connected with the Texas Child Health Access through Telemedicine (TCHAT) teams.

Ms. Ledlow also announced that TxSOC will soon be starting conversations and planning around Children's Mental Health Awareness Day to take place next May. While we do not yet know whether the event will be virtual, in-person, or a hybrid, we hope to start planning meetings within the next month to give plenty of time to identify great, engaging speakers and plan an amazing event. Brianna Rodriguez will be the lead. Interested parties are encouraged to email Ms. Rodriguez at brianna.rodriguez@austin.utexas.edu to be invited to join the planning group. Ms. Ledlow added that we want as much representation and participation from across the state as possible. Ms. Ledlow also announced that TxSOC staff will soon launch the 2022 Texas Mental Health Creative Arts Contest and hope to generate even more school participation this year.

Tracy Levins provided an update on the Youth Crisis Respite Center webinar and Action Lab, held September 22 and September 29, respectively. Using federal carryforward funds from year three funding for TxSOC expansion grant, TxSOC staff designed, developed, and deployed a scaffolded learning and practice approach to equip Texas service providers with the foundational learning needed to design community-based youth crisis respite centers. Tracy noted that 101 individuals registered for the webinar and 76 people attended. The post-event evaluation indicated that almost all of the respondents indicated they received new information and that they were satisfied with the presenters. Respondents voiced appreciation for the real-life examples, hearing personal experience, and learning from persons with the experience of doing the work.

The Action Lab, held one week after the foundational webinar, was designed to offer community- or region-based teams the opportunity to engage in intentional, structured, and facilitated team-based discussion and planning. On September 29, 2021, TxSOC staff offered six hours of training and facilitated discussions to six community/regional teams, including representatives from Lifepath Systems (Plano), Bluebonnet Trails (Round Rock/Georgetown), Tarrant County (Fort Worth), Border Region (Laredo), Texas Tech/Lubbock (Lubbock), and Integral Care/Dell Med (Austin). One team consisted of representatives from a variety of LMHAs. While 58 individuals registered for the event, 23 people participated. In the post-event

evaluation, almost all respondents indicated they would be extremely likely to recommend this event to a colleague; almost all indicated they received new information; and 100% of respondents indicated they were satisfied with the format of the Action Lab. Most respondents indicated they had made progress in beginning discussions or in identifying decision points, action steps, timeframes, and next meeting dates.

Tracy also updated CYBHS members on the Texas Building Bridges Initiative (TxBBI), reminding members that the TxBBI began as part of the TxSOC work in or around 2016, as a way of bringing system of care values such as youth and family voice, cultural and linguistic responsiveness, being trauma-informed and community based into residential programs and services. Through the years, TxSOC staff helped design and host educational conferences and learning collaboratives to continue providing information on Building Bridges Initiative (BBI) best practices to Texas residential treatment programs. In planning efforts to sustain the TxSOC activities, staff met with the Texas Alliance of Child and Family Services (TACFS) and designed a plan for TACFS to continue the TxBBI work. In the past few months, they've held a one-day conference on BBI, designed and launched a [website](#), created and released a [video on TxBBI](#), and have developed the concept and outline for a train-the-trainer curriculum to help sustain the TxBBI efforts.

Tracy also updated CYBHS members on the TxSOC strategic plan. In other CYBHS meetings this year, members were asked to participate in Thought Exchanges and discussions about updating the strategic plan. Recently, the TxSOC staff had their annual fall retreat and have also reviewed and updated the goals and strategies and will be taking all of the input from CYBHS members, the retreat, and other sources to form the 2022-2026 TxSOC Strategic Plan. She thanked CYBHS members for their contributions.

Donna Fagan provided an update from the Texas Family Voice Network (TxFVN). Many TxFVN members recently completed a training on Youth THRIVE, a 40-hour training offered over the course of a few weeks. THRIVE is a training that can be used as needed for a specific audience or can be used to support other training. TxFVN members are also continuing discussion about other training that can be offered to family leaders. Ms. Fagan described TxFVN's continued path towards becoming a 501(c)(3). They are officially a non-profit and are finalizing the IRS submission paperwork. Ms. Fagan also voiced that they look forward to continued work with the TxSOC.

Agenda Item 9: Public Comment

There was no public comment.

Agenda Item 10: Next Steps

In closing the meeting, Ms. Saxton indicated she would love to hear from members of the subcommittee on how can we use the system of care framework to help address some of those issues we heard earlier today, for example, to support students, school staff and families? How can we promote SOC values and framework to address children with intensive mental health needs to make sure they're getting the right type of care at the right place at the right time?

She added that members can share their thoughts via email after the meeting if they'd like. It is important that CYBHS have those ideas reflected in the recommendations or input provided.

In the chat:

Donna Fagan noted that TxFVN can share a tip sheet on how to include families in MTSS and an RTC tip sheet for families.

Luanne Southern volunteered her assistance in making recommendations, reminding members that she has experience both nationally and locally in SOC efforts.

Molly Lopez suggested that it might be useful to have breakout rooms to do some focused work on BHAC recommendations. She also added that TEA recently launched a comprehensive website and toolkit on school mental health, available at schoolmentalhealthtx.org

If have anyone has agenda items for the next CYBHS meeting, please email them to Josette Saxton.

Agenda Item 11: Next meeting

Next Meeting is scheduled for January 12, 2022.

Meeting adjourned at 2:48 pm (CT).