

**Children and Youth Behavioral Health Subcommittee (CYBHS)**  
**Meeting Minutes**  
**Wednesday, April 13, 2022**  
 10:00 am – 3:00 pm  
 Go To Meeting

**Agenda Item 1: Welcome and Introductions**

The Children and Youth Behavioral Health Subcommittee meeting was called to order at 10:00 am by Donna Fagan (CYBHS co-chair). Ms. Fagan 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>		
Melissa Ann Luna	X		<i>NAMI Texas</i>		
Jennifer Reed	X		Greg Hansch	X	
Victoria Rodriguez		X	Alternate: Matthew Lovitt		X
Nasruddin Rupani		X	<i>Texans Care for Children</i>		
<b>Community Provider Representatives</b>			Joseette Saxton (co-chair)	X	
<i>Heart of Texas Center</i>			Alternate: Stephanie Ruben		X
Ron Kimbell		X	<b>Suicide Prevention</b>		
Alternate: Vacant		X	Lisa Sullivan		X
<i>Tri County Behavioral Healthcare</i>			<b>TCOOMMI</b>		
Melissa Zemencsik	X		Emily Eisenmann		X
Alternate: Shannon Miller		X	Alternate: Bettina Grant		X
<b>Family Representatives</b>			<b>Dept. of Family and Protective Services</b>		
Barbara Granger		X	Gabrielle Rogers	X	
Donna Fagan	X		Alternate: Che'Vun Lane		X
Valencia Gensollen	X				
Alternate: Verlyn Johnson	X		<b>Dept. of State Health Services</b>		
<b>Health and Human Services Commission</b>			Julie DiGirolamo	X	
<i>Behavioral Health Services</i> Liz Pearson	X		Alternate: TBD		
Alternate: Veronica Martinez	X		<b>Texas Education Agency</b>		

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
<i>Behavioral Health Services</i> Suzanne Alley		X	Julie Wayman		X
<i>Medicaid</i> Vacant		X	Alternate: Denise Magallanez		X
<i>Office of Mental Health Coordination</i> Lillian Nguyen	X		<b>Texas Juvenile Justice Department</b>		
<i>Office of Mental Health Coordination</i> TxSOC Project Director, TBD		X	Susan Palacios		X
<b>Higher Education</b>			Alternate: Vacant	X	
<i>UT-TIEMH</i> Molly Lopez	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:** Alice Alvarez, Ari Acosta, Arnold Amador, Chera Tribble, Barbie Dollak, Claudia Woods, Donna Shaver, Leanne Lindsey, Georgie Martinez, Glenn Dembowski, Grace B, Grace Cruse, Jenna Parro, Josiah Biggs, Julie Bourne, Kempson Onadeko, Lacey Evans, Leela Rice, Linda Litzinger, Lindsey Z, Lisette Amparan, Madalyn Cano, Mary Beth Fisk, Molly Sanders, Mona Kafeel, Rohanna Sykes, Sarah Roberts, Sonja Burns, Suling Homsey, Tamara Gavin, Tammy Holland, Tracy Levins, TVC Yesi Sandoval Gonzalez, Zatarra Lumen

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

Donna Fagan introduced Barbie Dollak to share her experience as a parent of two children with mental health challenges. Barbie is also a former air medic pilot and a swim instructor. Her personal experience is with the foster care system having adopted her two sons with special needs through the foster care system. All children who are in foster care have gone through trauma; some are going to need more help than other children might. Ms. Dollak shared that her son had enuresis and encopresis and had attended five different academic programs, including private school, Montessori school, and public school before he was in second grade.

When he was in the public school system, he began running away from school when he went into flight or fight mode. Ms. Dollak worked hard to put safety plans in place. She received lots of varied responses from the school system -- "You just don't understand how to raise a boy," "you're just a single parent, and occasionally, "Ms. Dollak, you are doing a great job." She still had no support, services, or additional resources. When her son was in first grade, she learned that he had been sexually abused.

When he was 11, he began making comments to Ms. Dollak that concerned her. She asked their therapist, "How do I deal with this?" Ms. Dollak described the situation and felt like the therapist did not have anything real to offer – "Just keep doing what you're doing, just keep listening to him and offering support to him."

Two years later, her son was charged with the sexual assault of his brother. After her 13-year-old son returned from his stay in the juvenile detention center, he tried to take his own life several times. When she reached out for help, she remembers being told, "You just can't handle this," "You don't know what you're doing," "You need to just give up your parental rights so he can get help." She said her response was, "How will that help my son?"

He eventually assaulted her and she sought additional help again. She reflects that she did just what she was told, noting that she did not want to surrender her rights. Her son tried again to take his life in June 2020; he was discharged from his placement the following month. She noticed that his symptoms were cycling rapidly and reached out almost every week to the psychiatrist, trying desperately to get help for him.

He broke into the school to gain access to the vending machines and laptops and was arrested. Because he was 17 years old, he was charged as an adult. For the first time, Ms. Dollak felt like she had support. It was not the support she wanted, but if she did not bail him out of jail, she knew he was a little safer. She noted that it has been a lengthy process of trying to access help and that her experience indicated that providers seemed to be more concerned with attaching "guilt" to the parents instead of offering resources and services.

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

A quorum of members was not achieved. The minutes from the January 12, 2022 meeting will be reviewed and voted on at the July meeting.

### **Agenda Item 4: Agency Update on Early Childhood Developmental Screenings**

1. *Web-based Early Childhood Developmental Screenings.* Create (or improve an existing) early childhood developmental screening web platform and data portal, utilizing the ASQ-3 and ASQ: SE-2 developmental screening tools and early childhood development information and referral resources.
2. *Early Childhood Developmental Screenings in Child Care Settings:* Recommendations implement a state policy that Child Care Licensing and the Texas Rising Star Quality Rating and Improvement System require child care

and education centers to offer developmental screening for all children in their care who meet the age requirement.

Julie DiGirolamo (State Child Health Coordinator for the Department of State Health Services, DSHS) shared information related to the DSHS efforts on these CYBHS recommendations from past years. Ms. DiGirolamo described the Title V Statewide Needs Assessments, noting that the statewide developmental screening has come up as a priority. DSHS staff have been working on increasing the number of child care providers trained in the ASQ Ages and Stages questionnaires. They have offered a training of trainers to help increase the capacity to train child care providers in administering the ASQ. THRIVE, a DSHS-funded initiative is also implementing ASQ training, scheduled for June 2022. Ms. DiGirolamo noted that they have been part of the Developmental Screening workgroup and are working on developing a road map for a statewide developmental screening database. She added that they have also been working on Help Me Grow, a systems approach to early childhood coalition-building, helping to connect people in the community to developmental screening resources. Help Me Grow will be expanding and will take applications for new affiliates in mid-May.

#### **Agenda Item 5: Review Workgroup’s Draft Policy Recommendations**

Ms. Josette Saxton (Texans Care for Children and co-chair of CYBHS) discussed the process through which initial CYBHS recommendations were developed through earlier Thought Exchanges and two meetings of a workgroup dedicated to conversations.

#### **Agenda Item 5: Policy Priority Discussion**

She then led the group through a process to generate additional recommendations in response to four high-level, general recommendations from the first round. CYBHS participants were asked to add their recommendations to the Jamboard (virtual collaborative whiteboard space) in response to the following four specific questions.

#### **Question 1: “What are some strategies we can use to help state agencies embed the values and principles of the SOC framework within service delivery systems for children and youth with or at risk of developing serious mental health challenges?”**

Participants shared the following ideas:

- State agencies that receive funding for children’s mental health programs/services should adopt and adhere to SOC guiding principles and approaches.
- Hold focus groups with parents
- Strengthen CRCGs to work with SOC

- Rather than starting something new, what recurring training already exists where SOC values can support what is being taught?
- Provide statewide Behavioral Health Coordinating Council members with SOC 101 presentation/training.
- Develop a regular cadence of meetings for updates; perhaps a collaborative with the various groups and stakeholders.
- Overhaul CRCGs to be SOC-centered, empowered to staff youth and adult cases, etc.
- Where are CFP, peer Support, or other participants of SOC already in state agencies? Use these individuals to walk and talk SOC values to “infect” the daily norms of state agencies.
- Explore opportunities to include information/resources on SOC within various reports developed by any state entity that addresses children’s mental health.
- Train child-serving agencies to ASSUME GOOD INTENTIONS FIRST (emphasis in original) for parents who are seeking support for their children’s mental health/behavioral health needs. Meeting them where they are is so important.
- Training for State agencies and key state vendors will be key. Beyond that, developing concrete ways in which the values and principles will/can be operationalized.
- Identify “SOC champions” within state agency leadership to advance the values and principles of SOC. Training alone has minimal impact.
- Less meetings. Put the funds into direct services and resource centers in communities- remove the fear/stigma of asking for or receiving emotional, parenting, and mental health support.
- Create shared language/definitions across agencies for important terms/values.
- Ask agencies to identify a “SOC Champion/Leader” and for SOC to provide support to the individual in implementing a SOC plan in their agencies.
- Families are raising children with mental health, trauma challenges, school struggles, etc. These families in communities need parent education opportunities surrounding children’s mental health.
- Make the system of care governance/implementation a subcommittee of the Statewide Behavioral Health Coordinating Council with annual reports to the legislature.
- Develop mandated training that includes videos from families and youth sharing what is important to them in family-centered approaches.
- Require language in standards or contracts that specifically state expectations that align with SOC values.
- Advocate for more funding for mental health providers to hire staff at competitive wages to reduce staffing shortages and waitlists.

**Question 2: What are some strategies CYBHS can use to inform the work and activities of the Statewide Behavioral Health Coordinating Council?**

Participants shared the following ideas:

- Have CYBHS share policy recommendations with the Statewide Behavioral Health Coordinating Council (SBHCC).
- Have a representative that crosses both groups and could provide updates each way – at their meeting and ours.
- Areas or provide recommendations that are making a positive impact. Areas of opportunity for improved service and how it can be realized.
- Joint meetings
- What are county struggles and successes? Today’s speaker had great ideas around Need Now and Listening Coaches. What can be implemented/enhanced NOW to help in the NOW.
- Have the BHCC include CYBHS around discussion of funding/fiscal Legislative Appropriations Request focused on child-serving systems.

**Question 3: What are some strategies CYBHS can use to help state agencies increase access to intensive community-based and sub-acute care for children and youth whose needs can be safely and appropriately met in the community to avoid unnecessary placement in RTCs and inpatient settings?**

Participants shared the following ideas:

- Increase education to legislators so they understand the need for funding. You can't access services that don't exist-- we need more funding for community-based care.
- Incentivize recruitment (and training) of high-quality treatment foster families.
- Eliminating wait lists will require better education of legislators
- Encourage serious examination of current funding priorities-- a large percentage of funds are dedicated to empty or ineffective residential facilities
- Continue to pass legislation to increase funding for the children with multi-agency crossover, including children with juvenile justice involvement. There are not enough state hospital services available.
- Include parent peer support provided by certified family partner services as a School Health and Related Services (SHARS) service
- Accelerate implementation of SB 1177 Phase One and Phase Two In Lieu of Services that target children/youth
- Provide flexible funding that would allow in-home or out-of-home respite care

- Help bridge services and supports for the foster care system and prevention programs to avoid needed placements.
- Families need support as much as possible. We need to have someone in the community that gets it. Families supporting families. We need a seamless transition between agencies so that we can get as much help as possible when we need it without having to start all over every time we go to a new agency. We need children's mental health services in school. We need Certified Family Partners in the LMHAs.
- Expand access to family and youth/young adult peer support services.
- Identify funding (such as grant funds) to bring up evidence-based practices such as Multisystemic Therapy, Functional Family Therapy, and other intensive community-based services.
- TA and coordination with TEA
- The PLAN that was suggested by today's speaker. Alongside a close-the-loop referral system so families aren't chasing services, share data, and ensure follow-up. (example [www.ouraacn.org](http://www.ouraacn.org))
- Enable "fast-tracking" for policy and programmatic improvements that benefit clients and families.
- Eliminate waiting lists for YES and RTCs
- Create and market a shared "site" with vital and up-to-date information about available resources in various communities around the state.
- More Wraparound Facilitators, Family Partners, and smaller caseloads to more appropriately meet the needs. Brainstorm ways to solve the wraparound facilitator shortage. WAFs partner better with CFPs for better team-based services
- Continue to encourage breaking down silos between state agencies-- data systems needs to be able to speak to each other
- When I think about some of the obstacles in meeting individualized needs it's the medical model of a diagnosis, or an IQ defining certain services. our populations are so diverse. They don't fit neatly into these boxes and that is where they are falling through the cracks - the boxes or "criteria" that have to be met, ultimately create the gaps that children and families fall through. We need more flexibility in getting the resources to the individual if it fits THEM, not their "score" or "label".
- Early screening is the key. Most of those looking for RTC placements are at the end of the line and want placement. They had not been in services prior.

**Question 4: What are some strategies CYBHS can offer to help state agencies support mental health promotion and early intervention for children and youth?**

Participants shared the following ideas:

- State agencies again really need to identify champions (in leadership positions) for these topics to keep them front of mind for all staff.
- Provide funding to make Youth Mental Health First Aid available to families of students who take tMHFA
- Recommend that TEA mandate more school MH providers.
- Increase access to non-physician mental health professionals in schools
- What services are provided after an assessment? What is done to make referrals less cumbersome for the family? Train to use SOC values when talking about results and services.
- Embed youth perspective/lived experience perspective in these committees and subcommittees. Not just parents, but youths.
- Operate from a strengths, rather than deficit, based philosophy-- including in assessment, eligibility, and treatment.
- Better continuity of services when transitioning children from ECI to Elementary School. Adding Family Peer Support to assist the parent with navigation.
- Agencies should always utilize the family and youth they have served who are leaders in the community.
- Increase access to Youth Mental Health First Aid and Teen Mental Health First Aid;
- Family engagement/certified family partners
- Concerted messaging across CYBHS partners to raise awareness of the current youth MH crisis and drive investment in prevention/early intervention.
- Legislation to have mental health professionals come on to campuses to provide services. Access and transportation may be barriers.
- Normalized participation in parent training/support groups in early childhood and education settings.
- Provide a framework for fast-tracking policy and programmatic improvements. Eliminate layers of approvals, etc. that slow services down.
- Required life skills training (SEL) in schools across the age span, not solely in elementary
- Support school district efforts to implement comprehensive school mental health practices.
- Add suicide prevention under the roles/responsibilities of the NPMHP's working out of ESCs
- Continue advocating and providing evidence of success for these children and their families, and show data to support the need for these services.
- Develop a marketing tool kit available to agencies and organizations that work with children and youth
- Mental health education to kids and families
- Be able to assess children and youth across multiple settings (school, home, hospital, psych hospital) to ensure appropriate services and supports are offered to the family



- Standardize early screening in schools and medical facilities for mental health by use of tools such as the Pediatric Symptoms Checklist.
- We need early parent education regarding children's mental health and how trauma impacts children. We need educational training in easy-to-understand the language that we use. It would be great if it was taught by other parents. We do better when we know better. Parents that understand mental health are able to support their children in ways that are helpful.
- Youth Mental Health available for parents of students.
- Certified Family Partners as a SHARS benefit and imbed CFPs in schools to support parents
- I think agencies should invest in and support parents with lived experience to help mentor the families they serve.
- Support/endorse strategies included in TEA's Statewide Plan for School Mental Health; and HB 906 Task Force on Student Mental Health
- Educate the state agencies on services available, require TEA to work with providers, help schools and providers connect
- Make wraparound (NWIC model) available for families with children in special education services. Provide training for MH professionals and CFPs in wraparound to provide these services within the school setting. With MH professionals and CFPs embedded in schools
- Embed Certified Family Partners in ESCs

### **Agenda Item 6: Culturally and Linguistically Responsive Services**

Ari Acosta (TxSOC) introduced Mordecai Dixon (South Southwest Mental Health Technology Transfer Center) to discuss how to ensure diversity and equity in governance structures.

Mr. Dixon discussed how an organization's values can affect and drive implications for policy change, noting all change hails from values. Organizations might be equitable and inclusive, but if internal and external customers don't know our values, then policy recommendations will still be in vain.

Mr. Dixon added that we often try to change something by changing policy, without realizing that change actually comes from our values. Once I have the value, how do we ensure it penetrates and reaches every person within that organization? How do those values translate to recruitment, retention, and attrition of staff? He noted that it comes down to asking and answering three questions: (1) What do we believe? (2) How do we bring that to life? and (3) what are the procedural steps to ensure those values are lived values?

Mr. Dixon stressed that the work and values need to be cross-functional and have a life beyond the writing of policies. As leaders, we create and demonstrate the values. The values should be seen in all work products. He noted that there should be a healthy amount of friction in the workplace. That friction allows individuals to

clarify values, and go back to “true north” -- are we truly doing the things we say we’re doing? The families who need us should and will hold us accountable for those values.

Mr. Dixon added that there is a degree of vulnerability that needs to be placed in these agencies, a created space that tells people “Come check me. Make sure I’m being honest, and true to form. That what we say we’re doing we’re actually doing.” He asked, “How often have we done an annual report that starts with “mishaps and faux pas” – things we didn’t get quite right this year? We need to recognize that not everyone is going to fill out a survey – what are other practices we can use to be more authentic and genuine?”

*Question:* Policy changes are kind of hard to do if you haven’t been part of the process in the first place. How can we move forward?

*Response:* Mr. Dixon replied that people usually want to move the issue legislatively and we often appear less than coherent to legislators in what we as children’s mental health service providers and stakeholders are asking for. We need ambassadors – those who have been touched by policy and lived experience to be our voices, to demonstrate a united voice. Mr. Dixon added that it is a heavy lift when we’re trying to do it individually, but collectively the concerted voice gets things happening and moving.

Mr. Dixon reflected the way we ensure a great policy, based on great values, is supported by effective practices is a thorough “spring cleaning.” Policies and procedures are not static documents. We must stay on top of things and when we notice trends, when we see data shift, we morph to the need. As policy designers and implementers, we might tend to get a little lost. We finish the policies and procedures and then we move on to the next project. We need to ensure each procedure or policy has specific processes, that we have feedback from internal voices, and that we hold ourselves accountable. We need to remain “audit ready” -- open to hearing that we are not getting it right and where we need to improve. We need to avoid doing something just to “check the box.” We need to daily demonstrate our values – really inundate people with our values. It really comes down to do the people we serve feel our values?

*Question:* For compliance-driven organizations, what recommendations do you have to get them out of that mindset?

*Response:* Mr. Dixon responded that there is a real parallel between what we do and how we deliver services. What we do impacts the lives of other people, up to and including their mortality. Once we start changing the mindset and return to an authentic and meaningful demonstration of our values— “our true north,” we find

either (A) that we don't regard the things we truly regard or (B) we are vulnerable and transparent and are open to what we can change.

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

CBYHS representative Donna Fagan has completed her three-year term for BHAC. The new BHAC members to be CYBHS representatives are Jennifer Reed, director of clinical services for Dallas Independent School District; Vanessa Saenz (advocate, Edinburg); Melissa Ann Luna (parent, Edinburg); Victoria Rodriguez (Corpus Christi); and Nasruddin Rupani (advocate, Houston). Jennifer Reed was in attendance and introduced herself.

The most recent BHAC meeting was in February 2022. Ms. Fagan provided the [link](#) to the archived recording of that meeting. The next BHAC meeting will be held on May 6, 2022. Ms. Fagan noted that information about BHAC meetings is available at <https://www.hhs.texas.gov/about/leadership/advisory-committees/behavioral-health-advisory-committee>.

Ms. Fagan also shared [links to SB 642](#), the development of the rules around the [Residential Treatment Center \(RTC\) project](#). SB 642, passed during the 87<sup>th</sup> Legislative Session makes it possible for families to access crisis residential treatment for their child without making a report of abuse to CPS.

Ms. Fagan noted that the 988 National Suicide Prevention Lifeline will be launched on July 16, 2022. The National Suicide Prevention Lifeline is funded by the Substance Abuse Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health for free and confidential mental health crisis support available 24 hours each day, 7 days each week.

She shared that the BHAC's 2020 report is pending publication and will be posted on the website soon. The 2021 report is in development and will include a report from CYBHS. They are hoping to publish the 2021 report before the January 2023 Legislative Session. She added that the peer and family partner subcommittee has presented several recommendations to BHAC which were discussed and approved for further action. Most of the current recommendations have involved evidence-based practices. They are working with HHSC to identify evidence-based materials that Certified Family Partners (CFPs) can use in the field. Ms. Fagan noted that historically, those materials have been very limited. They are seeking to develop a greater range of evidence-based materials that are more person- and family-centered.

### **Agenda Item 8: Project Updates**

*Introductions to New Texas System of Care Staff*

Dr. Tracy Levins (TxSOC) introduced the newest TxSOC team members. Tammy Holland will be the Services and Training Lead; Grace Cruse will be a public affairs representative and part of the TxSOC communications team.

#### *Texas Mental Health Creative Arts Contest*

Dr. Molly Lopez (TxSOC) updated CYBHS members on the results from the Texas Mental Health Creative Arts contest. This year's contest received about 620 entries. The winners will be announced on April 25, 2022, on the [website](#). She also invited participants to join the winners' virtual reception on May 18, 2022, from 4:00 pm – 5:30 pm. The People's Choice award will be announced at that event.

#### *2022 Children's Mental Health Acceptance Day*

Dr. Lopez also updated CYBHS members on the Children's Mental Health Acceptance Day activities, noting that for the first time, the Children's Mental Health Awareness Day had shifted to Acceptance Day. She walked members through the [website](#), noting the opportunities to get involved, plan and [share local events](#), and access to a [toolkit](#) with resources, checklists, draft proclamations, and ideas to help make it easy. Dr. Lopez shared how to [nominate](#) a local children's mental health hero. Those nominees will be honored on the website throughout May. Using social media or a separate embedded [link](#), children and youth are invited to share a picture or short video of their mental health superpower, that special activity, person, or event that brings them happiness.

She invited all CYBHS attendees to share the website and links with stakeholders and to consider posting on each attendee's organization.

#### *Texas Family Voice Network (TxFVN)*

Donna Fagan noted that the TxFVN is in the process of finalizing itself as a non-profit. They have established several standing committees, including policy and finance, membership and outreach, and a nominations committee. They are committed to involving membership in the different important areas. There is a Continuing Conversation Call scheduled for May 26 at 1:00 pm. Membership meetings are quarterly. The next membership meeting is on April 28, 2022, from 9:00 am CT to 12:00 pm CT. All are welcome to join. Meetings are announced on the [website](#).

#### *Introduction to the New SOC Sites*

##### Integral Care (Austin, Texas) Stacey Spencer

Stacey Spencer, SOC project director for Integral Care shared the following progress notes for their SOC expansion and implementation.

- Integral Care has hired a qualified mental health professional, a family support partner, and a youth peer support provider. They are still in the process of hiring a licensed practitioner of the healing arts (LPHA).
- Integral Care has established relationships and completed Memoranda of Understanding (MOUs) with several independent school districts. They are still trying to update some of the MOUS with language specific to family and youth peers.
- The referral system is in place. Demand is high from school districts which have noted that having the services in place is very helpful. While relatively new, the Family Partner service is highly utilized.
- The governance board is through the Kids Living Well collaborative, an existing interagency council that helps to oversee Travis County's Children's Mental Health Plan. While they do not yet have family or youth representation on the governance body, they are actively recruiting individuals to be representatives.

#### Pecan Valley Centers (Stephenville, Texas) *Madalyn Cano*

Madalyn Cano, SOC project director for Pecan Valley Centers, shared the following progress notes for their SOC implementation.

- Pecan Valley Center staff members are very excited about being a part of the system of care. They will be starting their work in Parker County.
- They are in the process of developing relationships with key partners and stakeholders interested in growing the children's mental health system.
- They are currently looking at some of the data from the counties (Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell) and the communities they serve.
- They have MOUs in place with many of the school districts and are working on what the service implementation plan will look like.
- They have developed job descriptions and released those in several ways.
- They are recruiting youth and family members to serve on the governance board.
- They are working through the training modules and getting connected to the past and present system of care partners.
- Ms. Cano introduced Georgie Martinez, SOC evaluation assistant for Pecan Valley. Ms. Martinez came from the Heart of Texas system of care in Waco where she gained an abundance of experience and knowledge in the system of care.
- Pecan Valley staff members are excited to get started and have received a lot of support from TIEMH.

#### Emergence Health (El Paso, Texas) *Claudia Wood*

Claudia Wood, SOC project director for Emergence Health, shared the following progress notes for their SOC implementation.

- They have focused a lot of their beginning efforts on establishing a strong governance board. They have reached out to many child-serving agencies in the community and all but three have indicated they were interested in participating in the governance board.
- They have asked each agency to bring in youth and family voices to the governance body as well.
- Emergence has hired the youth peer support provider and are in the process of recruiting and hiring the other positions.

### **Agenda Item 8: Public Comment**

There was no public comment.

### **Agenda Item 9 Next Steps**

No next steps were identified.

### **Agenda Item 10: Announcements**

There were no additional announcements.

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

The next meeting is scheduled for July 13, 2022.

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