



Statewide Behavioral Health Coordinating Council

October 27, 2021



[Statewide Behavioral Health Coordinating Council](#) develops, updates and oversees the implementation of the Texas Statewide Behavioral Health Strategic Plan which outlines a coordinated effort to address behavioral health gaps in services and systems. Members include:

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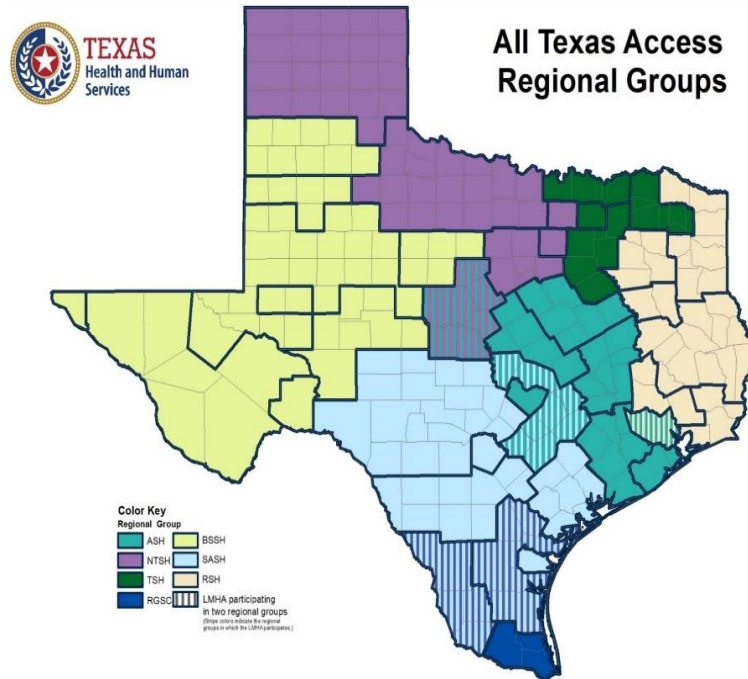
1. Welcome, opening remarks, and introductions. The meeting was called to order by Courtney Harvey, Chair. A quorum was present.

2. Consideration of meeting minutes from July 21, 2021. The minutes were approved as written.

3. Presentation: All Texas Access Senate Bill 633, 86th Texas Legislature, Regular Session directed HHSC to identify rural Local Mental Health Authorities/Local Behavioral Health Authorities (LMHA/LBHAs) and put them in regional groups of at least two LMHAs. The regional groups developed regional plans to improve access to mental health services in rural Texas. The bill directed HHSC to provide a statewide analysis and recommendation for mental health services in rural Texas.

The goals of S.B. 633 were to reduce rural:

- Cost to local governments of providing mental health crisis services;
- Transportation of LMHA/LBHA clients to mental health facilities;
- County jail incarceration of people with mental illness; and
- Hospital emergency room visits by people with mental illness



All Texas Access Metrics

Local Government: Modeled from costs to local government noted in the Austin State Hospital Brain Health System Redesign

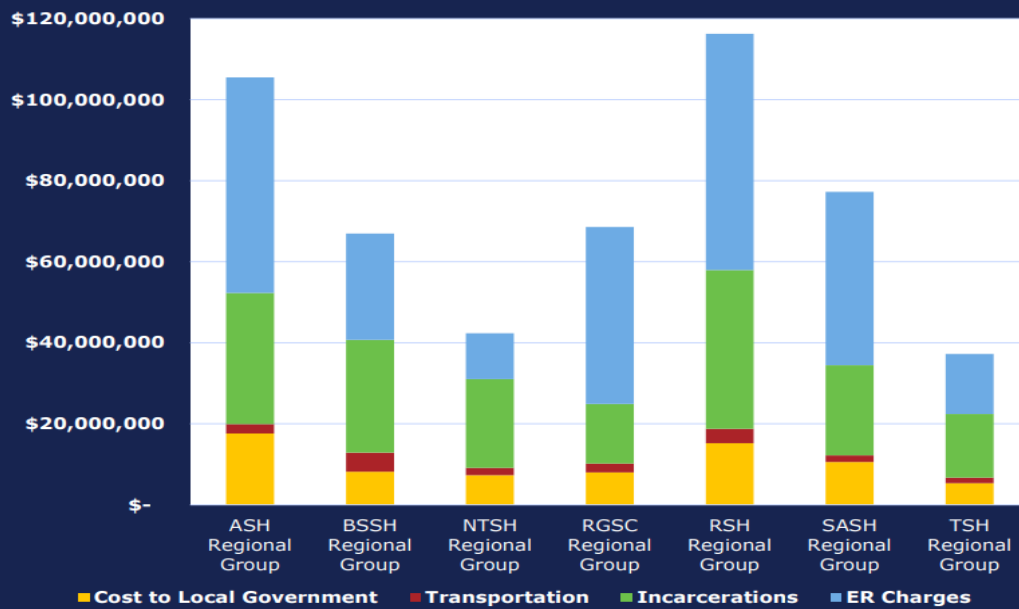
Transportation: HHSC Mental Health and ID Business Objects Warehouse data on people who accessed state-funded inpatient facilities

Incarceration: Texas Commission on Jail Standards data and Texas Law Enforcement Telecommunication System/Clinical Management of Behavioral Health Services matches

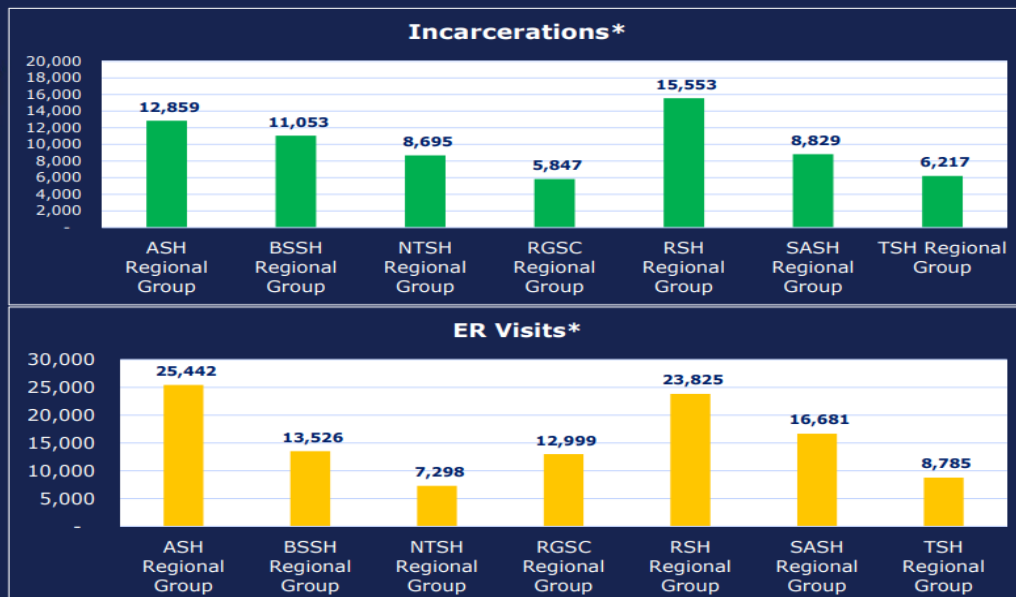
Emergency Departments: Texas Department of State Health Services Emergency Department Public Use Data Files

Cost models were developed for each of the focus areas above.

Estimated Rural Mental Health Costs FY 2019



Estimated People with Mental Illness in ER and County Jails FY 2019



*These are events, not individuals. One individual could have several events.

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The first report was published on December 1, 2019, on HHSC's website and the "All Texas Access" Conference was hosted in December 2019 to promote the report.

HHSC Statewide Analysis

- Workforce shortage impacts all Texans
- Peers are underutilized
- Dynamic partnerships are more challenging in rural areas
- Law enforcement wants to help people access mental health treatment
- Many Texans access mental health treatment in jail
- Rural Texans access urban systems of care when there are no other options
- An underdeveloped broadband infrastructure and current insurance requirement make telehealth services challenging to access
- The end of DRSIP funding will have a significant impact on rural-serving LMHA/LBHAs

Legislative Recommendations

- Consider amending Texas Health and Safety Code §573.012(h) to streamline emergency detentions
- Consider reducing grant match percentage for rural areas to allow greater participation
- Enhance collaboration among community mental health partners
- Consider building on the Broadband Development Council
- Evaluate innovations around telehealth in behavioral health services
- Increase support and training for mental health professionals
- Incentivize mental health deputy program and LMHA/LBHA collaboration
- Continue to assess inpatient capacity for civil commitments

Senate Bill 454, 87th Legislature, Regular Session, directs HHSC to continue the S.B. 633 Initiative by:

- Updating Regional Plans
- Implementing Regional Plans (if funding is identified);
- Facilitating Regional LMHA/LBHA meetings quarterly; and
- Estimating number of outpatient and inpatients beds needed to implement regional plans.

It further requires HHSC to publish an updated All Texas Access report annually starting December 1, 2022.

Communities of Practice Building-- a Competent Crisis Care System at Intercepts 0-1

Safety & Justice Challenge IMPACT Network-- The IMPACT Network is devoted to accelerating best and promising practices in systemic behavioral health reform and diversion across the criminal justice system, with an emphasis on local jails. It provides expert technical assistance and peer-to-peer support on issues related to the overincarceration of individuals with mental illness and/or substance use disorders.

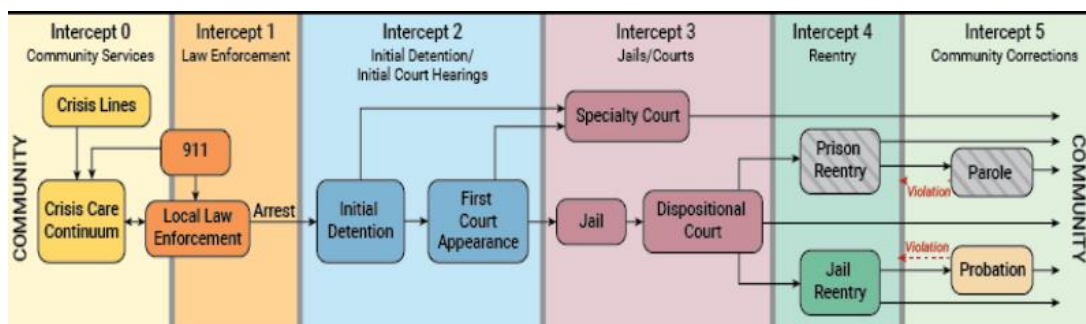


NASHP State Policy Academy on Rural Mental Health Crisis Services-- Texas was selected to participate in a National Academy for State Health Policy (NASHP) Policy Academy on Rural Mental Health Crisis Services

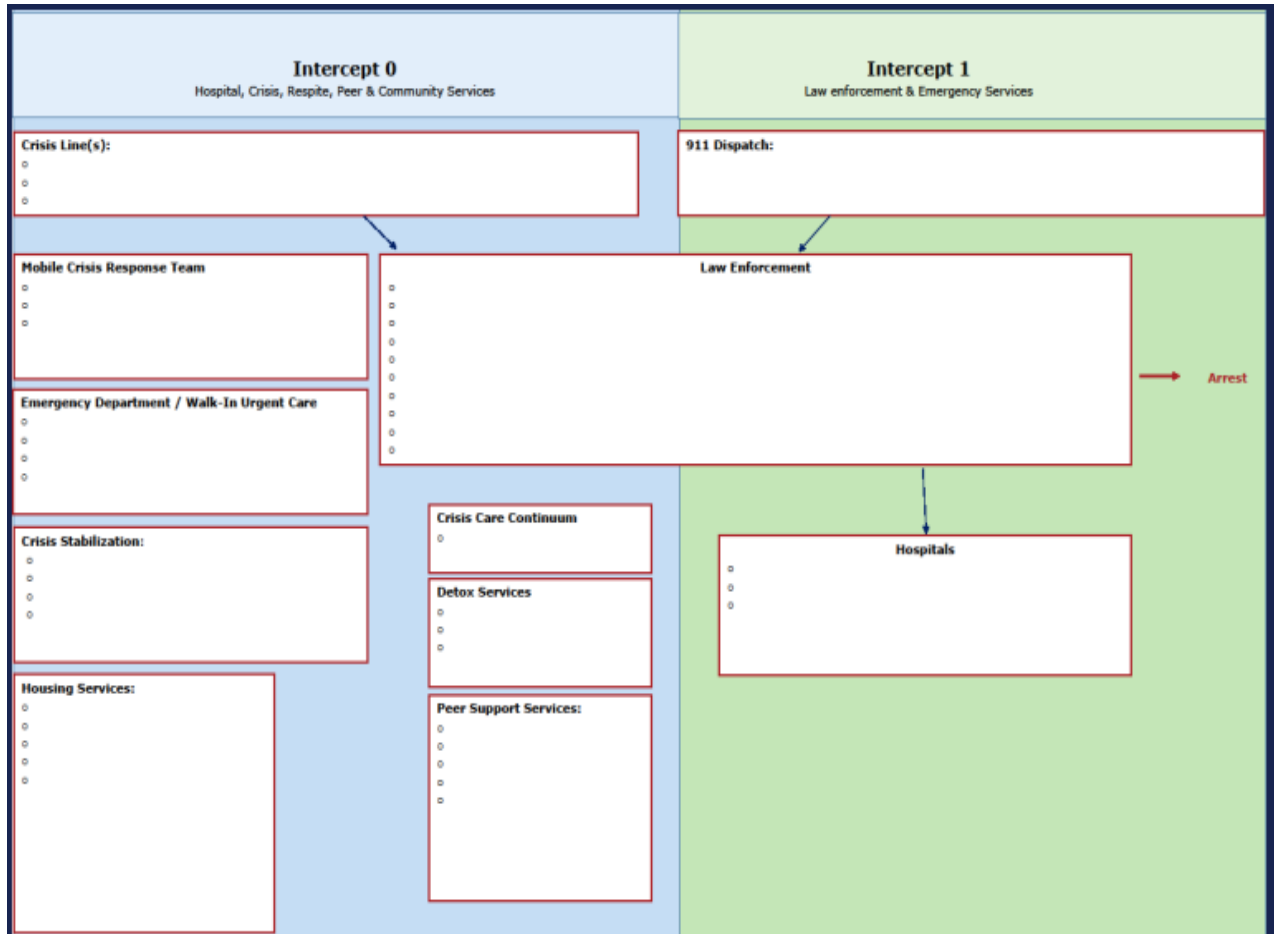
Senate Bill 454, Fiscal Year 2022 Goals. Fiscal year 2022 HHSC is collaborating with each rural-serving LMHA/LBHA to:

- Identify at least one strategy to promote jail diversion for people with a mental health crisis; and
- Prepare to apply for federal funding to implement plans.

SIM Mapping Overview. The Sequential Intercept Model (SIM) details how people with mental health and/or substance use disorder come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.



Intercept 0-1 “Quick Start” Sample.



Questions/Answers/Comments

There are points of connection with the Statewide Health Coordinating Council. There is now at HHSC a behavioral health workforce coordinator.

There is an opportunity for coordination with the Texas Child Mental Health Care Consortium

Public defense offices should be involved in the all access process. There are legal deserts in sections of Texas.

Coordination should occur with the Judicial Commission on Mental Health

4. Presentation: Update on HHSC jail diversion initiatives Well and Safe: The Texas Strategic Plan for Diversion, Community Integration, and Forensic Services.

Purpose: To lay out a vision and a clear, actionable, and achievable plan for improving forensic services reducing justice involvement for Texans with mental health, substance use disorders and intellectual and developmental disabilities by ensuring all Texans receive care in the right place at the right time.

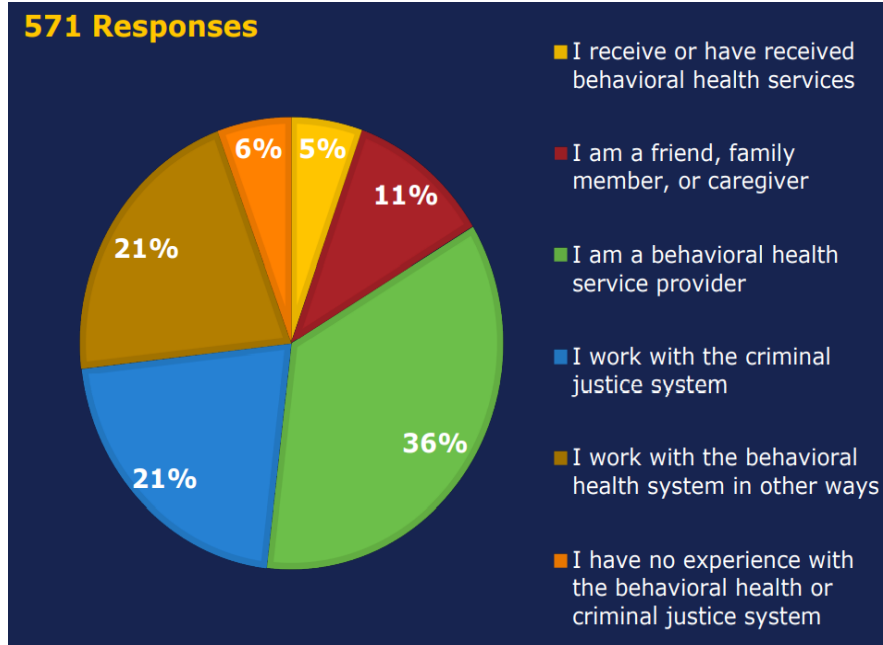
Timeline



Listening Sessions

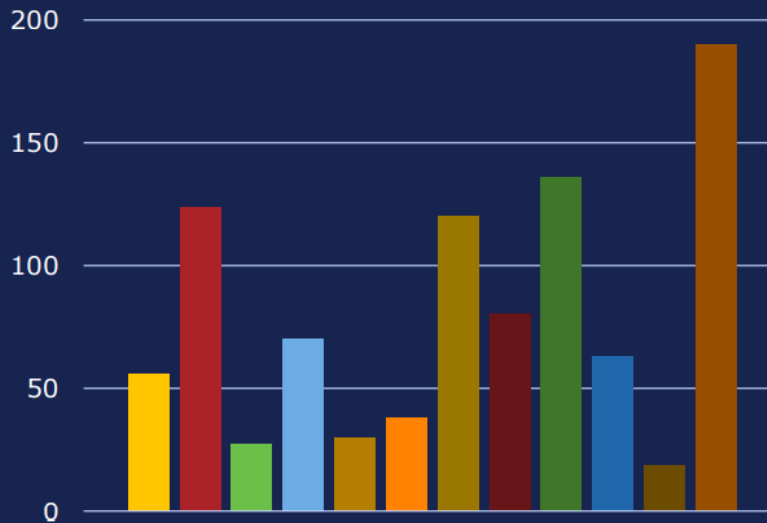


Public Survey was released



Participants prioritized strategies for each of the five overarching goals.

Strategies to expand and scale the use of crisis and pre-arrest diversion programs at Intercepts 0 and 1.



■ Support local planning for crisis and pre-arrest diversion programs.

■ Expand crisis receiving centers such as, crisis stabilization, crisis respite, and sobering centers.

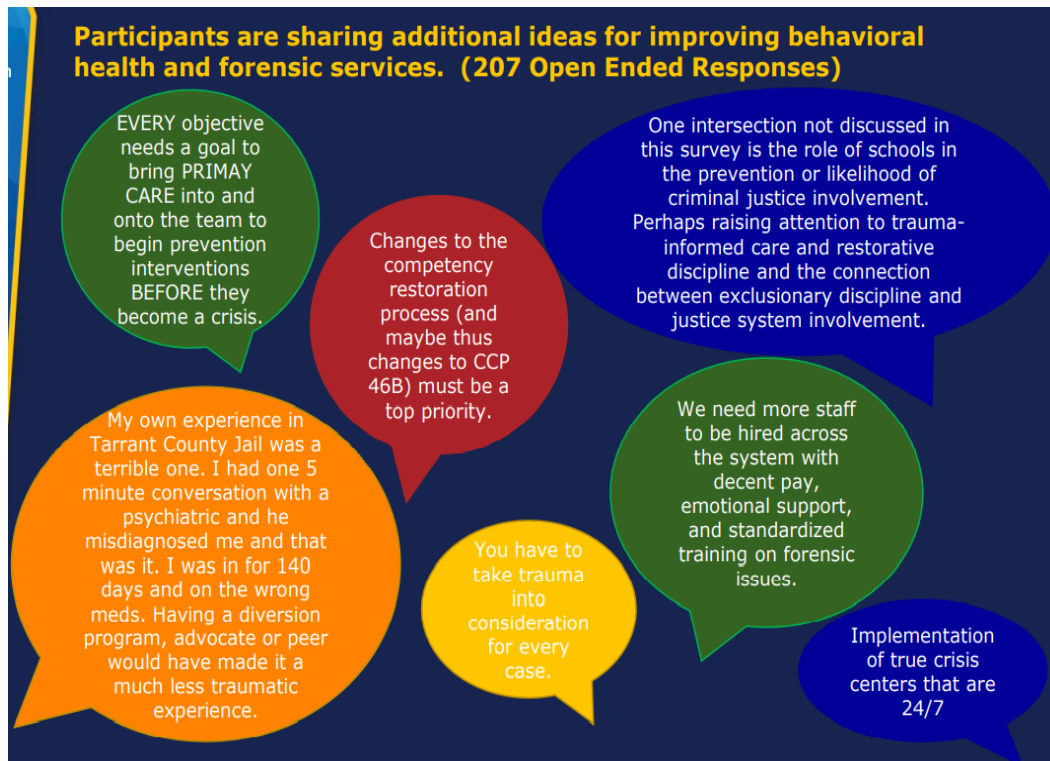
■ Leverage 988 to reduce justice involvement through improved emergency call taking, dispatch, and crisis response.

■ Identify and reduce barriers to crisis response and pre-arrest diversion at the local level.

■ Conduct statewide education and technical assistance on the value of pre-arrest diversion programs and ways different stakeholders can support implementation.

■ Explore the use of state opioid funding and other federal and state programs to establish and expand diversion programs for substance use.

■ Promote the expansion of round-the-clock mobile crisis outreach teams and co-responder programs, and identify best practices that can scale across rural, suburban and urban communities.



Vision: All Texans receive care in the right place at the right time, preventing and reducing justice involvement for people with mental health and substance use disorders (MH/SUD) and intellectual and developmental disabilities (IDD).

Mission: Develop and implement a high-quality, data-informed, and well-coordinated system of services and supports across the continuum of care to prevent and reduce justice-involvement and increase community integration for individuals with MH/SUD and IDD.

Goals.



Next Steps Strategic Plan

- Share Goals and Strategies with Statewide Behavioral Health Coordinating Council (SBHCC) for Review
- Convene SBHCC Work Group to Finalize Goals and Strategies

Questions/Answers/Comments

This duplicates the activities of another agency

Will there be no discussion of the plan? There might be more discussion needed on the plan

MOTION: Approval of the Well and Safe vision, mission, goals and strategies prevailed

The plan is very well done, and the process was impressive. There were some things that were missing or could have been stated more strongly. There are a disproportionate number of people of color, and we need a stronger comment about racial disparities. One of the ways we think about prevention, schools play a very big role. Children of color are disproportionately represented.

We should pull in housing a little more beyond housing authorities. Perhaps add city housing departments. We should find ways to incentivize landlords. It is important that there be collaboration with the re-entry taskforce especially related to housing.

Texas Correctional Office on Offenders with Medical or Mental Impairments was not involved with the development of the recommendations and should have been.

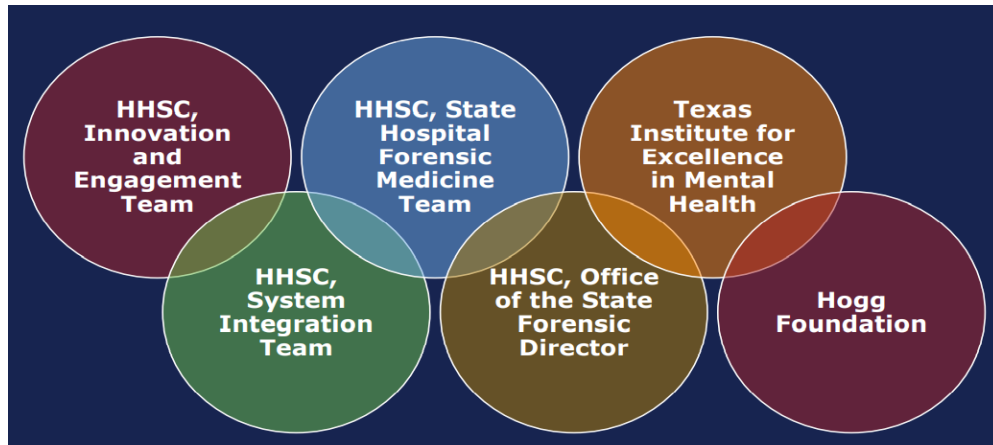
We could set up a special meeting to discuss these issues. Maybe we can look at all the comments from our colleagues. This is a wonderful plan and just needs to tweak a few items.

Are all the different planning efforts lining up with each other?

It was decided that a special meeting would be called to reach resolution to issues raised today.

MOTION: Approval of support the Council agencies implementation of Well and Safe through 2026
The above motion was withdrawn

Texas Behavioral Health & Justice Technical Assistance Center



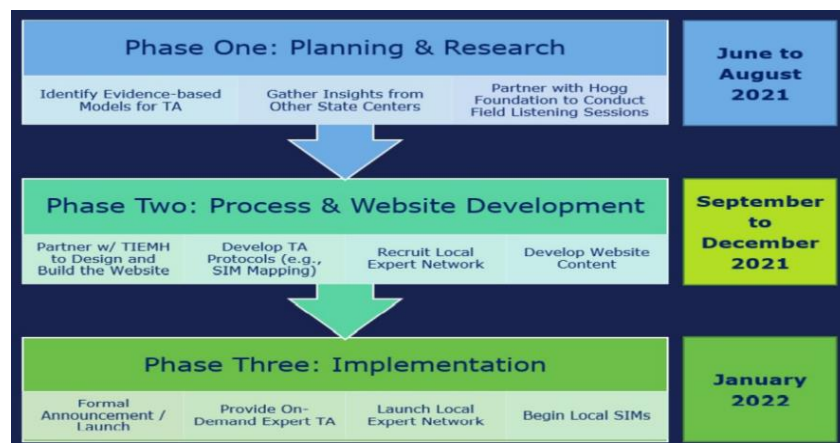
Purpose: To establish a centralized source of support and information for people who interact with forensic populations as well as justice- involved people with MH, SUD, and IDD.

Target Audience: LMHAs, LBHAs, Local Intellectual and Developmental Disability Authorities (LIDDAs), local and county law enforcement, jail administrators, the judiciary, and other community leaders.

Anticipated Resources:

- Peer networking
- Expert consultation
- Sequential Intercept Model (SIM) Mappings
- Other training and resources (e.g., webinars, policy briefs, and toolkits)

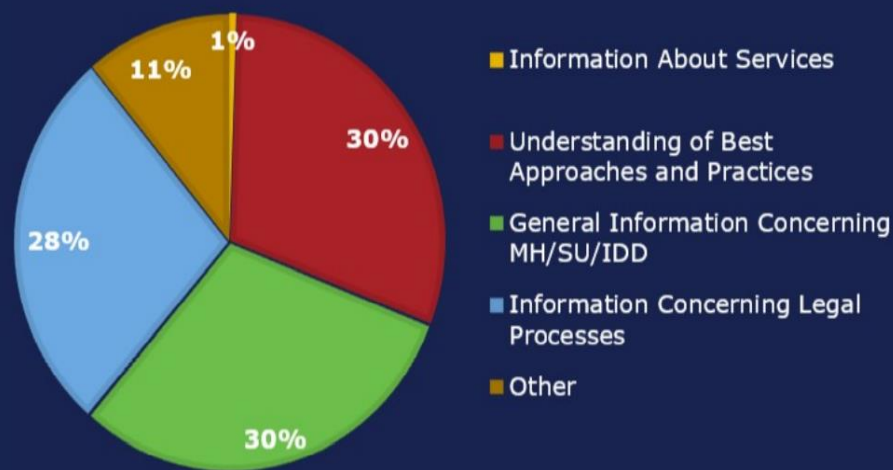
Overview of Planning and Implementation



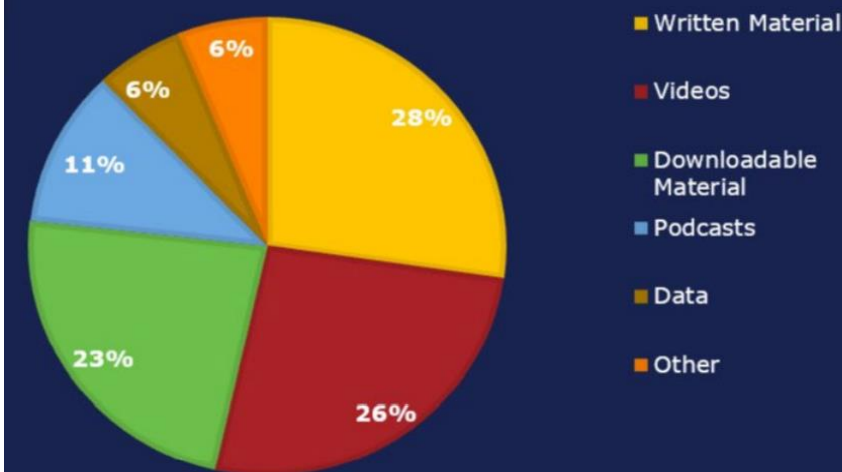
Phase One Update: Hogg Foundation Study

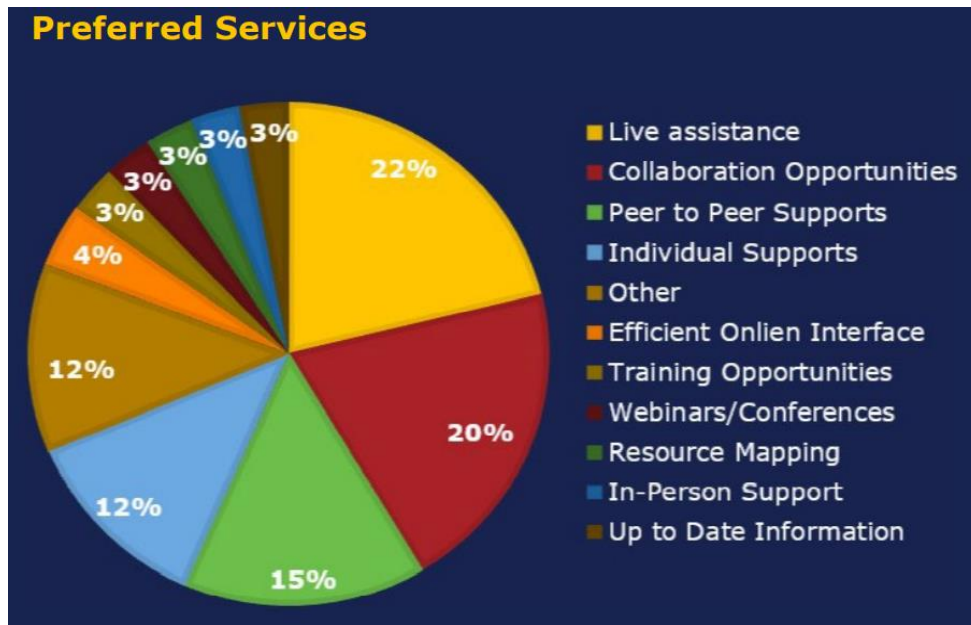
- Timeline: May – July 2021
- Outreach: Stakeholders Across the SIM
- Response: 51 Scheduled Interviews
- Format: 8 Pre-Drafted Questions
- Final Report: Available Upon Request

Informational and Topical Gaps



Preferred Format of Information





TA Center Services: Stakeholder Engagement

Purpose: Set priorities for the TA Center; Identify technical assistance needs; Provide subject matter expertise

Internal HHSC Work Group

- Members: Representatives from across HSCS and IDD-BH
- First Meeting: August 24

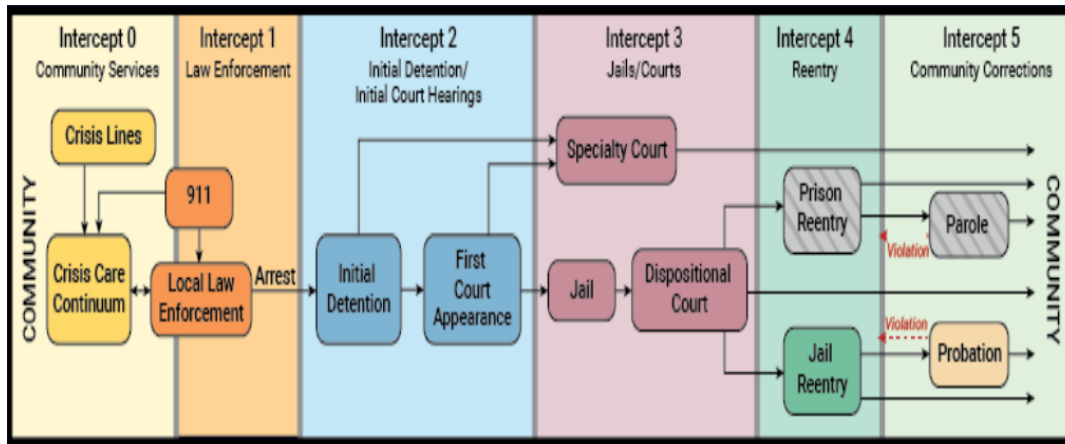
External Stakeholder Work Group

- Members: Diverse group of stakeholders representing a broad array of experiences and subject matter expertise from across the SIM
- First Meeting: October 11

Next Steps: Convene workgroups quarterly

TA Center Services: Strategic Planning 22

Purpose: The Sequential Intercept Model (SIM) details how individuals with MH and SUD come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.



Next Step: Finalize the Texas SIM Implementation Plan, Begin Scheduling SIM Mappings with All Texas Access and JCMH Community Diversion Coordinator Meetings

TA Center Services: Learning Collaboratives

Jail In-Reach Learning Collaborative

Purpose: To educate and collaborate with community-based forensic teams to support active forensic waitlist monitoring of individuals awaiting in jail for state hospital admission and court-ordered competency restoration through:

- Clinical consultation services;
- Trial competency re-evaluations;
- Legal education on options for alternative case dispositions; and
- Enhanced continuity of care following an individual's restoration to competency and return to jail

Partners: LMHAs/LBHAs, judges, district attorneys, defense attorneys, sheriffs, jail administrators, jail psychiatric providers, and JCMH Community Diversion Coordinators across 13 counties

Next Step: Launch monthly technical assistance calls, will work collaboratively to implement the jail in-reach program

TA Center Services: Research



Diversion Study Purpose: to assess the challenges experienced by law enforcement in utilizing pre-arrest diversion programs. Survey results will help inform technical assistance and other efforts the state can pursue to help ensure they are utilized consistently by law enforcement.

Partners: Office of the State Forensic Director, Texas Institute for Excellence in Mental Health, the Bill Blackwood Law Enforcement Management Institute of Texas, Texas Police Chiefs' Association, and Sheriffs' Association of Texas

Next Step: Disseminate the survey throughout the month of October

Key Initiatives and Projects Office of the State Forensic Director

Eliminate the Wait

Purpose: To eliminate the wait for competency restoration services in Texas through education, training and technical assistance for stakeholders.

Partners: The Judicial Commission on Mental Health and more than 20 other leaders representing behavioral health and justice systems across Texas.

Next Step:

- Publish a toolkit for LMHAs, LBHAs, LIDDAs, law enforcement, sheriffs, prosecutors, defense attorneys, and the courts that highlights strategies stakeholders can implement to eliminate the wait for competency restoration services.
- Offer Sequential Intercept Model Mapping to communities who seek to better understand how individuals encounter and flow through their local justice systems and develop strategies to address system gaps.
- Provide targeted technical assistance to stakeholders who seek additional support in implementing the Eliminate the Wait checklists.

Council of State Governments Housing Community of Practice

Purpose: To identify strategies for expanding housing options for people who are justice involved with complex needs.

Partners: Council of State Governments Justice Center, the Corporation for Supportive Housing, the Texas Department of Housing and Community Affairs, the Texas State Affordable Housing Corporation, the Office of Mental Health Coordination

Next Step: HHSC will work with partners to finalize a report with recommendations for state agencies to pursue to expand housing options for people who are justice involved with complex needs.

Community Diversion Coordinator Pilot

Purpose: To pilot community diversion coordinator positions that are responsible for leveraging pre- and post-booking diversion opportunities to reduce the number of individuals with MH, SUD, and IDD in the criminal justice system.

Partners: Judicial Commission on Mental Health and Health and Human Services Commission

Next Step: Three sites were selected: Denton, Grayson, and Smith Counties. HHSC will provide technical to the three pilot sites, including participation in the Jail In-Reach Learning Collaborative.

Study of Challenges to the Use of Diversion Programs

Purpose: To assess and understand the challenges experienced by law enforcement when utilizing prearrest diversion programs. Findings will be used to target areas of improvement that will facilitate increased utilization of pre-arrest diversion programs by law enforcement.

Partners: Texas Institute for Excellence in Mental Health, Bill Blackwood Law Enforcement Management Institute (LEMIT), Texas Police Chiefs Association, Sheriffs' Association of Texas

Next Step: The survey has received IRB approval and will be disseminated in October-November

Questions/Answers/Comments

Encourage inclusion of young people and law enforcement personnel in school districts. Young people should be diverted as much as possible from the Juvenile Justice System.

The external workgroups and special populations should be incorporated into the plan. Staff stated that external workgroups will be invited to participate. Other initiatives should be invited to coordinate.

There are many issues that relate to children that fly under the radar.

There is a lot of complexity in these issues as there are many agencies that touch the lives of children in different ways. TCOOMMI should be more engaged on the effort.

There is a need for training with law enforcement about children with disabilities.

5. Presentation: Update on Medicaid 1115 Waiver program extension

Medicaid 1115 Transformation Waiver

- For more information, read about the [Texas Healthcare Transformation and Quality Improvement Program on the federal Medicaid website\(link is external\)](#).
- On Jan. 15, 2021, HHSC received Federal approval for the [Texas Healthcare Transformation and Quality Improvement 1115 Demonstration Waiver\(link is external\)](#). Pursuant to CMS direction, HHSC has submitted that document for re-approval. Learn more about the July 2021 Extension Application below.

July 2021 Extension Application Submission

- On July 14, 2021, Texas submitted to CMS its request to extend and to amend the Texas Healthcare Transformation Quality Improvement Program waiver under section 1115 of the Social Security Act. Below please find links to the submitted cover letter, Extension Appendices, and Preliminary Evaluation Findings (Supplement A-Preliminary Draft Results).
- [1115 Transformation Waiver Extension Cover Letter \(PDF\)](#)
- [1115 Transformation Waiver Extension Appendices \(PDF\)](#)
- [1115 Transformation Waiver Preliminary Evaluation Findings \(Supplement A-Preliminary Draft Results\) \(PDF\)](#)

For additional information see [Waiver Renewal | Texas Health and Human Services](#)

HHSC did receive approval of the waiver in January of this year. Almost all of managed care is organized under managed care. Caseloads have grown to almost 5 million during the pandemic emergency. As caseloads have grown the expenditures have grown. We are operating under a preliminary injunction that was filed. Major initiatives involves DSRIP. On August the 13th, CMS provided a letter related to a potential extension of the DSRIP program (Beyond September 30th of this year that would extend for one year. HHSC has five state directed payment programs. One is related to behavioral health services related to CCBHC.

DPP BHS is a value-based directed payment program for community mental health centers to promote and improve access to behavioral health services, care coordination, and successful care transitions. It also incentivizes continuation of care for STAR, STAR+PLUS, and STAR Kids members using the Certified Community Behavioral Health Clinic model of care. In Year 1, the program would include two components:

- Component 1 is a uniform dollar increase issued in monthly payments to all CMHCs participating in the program recognizing progress made toward certification or maintenance of CCBHC status and focusing on access and quality improvements such as telehealth services, collaborative care, integration of physical and behavioral health, and improved data exchange.
- Component 2 is a uniform percent increase on CCBHC services based on achievement of quality metrics that align with CCBHC measures and goals.

DPP BHS rules

- [§353.1320\(link is external\)](#) and [§353.1322\(link is external\)](#)
- [DPP BHS Requirements \(PDF\)](#)
- [DPP BHS Stakeholder Feedback \(PDF\)](#) (3/13/2021)
- [Measure Specifications for DPP BHS \(Excel\)](#) (8/2/2021)
- [Measure Specifications FAQs \(Excel\)](#) (8/2/2021)

Contact Information

- [Visit the HHSC Provider Finance website](#) for more enrollment, eligibility and payment information for DPP BHS.
- For financial questions, [email PFDACuteCare@hhs.texas.gov](mailto:PFDACuteCare@hhs.texas.gov).
- For questions on DPP BHS quality requirements, [email DPPQuality@hhs.texas.gov](mailto:DPPQuality@hhs.texas.gov).

Forms.

- [DPP Contact Change Form \(PDF\)](#)

All five directed payment programs (including this one) are still awaiting approval from CMS.

In addition, there is an initiative that impacts community centers is the public health provider charity care program.

The Public Health Providers Charity Care Pool will allow eligible providers to receive a supplemental payment for certain medical services. Payments are authorized under the Section 1115 Waiver that was renewed on January 15, 2021. Eligible providers include: publicly owned and operated community mental health clinics, local behavioral health authorities or local mental health authorities, local health departments and Public Health Districts. Payments from the pool are to defray the uncompensated care costs for medical services provided to Medicaid-enrolled or uninsured persons. Total funding will not exceed \$500 million (total computable) in each of the first two years of the program. In future years, this pool is subject to resizing based on actual charity care costs incurred by the eligible providers. The program began operating October 1, 2021.

Under this program charity care will be provided and those services will be reimbursed. Year one is a cost reporting approach and year two transitions to pure charity care with different cost principles.

Another initiative is the UC pool resizing.

Rebasing is also under way. This addresses the budget neutrality calculation. This resets the terms based on 2022.

Providers have been expressing their concern about the instability in the system because of the lack of approval from CMS (which is still pending)

Questions/Answers/ Comments

We would like some follow up on certified community mental health clinics. Providers are indeed facing uncertainty,

6. Presentation: HHSC behavioral health matching grants update

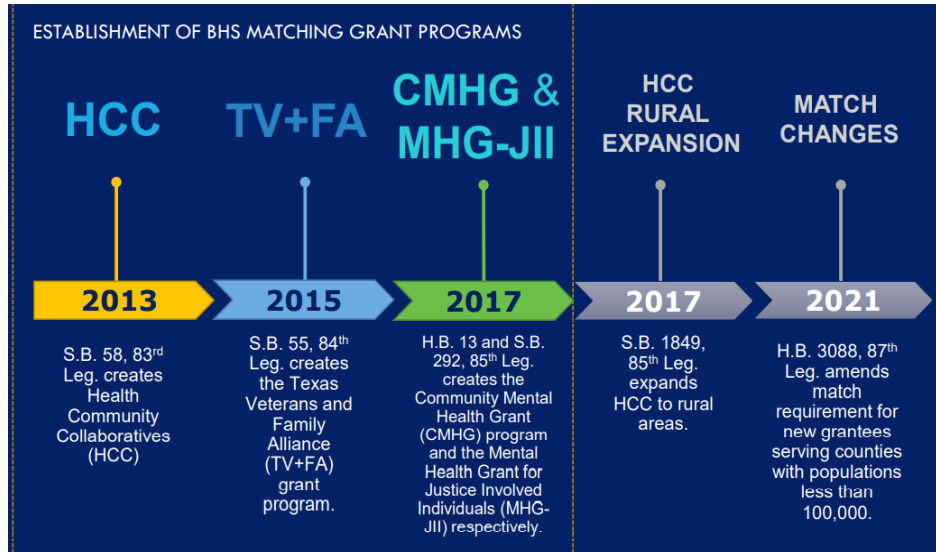
Legislative Direction H.B. 1 (86-R), 2020-2021, Article IX, Section 10.04 (b):

- Present twice annually on the “impact each collaborative has had on project implementation and mental health outcomes on the population served” by the grants.
- Presentations are to serve as an “opportunity to increase collaboration for the effective expenditure of behavioral health funds between states and local entities.”

Behavioral Health Matching Grants



BHS Matching Grants – History



BHS Matching Grants – H.B. 3088, 87th Leg.

Grantees Serving Counties with populations over 250,000 [URBAN]	Grantees Serving Counties with populations 250,000-100,000 [RURAL]	Grantees Serving Counties with populations under 100,000 [RURAL]
100% Cash and/or In-Kind	50% Cash and/or In-Kind	25% Cash and/or In-Kind
<ul style="list-style-type: none"> Applies to newly procured HCC and TV+FA contracts which began 9/1/21 Allows for local government funding to be used as a match source Allows rural HCC grantees to use in-kind match 		

FY21 Report Cards – In Development

- FY21 performance measures are currently being analyzed for the FY21 Report Cards.
- CMHG pilot year numbers are being reviewed to determine any needed revisions to standardized measures currently being rolled out to the four matching grant programs.

- Looking forward to the collective story these standardized measures will provide going forward.

BHS Matching Grants – Numbers Served

Grant Program	FY 21 Q1, Q2, Q3 Only
HCC	7,849
TV+FA	14,813
CMHG	15,105
MHG-JII	36,010
TOTAL	73,777

SBHCC Report Highlights

Question: Describe the benefits and successes of collaborating with the organizations listed.

Current responses:

"Working collaboratively with partner agencies allows us to provide a spectrum of holistic, wrap-around case management and clinical services to program participants that includes services ranging throughout the entire continuum of care. Flexible service provision that is dictated by the participants' goals and needs helps us to meet the programs' goals as it is truly client centered and has been shown to increase success in meeting and exceeding targeted outcomes."

"Each partner is able to focus on what they do best and have confidence in the referral they are making to another partner."

Question: If applicable, describe any challenges you have experienced in collaborating with the organizations listed.

Current responses:

"We've had some difficulty with regard to coordinating process and understanding various requirements and criteria for each service participating in the system of care. These challenges are viewed as good educational opportunities and serve as a way to enhance processes utilizing a continuous quality improvement strategy."

"Streamlining documentation between organizations has been difficult. Aligning organizational goals and values or service delivery philosophies between partners have not always been cohesive."

Question: What grant-related success stories would you like to share with the SBHCC?

Current responses:

"We have been able to serve very low-income clients with these funds who would otherwise not be able to receive services."

"As COVID began to reach the communities we served, we found that providing Skills and nutrition services to our clients, was effective in helping them cope with the increase of anxiety incurred as a result of the media and losing loved ones. We often heard comments from our clients stating they looked forward to speaking to our staff and that we helped them get through the pandemic."

Other Questions:

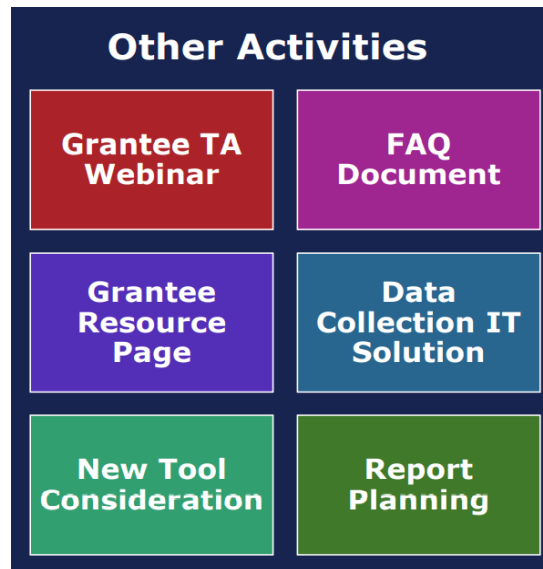
- ♣ What challenges have you encountered, or do you anticipate encountering as you continue to implement your grant project?
- ♣ Do you have any suggestions on how HHSC state grant programs can be structured to better meet the unique needs of local Texas communities?
- ♣ Are there any training or technical assistance needs you would like to explore with HHS staff?

The additional questions will be included in the upcoming report.

Performance Measure Update

- In 2019, IDD-BH brought together key stakeholders to develop standardized outcome measures.
- Standardized measures allow for program assessment as well as more closely tie grant programs to IDD-BHS's broader statewide behavioral health service goals.
- This framework enhances the agency's data collection and analysis processes, ultimately enhancing IDD-BHS's ability to depict the effectiveness of the behavioral health matching grants stewarded by the Legislature's investment.

Implementation Status					
Grant Program	Preparing for Measure Selection	Measure Selection	TGLs Issued	Start Date	Q1 Data Due
CMHG	✓	✓	✓	9/1/20	12/31/20
TV+FA	✓	✓	✓	9/1/21	12/31/21
MHG-JII	✓	✓	✓	9/1/21	12/31/21
HCC	✓	✓	✓	9/1/21	12/31/21



Spotlight: Community Mental Health Grant-- Support community programs providing mental health services and treatment to individuals with mental illness; and Coordinate mental health care services for individuals with mental illness with other transition support services.

Community Mental Health Grant (CMHG).

CMHG supports services meant to fill gaps in mental health prevention, early intervention, treatment and/or recovery such as:

- Integrated Mental and Physical Health
- Crisis Intervention
- School-based projects
- Youth and Family Services
- Care Coordination
- Prevention and Early Intervention
- Peer Services
- Projects Focusing on Co-occurring Mental Health and Substance Use disorders

CMHG Outcome Measures

ADVERSE EVENT PREVENTION		
01	Decreased hospital admission Prevention of initial or subsequent inpatient hospitalization for mental health conditions or substance misuse	
02	Decreased justice involvement Prevention of initial or subsequent arrest for individuals with mental health conditions or substance misuse	
03	Reduced Emergency Room Use Reduced use of emergency room for mental health conditions or substance misuse	
04	Prevent return to homelessness Individuals with mental health conditions and/or substance misuse do not return to homelessness	 <small>19</small>
AUTONOMY		
05	Academic Progress Increased performance demonstrated by growth in academics, behavior, or attendance.	
09	Housing Stability The extent to which an individual lives in a safe, habitable, and sustainable residence.	
RECOVERY AND WELLNESS		
10	Symptom Improvement Symptoms of mental health conditions are less disruptive to daily life.	
12	Improved Activities of Daily Living Individual shows improvement in the ability to complete day-to-day tasks.	



7. Subcommittee update

Behavioral Health Workforce Workgroup—There was an effort made related to the American Rescue Plan Act. There are some sub-workgroups that have not met. They are trying to get data to be able to compare progress. ARPA funds were identified as a source for paying for some of their efforts. That would include repayment of MH professionals' loans. There were some direct workforce items that were included like one time retention bonuses. They plan on communicating with legislative office about the importance of behavioral health workforce.

Suicide Prevention Subcommittee—discussed how to use data to inform the legislature. They are focusing on suicide prevention and foster care. The focus is on data and what is being collected related to training. Some of the issues that have emerged include highlighting realistic expectations about the data and that data alone will not reduce suicide. There is power in the data but also limitations. There are definitional differences in data with similar names. There was discussion about higher education and suicide risk.

8. Member presentation—Texas Tech Mental Health Initiative presented by Dr. Wakefield. [Campus Alliance for Telehealth Resources | Texas Tech University Health Sciences Center \(ttuhsc.edu\)](https://campusalliancefortelehealthresources.org/). The Campus Alliance for Telehealth Resources (CATR) program seeks to improve the mental health of communities across West Texas through partnership with independent school districts (ISDs). CATR is supported by the Texas Child Health Access Through Telemedicine (TCHAT) to assist in directing counseling and telepsychiatry to students across our region, link families with

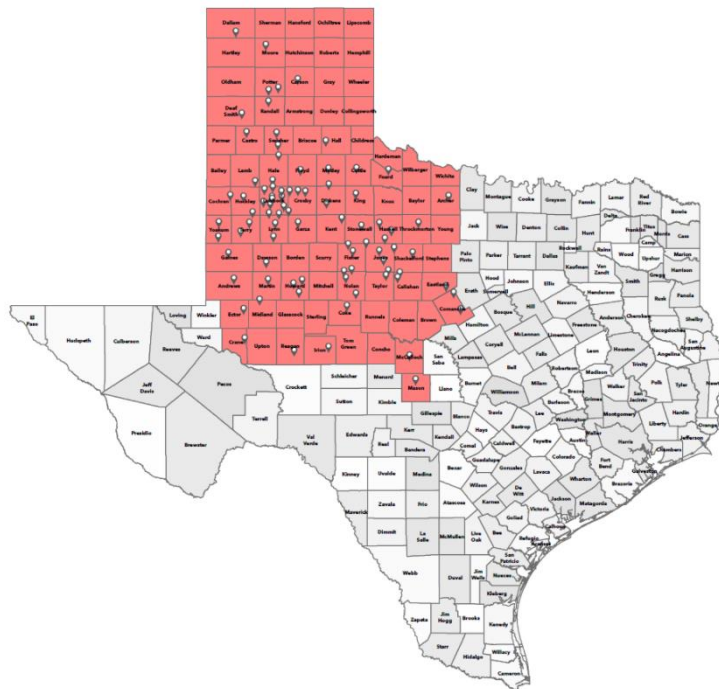
community resources, and provide educational materials for school personnel through community learning collaboratives. The support from TCHATT allows this valuable program to span across the Panhandle Plains region of Texas and extends slightly into the Big Bend, Hill Country, and Prairies and Lakes regions. CATR improves access to mental health care expertise through free, time-limited mental health services to youth in need of urgent behavioral or emotional assessment and care.

Services for Students

- Provides mental health screening to students in grades 4 - 12
- Provides mental health resources to the West Texas region
- Convenient telehealth appointments
- Follow-up care available

Services for Professionals

- Case-based learning
- Provides best practice models
- No cost to independent school districts (ISDs)
- Eligible for CEU credits



9. Roundtable: Member updates

HHSC—commented on the efforts of other agencies that have engaged in services like summits (TEA) and the Judicial Commission on Mental Health. There was an unveiling of the “Eliminate the Wait” initiative.

DSHS—Continued progress in implementing public health action plan for Substance Abuse. They have been engaged in the COVID 199 allocations.

Judicial Commission on Mental Health—The Summit has been recorded and is available for CEUs and will be up on their website soon.

Texas Child Mental Health Consortium—SB8 passed and provided funding to the consortium to support children's mental health

TCOOMMI—Awarded a continuation grant for Second Chance for Success. They are working with the Parole Division. They received a grant for employment services for women. They received a grant to provide services in a detention facility for youth.

TDHCA—Disbursed more than a billion in rental assistance from CAREA Act funds. They are working on a plan for home ARP funds.

TEA—under reorganization with a new division called Safe and Supportive Schools. Advancing Wellness and Resiliency program has been funded by SAMHSA (renewal grant). New mental health tool kit, version one has been released, SB11 is an ongoing endeavor as they work with 12 different agencies across the state.

TJJD—Pilot project doubling the cost per day allotment for high risk girls.

Texas Veteran's Commission—been working with TDHCA to have a homeless veteran coordinator.

UTHSC-Houston—reported on research related to continuum of care and early intervention, a subacute level of care was developed as a pilot. Trial patients were 300 percent less likely to readmit post 6 months.

UTHSC-Tyler—their main focus is the COVID related funding, and they are interviewing for child adolescent fellows.

10. Public comment

Sonja Burns, Sister of a man at the Austin State Hospital expressed her enthusiasm for youth services. We will be seeing an uptick in people with IDD and mental illness in the jail system with the

new parole rules. We must have a way to get mental health records from schools. We need feed back on services. People are being dropped from service for refusal to engage. ACT teams can be effective in reducing the incidence of this. We must look at the highest utilizers and SIM mapping.

11. Review of action and agenda items for next meeting and closing remarks

An email will be sent to members for ideas for the next meeting related to the strategic plan
Certified Behavioral Health Clinics model of care

12. Adjournment There being no further business, the meeting was adjourned.

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