

# Travis County Plan for Children's Mental Health and Substance Misuse, 2021

Coordinated by Kids Living Well



Connecting the dots   
**Kids Living Well**  
for children's mental health



## Table of Contents

Acknowledgements .....	2
Setting priorities for child and youth well-being .....	3
A Behavioral Health Plan for Children and Youth .....	4
Priority objectives for the next five years .....	6
Community Context .....	7
Child Protective Services Data .....	10
Data on Mental Health and Substance Use .....	11
Data on Local Mental Health Crisis Response .....	15
Goal 1: Wellness and Resilience.....	20
Goal 2: Early and Effective Intervention .....	22
Goal 3: Coordinated Crisis Services.....	24
Goal 4: System Improvements .....	27
Next Steps .....	29
Appendix A: Implementation of the Children's Mental Health Plan .....	30
Appendix B: Parent Survey Results .....	33

## Acknowledgements

Kids Living Well would like to thank the many community members and stakeholders who have contributed to this coordinated five-year plan to improve the wellness of children and youth in Travis County. Thanks also to Integral Care who provided staff support for community planning and the production of this community plan.

### ***Following is a list of organizations with staff who contributed to this plan:***

Adolescent Specialty Clinic, DCMC	Manor ISD
Any Baby Can	Mothers Against Drunk Driving
Ascension Healthcare	NAMI Central Texas
Austin Child Guidance Center	Pflugerville ISD
Austin ISD	Phoenix House
Austin Public Health	SAFE Alliance
Austin Recovery Network	Steve Hicks School of Social Work, University of Texas at Austin
Austin State Hospital	Texas Alliance of Child & Family Services
Cardea	Texas Department of Family and Protective Services
Children's Optimal Health	Texas HHSC Office of Disability Prevention
Communities In Schools	Texas Institute for Child & Family Wellbeing
Community Advancement Network	Texas Rio Grande Legal Aid
Del Valle ISD	Travis County Health and Human Services
Dell Children's Medical Center	Travis County Juvenile Probation Department
Dell Medical School	Travis County Underage Drinking Prevention Program
DePelchin Children's Center	United Way for Greater Austin
Eanes ISD	UT School of Nursing
Integral Care	
LifeWorks	

*This report was written by Mary Dodd, Senior Planner with Integral Care. Direction and editorial guidance were provided by members of the Children's Mental Health Plan Steering Committee: Marlene Buchanan, Integral Care; Laura Enderle, Austin Public Health; Courtney Lucas, Travis County Research and Planning; Laura Peveto, Travis County Health and Human Services; and Ellen Richards, Integral Care.*

## Setting priorities for child and youth well-being

The Travis County Plan for Children's Mental Health and Substance Misuse sets a direction for our community to improve the health and wellbeing of children and youth in Travis County. Since the release of the original Plan in 2015, community members have worked together to strengthen how our community meets the needs of children and families experiencing mental health and substance use issues. (See Appendix A for a summary of these efforts.)

Kids Living Well, formerly the Child and Youth Mental Health Planning Partnership, oversees this Plan and its implementation. Kids Living Well helps ensure that the Plan is a living, breathing document that influences community discussion, service improvements and community investments.

Community efforts to update this Plan were interrupted by a global pandemic, an economic recession, and a racial reckoning over the killing of Black people by police. The traumatic events of 2020 will have a long-term impact on the health and well-being of most children and families. However, these events have disproportionately impacted people with low income and people of color.

Even before the pandemic, children in our community were in pain. The number of Travis County children and youth who died due to suicide over the last five years was twice as high as the number who died in the two previous five-year periods.<sup>i</sup> One-third of Texas high school students report feeling so sad or depressed that they could not carry on with their usual activities, and 29% report drinking alcohol or taking other drugs.<sup>ii</sup>

The COVID-19 pandemic has reinforced the importance of public health. The global pandemic has reminded us that the individual health and well-being of each one of us is directly connected to the health and well-being of all of us. The pandemic has also highlighted the extent to which mental health and substance use are related to overall health. To have a healthy community, we must build a system of care that provides ready access to a full continuum of mental health and substance use prevention, intervention and treatment.

### *This report*

- Reviews the vision, guiding principles and goals of the Plan;
- Summarizes the community context in which this Plan is presented;
- Shares data about child and youth mental health and substance use; and
- Highlights the priority objectives and specific actions identified by community members for each of the four goal areas of the Plan.

# A Behavioral Health Plan for Children and Youth

The underlying structure of the [Travis County Plan for Children's Mental Health](#), released in 2015, provides the foundation upon which this 2021 update is built.

## *Plan Goals:*

- **Wellness and Resilience:** Promote wellness and support resilience for all Travis County children and youth.
- **Early & Effective Intervention:** Provide a continuum of intervention services and effective treatments for children and youth.
- **Coordinated Crisis Services:** Respond effectively to children, youth and families in crisis.
- **System Improvements:** Improve outcomes and accountability in the Travis County children's mental health and substance use treatment systems.

## *Vision:*

Children and their families will live in a community that promotes optimal social and emotional development, behavioral health support and recovery, and offers access and inclusion, without stigma, to culturally appropriate services that support those goals.

## *Guiding Principles:*

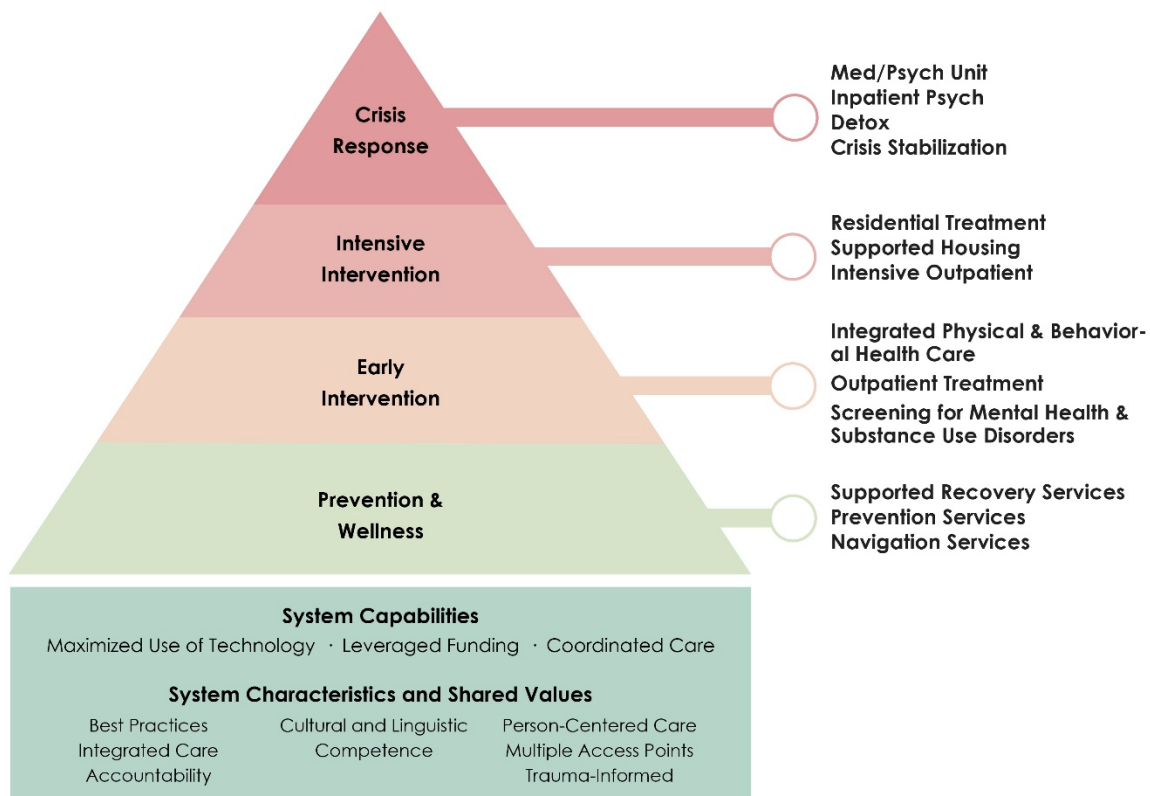
As community stakeholders came together to develop this community plan, they agreed on these underlying values to guide the work.

- Interagency collaboration
- Individualized strengths-based care
- Cultural and linguistic competence
- Family and youth involvement
- Community-based services
- Accountability



## Travis County Behavioral Health Continuum

The Travis County Behavioral Health Continuum, below, provides a framework for the Plan, outlining a tiered prevention, intervention and treatment model for behavioral health.



## Development of the 2021-2026 Plan Update

This Plan Update is informed by interviews with stakeholders across the continuum of care, and a series of in-person and virtual community meetings. Through these efforts, community members:

- reviewed progress made toward achieving the 2015 Plan goals;
- considered challenges that constrained the ability to realize these goals; and
- identified priority objectives and action our community can take over the next five years.

Kids Living Well also conducted a survey of parents to learn where they would turn for help if their child had a mental health or substance use issue, what barriers prevent them from seeking services, and what could make getting services easier for them. Highlights of the parent survey are included in Appendix B.



## Priority objectives for the next five years

Following are the objectives identified through community planning.

Goal 1	<p><b>Promote wellness and support resilience for all Travis County children and youth.</b></p> <p><b>Objective 1:</b> Promote racial equity training to reduce disparities across child and family serving systems.</p> <p><b>Objective 2:</b> Increase the capacity of child-serving organizations to provide trauma-informed, nurturing environments.</p> <p><b>Objective 3:</b> Address the social, environmental and economic factors that impact health and well-being.</p> <p><b>Objective 4:</b> Increase the understanding of mental health and substance use prevention as critical components of overall wellness.</p>
Goal 2	<p><b>Provide a continuum of intervention services and effective treatments for children and youth.</b></p> <p><b>Objective 1:</b> Ensure effective collaboration between schools and community providers to connect children and youth to mental health and substance use disorder treatment.</p> <p><b>Objective 2:</b> Engage the local healthcare workforce to help meet the behavioral health needs of children and youth.</p> <p><b>Objective 3:</b> Expand the number of mental health and substance use providers who accept public and private insurance.</p> <p><b>Objective 4:</b> Address geographic disparities in service accessibility.</p>
Goal 3	<p><b>Respond effectively to children, youth and families in crisis.</b></p> <p><b>Objective 1:</b> Implement a coordinated 24/7 single point of entry to connect children, youth and their families to appropriate, accessible and individualized supports.</p> <p><b>Objective 2:</b> Develop a multi-tiered system of support that includes expanded community-based options.</p> <p><b>Objective 3:</b> Develop supports for caregivers of children and youth with severe mental health needs or substance use disorder.</p> <p><b>Objective 4:</b> Create public education and information campaigns to raise awareness of what to do in a crisis.</p>
Goal 4	<p><b>Improve outcomes and accountability in the Travis County children's mental health and substance use treatment systems.</b></p> <p><b>Objective 1:</b> Strengthen multisector collaboration to implement and monitor progress on the Plan.</p> <p><b>Objective 2:</b> Ensure the public and private behavioral health system is integrated and responsive to community needs.</p> <p><b>Objective 3:</b> Track local data to monitor progress and to promote data-informed planning and decision-making.</p>



## Community Context

The financial, social and emotional impact of 2020 will be felt by most children and families for many years to come. A global pandemic, an economic recession, and a racial reckoning over the deaths of unarmed Black people at the hands of police have disproportionately impacted people of color and people with low income. Even before the pandemic, Austin was dealing with issues of affordability, equity and access to care. This community context has a huge impact on the health and well-being of children, youth and families and is important to consider as we seek to implement the Travis County Plan for Children's Mental Health and Substance Misuse, 2021.

### *Emotional and economic consequences of the COVID-19 pandemic*

The COVID-19 pandemic is a threat to our community, not only for its risk to human life, but also for its impact on emotional wellbeing. In addition to the health impact of the virus, prolonged physical distancing and social isolation, people are experiencing an increase in anxiety, depression and substance use. School disruptions have upended the lives of children and families. Many children are falling behind in their learning and social development. Parents are thrust into the role of educator while still struggling to earn money to keep their families afloat.

Dr. Roshni Koli, Medical Director for Pediatric Mental Health Services for Dell Children's Medical Center, has noticed an increase in child mental health needs during the pandemic.

*"We are in an unprecedented pediatric mental health crisis. We are seeing an increase in the number of children and families presenting with mental health crises and suicide attempts," said Dr. Koli.*

She added that the level of acuity among patients is higher than usual, often requiring longer hospital stays.

The virus has had a disproportionate impact on young people. In its annual survey, [Stress in America 2020](#), the American Psychological Association found that, while all Americans are impacted by the pandemic, Generation Z, those between the ages of 13 to 23, are facing "unprecedented uncertainty, are experiencing elevated stress and are already reporting symptoms of depression."<sup>iii</sup>

Efforts to stop the spread of the pandemic have resulted in the sharpest economic pullback in modern history and a record-breaking spike in unemployment. Families are struggling to pay for housing and food insecurity is increasing. Many people have lost not only their jobs, but also their employer-sponsored health care.



While the economic collapse caused by the pandemic has created a mild financial setback for some families, it has delivered a depression-era like blow to others. An analysis by [The Washington Post](#) finds that this depression has been most devastating to lower-income households and especially to single mothers of school-aged children, Hispanic and Black Americans, and people without college degrees.

### *A national reckoning on racism*

The suffering caused by the pandemic and the economic consequences of efforts to contain the virus were compounded by the murder of George Floyd by police in Minneapolis in May 2020. His death and that of other unarmed Black Americans sparked worldwide protests and calls for police reform and for race equity more generally. A recent five-year study by Harvard University found a correlation between instances of unarmed African-American deaths at the hands of police and later self-reported poor mental health.<sup>iv</sup>

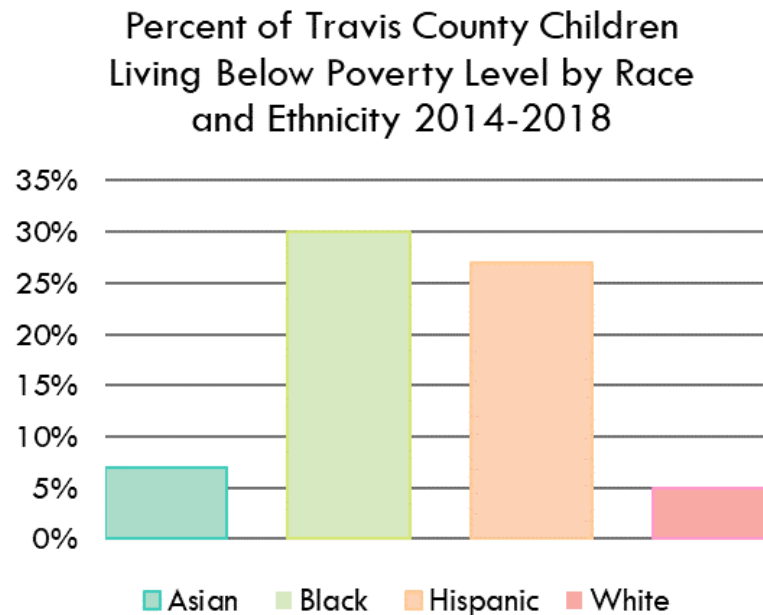
### *Austin's fast growth has fueled economic segregation and disparities*

Austin is one of the nation's fastest growing large metropolitan cities. From 2000 to 2020, the population of the City of Austin will have increased by 52%. This growth has come at a price. Data from Travis County Research & Planning show that the median household income in Travis County increased by 15% from 2015 to 2019, while median home values increased by 31% over the same five-year period. Many families feel the pinch of housing costs that are rising faster than income and have chosen to move where homes are less expensive. But these less expensive neighborhoods are often also further from jobs, services and economic opportunity. The end result is an economically segregated community.

Economic segregation impacts the social determinants of health for children and families. According to [Brookings Institution](#), people who live in neighborhoods with concentrated poverty face higher crime rates, poorer physical and mental health outcomes, poorer educational outcomes and weaker job-seeking networks. These challenges disproportionately fall to people of color, and, while they have long been particularly pronounced in inner cities, as poverty has spread beyond the urban core, so too has concentrated disadvantage.<sup>v</sup>

### *Racial disparities in child poverty*

Children are more likely to live in poverty than adults, and there are large differences in childhood poverty by race and ethnicity. Thirty percent of Black children and 27% of Hispanic children in Travis County live below the federal poverty level, compared to 7% of Asian children and 5% of White children. Living in poverty is linked to poor health and increased risk for mental health problems that can persist across the life span. Although children living in poverty have the greatest need for mental health services, they are often the least likely to receive mental health care.<sup>vi</sup>



Source: CAN analysis of American Community Survey 5-Year Estimates

### *A lack of insurance impacts access to care*

Another factor that impacts child wellness is health insurance coverage. CHIP, Medicaid or private insurance provides access to regular check-ups and health and mental health services.

*Texas has the highest rate of uninsured children in the nation with 11% lacking health insurance coverage.*

An analysis of State data by the Center for Public Policy Priorities shows that in January 2017, just over 3,000,000 Texas children were enrolled in Children's Medicaid. In April 2019, 182,000 fewer Texas children were enrolled in this public health insurance program.<sup>vi</sup>

## Child Protective Services Data

Many of the issues described above - racism, economic segregation, poverty and lack of access to healthcare - contribute to trauma and adversity for children and youth. Trauma can also be caused by situations within a home that lead a child to feel unsafe or unloved.

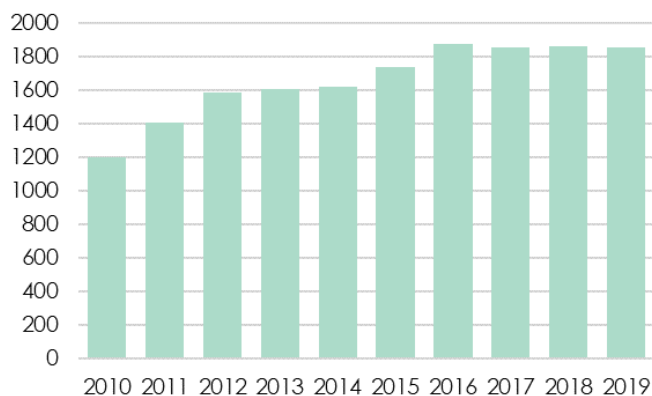
Aside from the immediate physical injuries children experience, child abuse and neglect can have lifelong physical, psychological, and behavioral consequences. In 2019, the Texas Department of Family and Protective Services (DFPS), received 6,818 reports of suspected child abuse or neglect in Travis County. 2,310 of those cases were confirmed.

In 2019, DFPS had court appointed legal responsibility for 1,850 Travis County children.

*Over the past ten years, there was a 54% increase in the number of Travis County children whose legal custody was transferred to the state.*

Comparatively, the growth in the total child population in Travis County over that same time period was 16%.

Travis County Children in DFPS  
Responsibility



Source: Texas Department of Family Protective

Travis County Confirmed Cases of  
Child Abuse or Neglect



Source: Texas Department of Family Protective

## Data on Mental Health and Substance Use

The co-occurrence of mental health and substance use issues among youth is high.

*An estimated 30% – 45% of adolescents and young adults with mental health disorders also have a co-occurring substance use disorder, and 65% or more of youth with substance use disorders have a mental health disorder.<sup>vii</sup>*

Sometimes substance use can bring about a mental health disorder, and other times youth with mental illness may use substances to self-medicate. Either way, integrated care that combines primary healthcare, mental health and substance use services offers the best long-term prognosis.

### *Children and youth are experiencing increased mental health needs*

Depression, suicidal thoughts and mental distress appear to be on the rise among teenagers and young adults. An analysis of national data from 2005 to 2017 found a 52% increase in major depressive episodes among adolescents aged 12 - 17 and a similar increase among youth aged 18 - 25.<sup>viii</sup> One in five children in the United States has a diagnosable mental health condition, yet an estimated 85% of those in need of treatment do not receive it.<sup>ix</sup>

Every two years, the Texas Department of State Health Services conducts a survey of a sample of students from public high schools across Texas. The [Youth Risk Behavior Survey](#) asks students about their emotions, alcohol and drug use, sexual activity, bullying, physical activity and other behaviors that impact student well-being. Following are some of the findings reported by Texas high school students in the 2019 survey regarding their mental health:

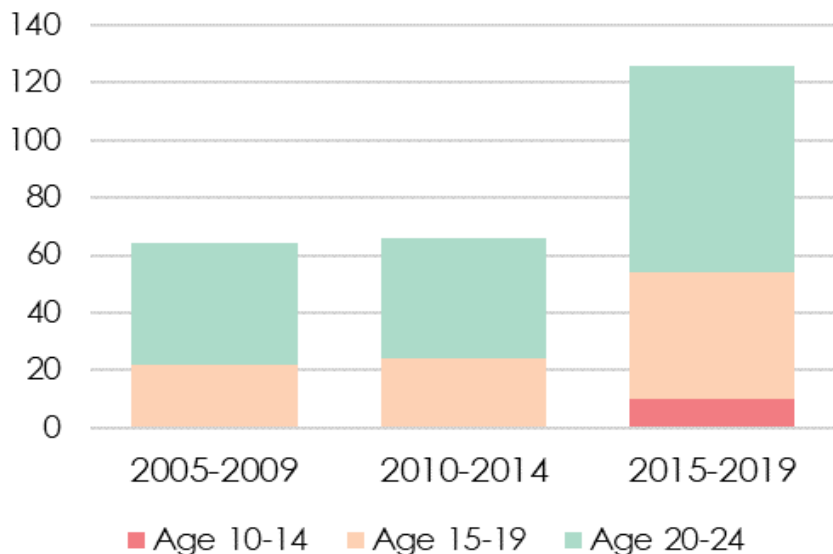


The Centers for Disease Control reports suicide was the underlying cause of death for 126 children and youth in Travis County from 2015 through 2019. Almost twice as many local children and youth died due to suicide from 2015 through 2019 than in the two previous five-year periods.

The suicide rate per 100,000 also increased in the most recent five year period, when compared to the two previous five-year periods.

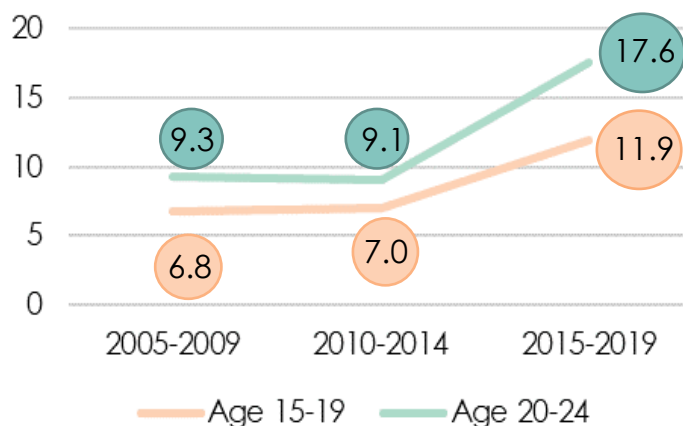
Researchers have noted a concerning increase in suicide among Black children and youth.

## Suicide Deaths, Travis County Children & Youth



*In 2018, suicide was the second leading cause of death among Black children aged 10-14, and the third leading cause of death among Black adolescents, aged 15-19.<sup>x</sup>*

## Suicide Rates per 100,000, Travis County



Source: Centers for Disease Prevention, WONDER Database, 2020

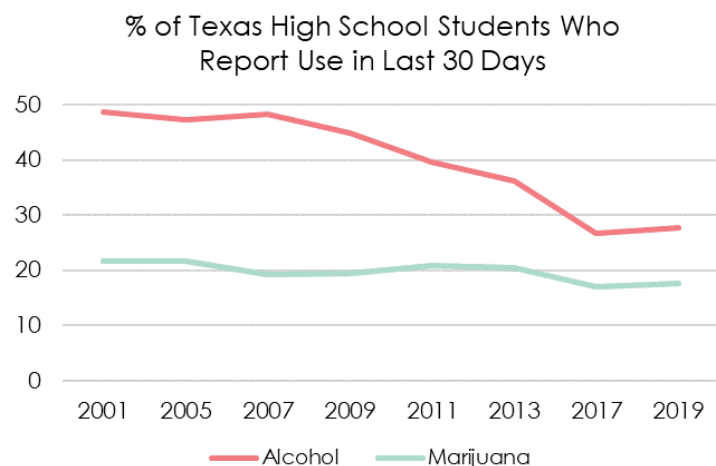




## Substance use among adolescents and youth

Surveys of young people estimate the prevalence of severe substance use disorders as high as 8% among adolescents and as high as 19% among those who have ever used alcohol or drugs. However, only about 7% of youth who need substance use treatment receive it. <sup>xi</sup>

Texas high school students report using alcohol and marijuana more than other drugs. The chart at right shows that the percentage of Texas high school students who report drinking alcohol at least once within the past month declined over the 18 years the survey has been conducted, while marijuana use remained fairly consistent.



Source: Texas Youth Risk Behavior Survey, Texas Department of State Health Services

Recently, the Youth Risk Behavior Survey added a question about prescription medications. In the 2019 survey, 16.6% of Texas high school students report they have taken a prescription drug (such as codeine, Vicodin, OxyContin, Hydrocodone, or Percocet) without a doctor's prescription at some point in their life. This was an increase from 15% of students who reported taking prescription drugs in 2017.

The percentage of students who report they have ever used other illicit drugs has declined over the years, but that is not due to lack of opportunity.

*Twenty-eight percent of Texas high school students report they have been offered, sold or given an illegal drug by someone on school property during the past year.*

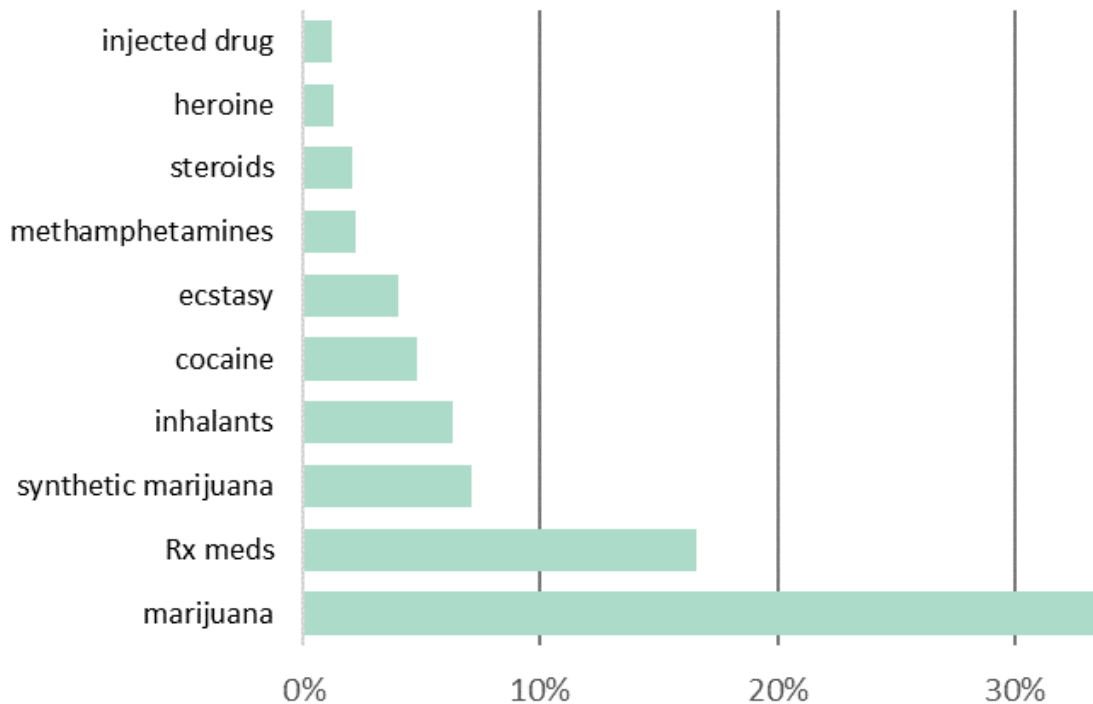
This has remained consistent over the eighteen years of the survey, varying only a percentage point or two since 2001.





The chart below shows what percentage of Texas high school students report using certain substances at least once in their life. Marijuana and prescription medications top the list.

### Percent Who Report Ever Using, 2019



Source: Texas Youth Risk Behavior Survey, Texas Department of State Health Services

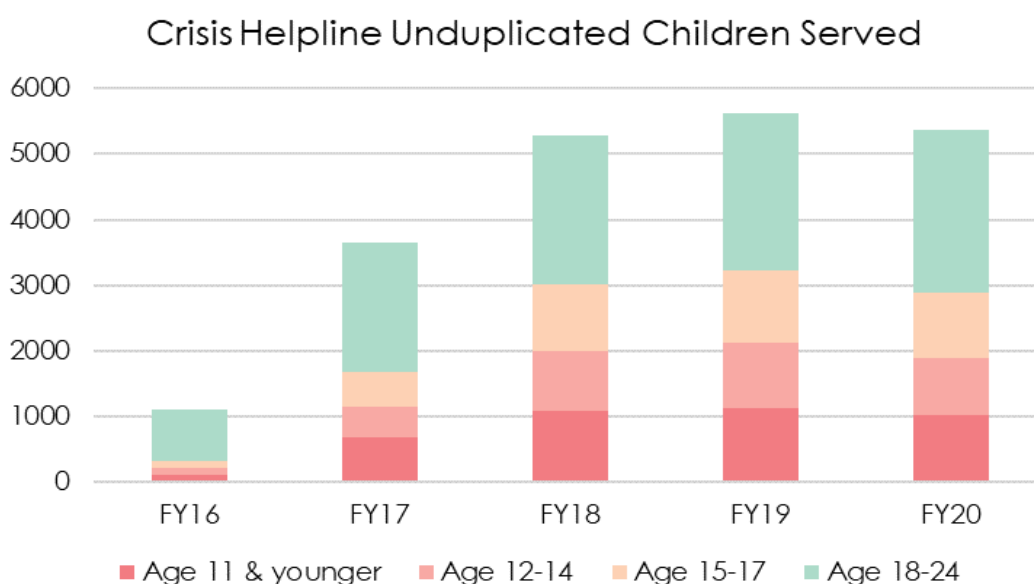
## Data on Local Mental Health Crisis Response

### Crisis Helpline

As the Local Mental Health Authority (LMHA), Integral Care is required to provide access to a crisis hotline and mobile crisis outreach 24 hours a day, seven days a week (24/7) to respond to all people experiencing a mental health crisis, regardless of insurance status or ability to pay. Like other LMHA's across the State, Integral Care receives state general revenue and federal block grant funds through the Health and Human Services Commission (HHSC), for the provision of local behavioral health crisis services. The required local "match" funds for these services come primarily from Travis County and the City of Austin.<sup>xii</sup>

When people call Integral Care's 24/7 Helpline they are speaking to a mental health professional who is trained in crisis phone response. Helpline staff assess the situation and connect the caller to the most appropriate care. Sometimes crises are resolved on the phone, sometimes they result in the dispatch of a mobile crisis response team, referral to an emergency department, connection to 9-1-1 emergency response, or connections to other psychiatric or mental health services. In fiscal year 2020, the Helpline received 16,587 crisis calls pertaining to 5,249 unique children and youth. These calls may come from a child or youth, a parent, a school counselor or another person concerned about the child.

*From fiscal year 2016 to fiscal year 2020, there was a 379% increase in the number of unique children and youth who received crisis services through the 24/7 Helpline.*



Source: Integral Care



## *Urgent Crisis Care and Psychiatric Assessment*

Integral Care has three options for in-person urgent crisis care. All three offer crisis de-escalation, psychiatric assessment, safety planning, medication management and connection to on-going services. The services are offered at no or low cost.

- Mobile Crisis Outreach Teams – MCOT is dispatched through Integral Care’s Helpline to meet families and children where they are – in school, at home or in the community.
- Expanded MCOT provides a similar mobile crisis service but is dispatched by 9-1-1 at the request of law enforcement officers or EMS.
- Psychiatric Emergency Services (PES) is an urgent care walk-in clinic for people experiencing a psychiatric crisis.

As the chart below shows, there has been an increase in the number of children who receive crisis services from MCOT. This is not surprising, given the even greater increase in Helpline crisis calls, previously noted.

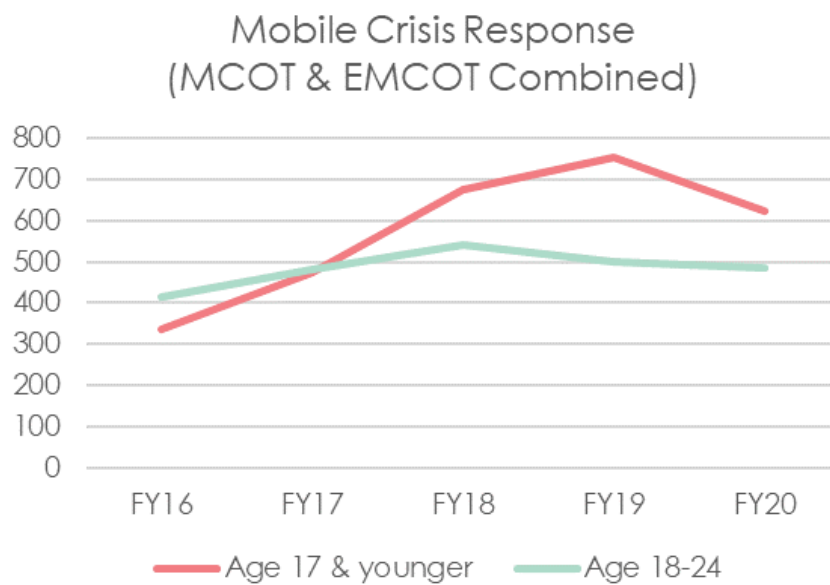
The COVID-19 pandemic has impacted all three in-person crisis care services, but to varying degrees. MCOT and PES, which often receive school referrals, saw the largest decline in services to children, during fiscal year 2020. EMCOT, which is dispatched through 9-1-1 or law enforcement, saw an increase.

	MCOT		EMCOT		PES	
	children	youth	children	youth	children	youth
<b>FY16</b>	153	157	185	259	433	703
<b>FY17</b>	316	161	160	321	327	632
<b>FY18</b>	525	234	149	308	460	611
<b>FY19</b>	603	187	149	312	550	666
<b>FY20</b>	435	200	188	287	414	538

Source: Integral Care



While there has been an increase in the use of mobile crisis response for both children and youth in crisis, the increase among those under age 18 has been the greatest. More people are becoming aware of the option of receiving a psychiatric assessment and stabilization services in their home or school without an expensive trip to the emergency department.



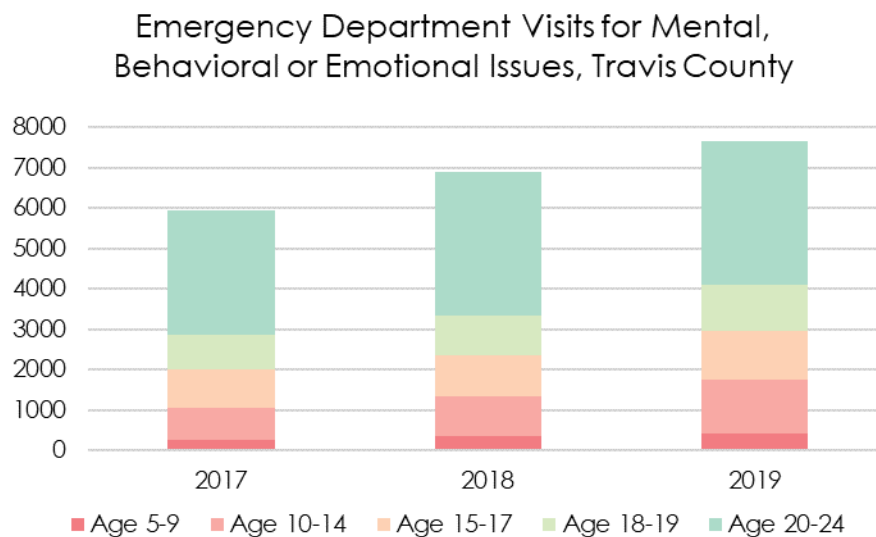
Source: Integral Care



### *Emergency Department Visits for Psychiatric Crisis*

Many children and youth who experience a mental health crisis present to hospital emergency departments. In 2019, 2,954 Travis County children, under the age of 18, and 4,691 youth, age 18 to 24, went to an emergency department with a mental, behavioral or emotional issue.

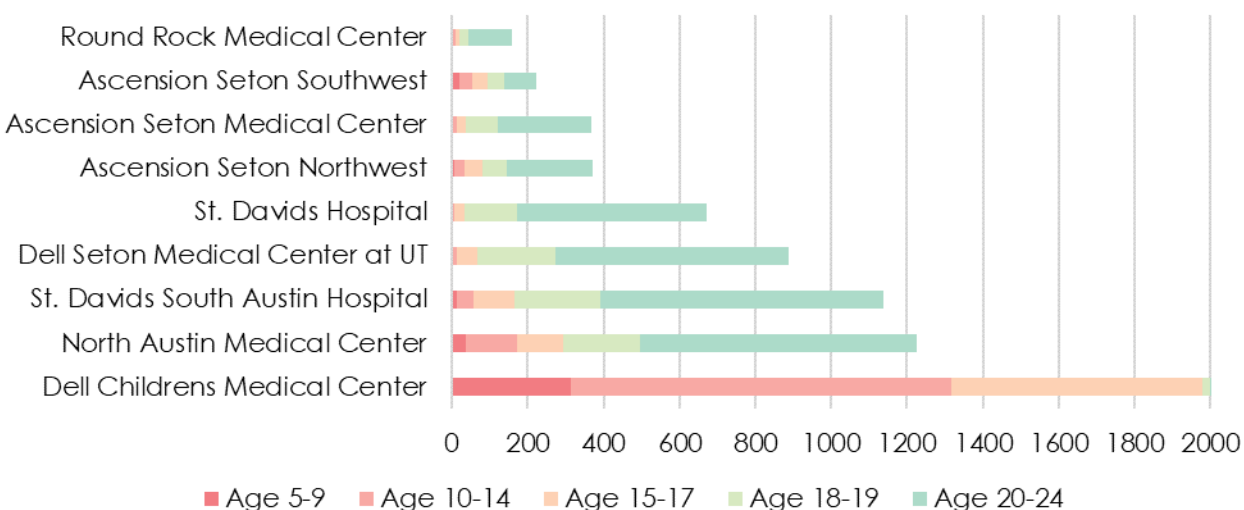
Data from the Texas Department of State Health Services shows a 46% increase in child ED visits for these issues from 2017 to 2019 and a 20% increase in youth visits.



Source: Texas Hospital Emergency Department Public Use Data Files.  
Texas Department of State Health Services, Center for Health Statistics



## Emergency Department Visits for Mental, Behavioral or Emotional Issues, Travis County Children and Youth, 2019



Source: Texas Hospital Emergency Department Public Use Data Files. Texas Department of State Health Services, Center for Health Statistics

Dell Children's Medical Center was the predominant provider of emergency department visits for children experiencing a mental health or emotional issue in 2019. North Austin Medical Center, St. David's South Austin Hospital, Dell Seton Medical Center at the University of Texas at Austin, and St. David's Hospital were the top emergency departments used by those age 18-24.

### Psychiatric Hospitalizations

We had planned to provide data on psychiatric hospitalizations of children and youth because this is an important indicator for child and youth well-being. However, there were challenges related to the Inpatient Hospitalization data received from the Texas Department of State Health Services. We want to be sure to provide data that is accurate, and will continue to work on getting this information. The report will be amended as the information becomes available.

# Goal 1: Wellness and Resilience

*Promote wellness and support resilience for all Travis County children and youth.*

When community stakeholders were invited to imagine what our community would be like if this goal was fully realized, they imagined a future in which families' basic needs are met, schools are proficient in providing trauma-informed approaches to education and intervention, fewer people are incarcerated, health care includes mental health and substance use disorder services, and all services are universally available. Stakeholders noted that, in order for this future to happen, training in racial equity and trauma-informed care is needed for all child-serving organizations.

It is also important to raise community awareness about how social determinants of health impact overall health and well-being. Housing, access to education, healthy food, and a safe place to live are examples of social determinants of health. Addressing these basic needs not only improves overall health, but also helps reduce health disparities that are often rooted in social and economic disadvantages.

While best practice calls for addressing mental health, substance use and overall physical health concurrently, outdated silos of care and stigma stand in the way. To understand mental health and substance use prevention as critical components of overall wellness, we must accept that they are chronic illnesses which, like other illnesses, can be treated. This requires changes in perspective, practice and policy.





### *Objective 1: Promote racial equity training to reduce disparities across child and family serving systems.*

- Identify trainings that can be offered community-wide related to racism and racial disparities.
- Partner with other community efforts to address racial equity.
- Track community progress through data on racial disparities in educational, socio-economic and health outcomes.
- Be more inclusive of people of color.
- Recruit a diverse workforce that reflects the people served.

### *Objective 2: Increase the capacity of child-serving organizations to provide trauma-informed, nurturing environments.*

- Develop a trauma-informed care work group, with guidance from the Trauma Informed Care Consortium.
- Develop or identify on-line trainings regarding trauma and its impact on children and families.
- Encourage all child-serving organizations to become trauma-informed.
- Infuse trauma informed understanding throughout all systems that interact with children in this community.

### *Objective 3: Address the social, environmental and economic factors that impact health and well-being.*

- Continue to work with other community collaborations that are focused on improving social determinants of health.
- Expand the presence and availability of social workers in schools, clinics and other child-serving organizations to link children, adolescents and families to community services and resources.
- Build on the work that has previously been done by [Kids Living Well](#) to develop local resource sheets that schools and other child-serving organizations can share with children, youth and families when a need for community services becomes apparent.

### *Objective 4: Increase the understanding of mental health and substance use prevention as critical components of overall wellness.*

- Address stigma so that children and youth will be open to discussing mental health and substance use concerns with their parents, health care provider, school counselor and other adults in their life.
- Increase community understanding of the interplay and inter-connections between mental health, substance use, physical health and wellbeing.
- Let primary care providers, educators, organizations that serve children and youth, parents and even children and youth themselves know that mental illness and substance use disorder are chronic conditions, treatment is available and recovery is possible.

## Goal 2: Early and Effective Intervention

*Provide a continuum of intervention services and effective treatments for children and youth.*

When children or young adults have diseases such as cancer, asthma or diabetes, these illnesses are generally identified and treated shortly after symptoms first appear, before they advance to life-threatening stages. A treatment plan is put into place to hopefully prevent progression of the disease. This same philosophy is important when dealing with behavioral health. Creating a continuum of intervention services and effective treatments for young people with mental illness and substance use disorder allows them to seek treatment before these illnesses create disruptions in their lives.

Primary healthcare and education are two systems that interact with children and families on a regular basis and can have a tremendous impact on early identification and treatment of behavioral health issues. According to the American Academy of Pediatrics, behavioral healthcare is mainstream pediatrics. Both the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry propose that mild and moderate psychiatric disorders and substance use issues can be effectively managed in pediatric primary care.<sup>xiii</sup> Even though integrated health and behavioral health care is considered best practice and studies show efficacy, some primary care providers are hesitant to address mental health and substance use issues in the same way they would other health conditions.

In response to the 2018 mass shooting at Santa Fe High School near Galveston, improving school safety was an emergency item for the 86th Legislative Session. The 2019 Legislature passed 17 laws and appropriated \$339 million to improve school safety and student mental health services.<sup>xiv</sup> (A summary of legislative changes impacting children's behavioral health is included in Appendix C.) These new laws require school districts to include student instruction and staff training on mental health and substance use; suicide prevention and intervention; and trauma informed practices.<sup>xv</sup> This creates an opportunity for collaboration and coordination between schools, community non-profit organizations and behavioral health providers.



Equity and access must guide the development of our community's continuum of services. Geographic and racial disparities are stark and real. School-based mental health and the expansion of health services in the eastern crescent of Travis County can help. We have also learned during the pandemic that telehealth and telemedicine can play an important role in improving access.

Too often, mental illness and substance use disorder are neglected, overlooked or explained away until they reach a critical stage. Children and youth should not have to wait for a mental health crisis, a suicide attempt, or an overdose for their underlying mental health or substance use issue to be addressed. Early intervention and effective treatment can help young people find a path to treatment, recovery and wellness.

*Objective 1: Encourage effective collaboration between schools and community providers to connect children and youth to mental health and substance use disorder treatment.*

- Continue to support the efforts of schools to develop a school climate that meets the social and emotional needs of students.
- Find ways for counselors, therapists and school personnel to have honest and open conversations with young people about mental health and substance use.
- Support the efforts of schools to develop training and policies addressing mental health and substance use, as specified by the Texas Legislature.

*Objective 2: Engage the local healthcare workforce to help meet the behavioral health needs of children and youth.*

- Continue and expand the Prevention and Wellness Work Group's efforts to develop patient-friendly information sheets on local community resources. Share them widely and reach out to pediatric practices serving children with public health insurance.
- Ensure that physicians are familiar with referral sources, such as 2-1-1, Aunt Bertha, Connect ATX and the Integral Care HELPLine.
- Encourage all large medical groups to have social workers and mental health professionals in their clinics, so they can provide behavioral health services and connect families to resources.

*Objective 3: Expand the number of mental health and substance use treatment providers who accept public and private insurance.*

- Join efforts with other organizations to advocate for reasonable reimbursement rates for mental health and substance use services, as required by federal parity laws.
- Explore opportunities to provide training and support to enable non-profit organizations to bill for the reimbursable services they already provide.
- Develop a community strategy for helping organizations make this transition. This could include:
  - Local partners that bill insurance for services can provide training and support to other child-serving organizations that want to build this capacity.
  - Local funding entities can encourage and incentivize local nonprofit organizations to bill public and private insurance for services with flexible funding and bridge grants.

*Objective 4: Address racial and geographic disparities in service accessibility and outcomes.*

- Support the expansion of school-based mental health care services, especially in geographic areas where access to services is limited.
- Advocate for the inclusion of robust mental health and substance use services for children in community health centers that serve the eastern crescent of Travis County.
- Advocate for legislation that makes telehealth a permanent part of the health care landscape.
- Encourage local leaders to close the digital divide and to expand affordable internet services to all people in the community.

## Goal 3: Coordinated Crisis Services

*Respond effectively to children, youth and families in crisis.*

A Children's Mental Health Crisis Task Force convened in December 2017 to focus on children's mental health crisis services. The Task Force, co-chaired by Travis County Sheriff Sally Hernandez and Integral Care Board Member Emmitt Hays, worked for one year to develop recommendations to improve services for children and their families experiencing a mental health crisis. The Task Force reviewed local and national data, consulted with experts across the nation, and made recommendations to improve crisis response in Travis County based on evidence-based practices.<sup>xvi</sup> The Meadows Mental Health Policy Institute conducted a fiscal analysis of children's crisis services in Travis County to assist the Crisis Task Force work.<sup>xvii</sup>

In 2019, three Work Groups were formed, under Kids Living Well, to advance the top Crisis Task Force recommendations:

1. The Coordination and Communication Work Group addressed better coordination and communication among systems during a crisis.
2. The Single Point of Entry Work Group worked to define what the ideal single point of entry for mental health crisis services should be in our community.
3. The Intensive Community-Based Crisis Services Work Group designed a model for community-based services to support children and families in crisis.

When community stakeholders met to identify the top priorities for this plan, they began from the starting point of the work that has already been done by these Work Groups. (See Appendix A for more details about this work.)



*Objective 1: Implement a coordinated 24/7 single point of entry to connect children, youth and their families in crisis to appropriate, accessible and individualized supports.*

- Implement the recommendations in the Single Point of Entry Work Group. Support a coordinated 24/7 mental health crisis response system for children and youth to assess, intervene, stabilize, connect to services, and create individualized treatment plans.
  - Conduct a side by side analysis of the current system and the system recommended by community stakeholders.
  - Identify the components that can be implemented without further investments and what it will take in funding and other resources to implement additional components of the desired system.
- As 9-1-1 expands the number of mental health professionals imbedded within the 9-1-1 Call Center, ensure this service is responding appropriately to the needs of children and youth in crisis.
- The new 9-8-8 National Suicide Prevention Lifeline, scheduled to go on-line in 2022, will be integrated into the Integral Care Helpline. Explore how this new system will work with regard to children's mental health and substance use issues.
- Ensure adequate distribution of Naloxone to all first responders, treatment centers, schools and emergency departments.
- Incorporate the use of peer coaches to help children, youth and families who are experiencing a mental health or substance use crisis. Making connections at these critical times can help open avenues for on-going treatment and communication.

*Objective 2: Develop a multi-tiered system of support that includes expanded community-based options.*

- Evaluate data to better understand the cost to CHIP, Medicaid and managed care organizations of psychiatric hospitalizations.
- Use this information to advocate for a pilot project or waiver to fund intensive home and community based clinical support that can give families the skills and abilities to avoid crises.
- Develop and strengthen least-restrictive interventions, such as Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP) that are culturally competent and available in multiple languages.

*Objective 3: Develop supports for caregivers of children and youth with severe mental health needs or substance use disorder.*

- Consider whether lessons learned from the SafeLanding foster family pilot program can be helpful to other families whose children are living with severe mental illness, disability or substance use disorder.
- Develop post-crisis outreach teams to support caregivers and youth after hospitalization or other crisis services. Help the family develop skills and understanding so they can avoid a future crisis. Success would result in lower incidences of return hospitalizations.
- Conduct a survey of parents to find out what supports they could use to better meet the needs of their child with mental health or substance use disorder and then adapt programs to provide these supports.

*Objective 4: Create public education and information campaigns to raise awareness of what to do in a crisis.*

- Develop a multi-agency public awareness campaign around what to do in a crisis. As changes are occurring in the crisis response system, new communication strategies will be needed. Kids Living Well should ensure their voice is part of this discussion.
- Use established media resources to raise awareness about crisis services and resources. This could include television and news programming, social media and school district closed circuit announcements.
- Create a resource packet for school districts to share with students and families during student enrollment. Meet with school district communications offices to make them aware of resources available and to explore ways to partner with them to share content and information.
- Share the information with child-serving organizations and primary care providers.



## Goal 4: System Improvements

*Improve outcomes and accountability in the entire Travis County children's behavioral health system.*

Goal 4 of the Plan takes a step back and considers how our community serves children and youth with mental health and substance use issues at the systems level. When mental health and substance use providers, healthcare providers, schools and community organizations work well together and share a common understanding of how each part of the system works, children and families benefit.

Kids Living Well assuming oversight and leadership for the Plan has strengthened the Plan. About once per quarter, the Kids Living Well monthly meeting focuses on the Plan. Kids Living Well members provide the expertise and leadership for most of the Work Groups that seek to implement specific aspects of the Plan. Integral Care provides planning support to assist community volunteers in implementing the Plan.





### *Objective 1: Strengthen multisector collaboration to implement and monitor progress on the Plan.*

- Expand the membership of Kids Living Well, and host summits or focus groups on specific topics to engage missing stakeholders.
- Use professional learning opportunities to engage stakeholders around plan objectives.
- Increase knowledge among Kids Living Well members about the services provided by members and strengthen relationships to improve collaboration.
- Connect with the newly created Texas Child Mental Health Care Consortium and Region XIII efforts to support schools in becoming more trauma-informed and in developing behavioral health trainings and plans.
- Encourage Kids Living Well members to use the Plan in their internal planning and to cite the Plan in grant requests. This will let funding organizations know that the individual programs of community partners are connected to a larger vision to improve the behavioral health system of care in Travis County.

### *Objective 2: Ensure the public and private behavioral health system is integrated and responsive to community needs.*

- Seek grant funding to allow greater access to services and recovery supports for children and youth whose families cannot afford these services.
- Create a centralized, online hub to connect people to resources. A researcher at Dell Medical School is working on such an application.
- Ensure that referral systems, such as 2-1-1, Aunt Bertha, Connect ATX and the Integral Care Helpline, connect people to both public and private providers.
- Educate private providers of mental health and substance use services to make sure they are aware of and connected to the public behavioral healthcare systems.

### *Objective 3: Track local data to monitor progress and to promote data-informed planning and decision making.*

- Connect with other community initiatives that track and annually report data related to children, youth and families.
- Identify key indicators related to children and youth for a community dashboard.
- Integral Care has recently acquired Public Use Data Files from the Texas HHSC that provide information on hospital visits, emergency department visits and outpatient care. It will be important to explore this public data set for information that can be useful to community planning.
- One issue revealed in the data is an increase in child and youth emergency department visits for mental health and psychological issues, but a decrease in psychiatric hospitalizations. It is important to ask local experts to help us understand the importance of this data.

## Next Steps

Community stakeholders have identified priority objectives to improve the mental health and well-being of children and youth in Travis County. Kids Living Well will provide oversight of this plan's implementation. Following are the next steps our community can take to foster the implementation of this plan.

- Share the information and recommendations included in this report widely with system leaders and other stakeholders.
- Encourage local partner agencies and funding organizations to require grantees to share how their initiatives will further the Plan goals and objectives.
- Under the auspices of Kids Living Well, identify the top priority objectives that can be advanced through collaborative community efforts.
- Create Task Groups to implement the priority objectives.
- Report quarterly to the Kids Living Well membership to provide updates on progress made.

The extent to which this Plan will help to guide and direct community action will depend on the extent to which community members and local organizations use it and share it as a community-driven and guided effort to improve the health and well-being of Travis County children and youth.



As services are expanded in one part of the continuum, there is a need to ensure other parts of the continuum are prepared to respond to increased demand. Higher utilization of the 24/7 Helpline, MCOT and emergency departments means more people will be identified for services. It is important to have the community capacity to respond. The same is true for the other end of the continuum. As schools and health care providers become more confident identifying children and youth who require mental health or substance use services, it is important that there is capacity to provide those services in the community.

## Appendix A: Implementation of the Children's Mental Health Plan

Since the Travis County Plan for Children's Mental Health was completed in 2015, community stakeholders have worked together to implement the Plan. Following is a summary of some of the work that has occurred.

### *Intervention Work Group*

The Intervention Work Group, guided by the Trauma Informed Care Consortium of Central Texas (TICC), worked to develop resources that can be used by providers to understand how to effectively and safely provide or expand home and community-based services. The resources the Work Group created are posted on the [TICC website](#).

### *Prevention Work Group*

The Prevention Work Group connected with United Way's 2-1-1 Call Center to provide guidance on how to refer callers to mental health resources. In 2018 and 2019, representatives from LifeWorks, Austin Child Guidance Center, Integral Care and NAMI Central Texas provided training to 2-1-1 Call Center staff on resources in our community and how to best refer people with mental health issues to community resources.

Three community plans call for screenings for trauma and adverse childhood experiences. The [Travis County Plan for Children's Mental Health](#), the [Success By 6 Strategic Plan](#)<sup>xviii</sup>, and the [Community Health Improvement Plan](#) (CHIP)<sup>xix</sup> all recognize the important role of health care providers in early identification of issues that impact the health and wellbeing of children and their families. Physicians and other providers report they are more likely to do screenings if they have access to information about local resources they can share with patients and families when a need is uncovered. In response to this need, the Prevention Work Group collaborated with the CHIP Mental Health and Wellbeing Work Group to develop local resource sheets on substance use, family violence and food access. These community resource summaries were shared with pediatricians at Austin Regional Clinic and are now available for download from the [Kids Living Well website](#) in both Spanish and English.

### *Children's Mental Health Crisis Task Force*

As stakeholders worked together to put the Plan into action, it became clear that our community must improve mental health crisis services for children. A Children's Mental Health Crisis Task Force convened in December 2017 to focus on children's mental health crisis services. The Task Force, co-chaired by Travis County Sheriff Sally Hernandez and Integral Care Board Member Emmitt Hays, worked for one year to develop recommendations to improve services for children and their families experiencing a mental health crisis. The Task Force, reviewed local and national data, consulted with experts across the nation, and made recommendations to improve crisis response in Travis County based on evidence-based practices.<sup>xx</sup> The Meadows Mental Health Policy Institute conducted a fiscal analysis

of children's crisis services in Travis County to assist the Crisis Task Force work.<sup>xxi</sup> Three Task Groups were formed to advance the Crisis Task Force recommendations:

1. The Coordination and Communication Work Group addressed better coordination and communication among systems during a crisis.
2. The Single Point of Entry Task Group worked to define what the ideal single point of entry for mental health crisis services should be in our community.
3. The Intensive Community-Based Crisis Services Work Group designed a model for community-based services to support children and families in crisis in avoiding psychiatric hospitalization or re-hospitalization.

### *The Coordination and Communication Task Group*

The Coordination and Communication Task Group met from January – June 2019 to implement recommendations by the Children's Mental Health Crisis Task Force to improve cross-sector communication and coordination. Stakeholders identified the Columbia Suicide Severity Rating Scale (C-SSRS) as the community standard for suicide risk assessment.

The Task Group also developed family-focused materials on:

- Signs to look for, how to connect to local resources, and who to call in a crisis
- A crisis decision tree showing how the local mental health crisis system works
- Information on parental rights and what to do after a crisis

The materials are available for download in both English and Spanish on the [Kids Living Well website](#).

### *Single Point of Entry Task Group*

The Single Point of Entry Task Group met from January – June 2019 to identify the critical components and essential elements needed to implement the ideal Single Point of Entry for Travis County, which was a top recommendation of the Children's Mental Health Crisis Task Force. The Task Group engaged mental health professionals, child-serving agencies, Emergency Medical Services, the Integral Care Helpline, 2-1-1, and 9-1-1 to identify a framework for the Single Point of Entry.<sup>xxii</sup>

The Task Group recommended that the Single Point of Entry for all people, children and adults, be Integral Care's Helpline. When community members call (512) 472-HELP (4357) with a concern about someone's mental health stability, qualified mental health professionals will assess immediate risk and de-escalate the crisis. They will identify the least restrictive and most appropriate service response and connect the caller to that service. The final step in the ideal framework is follow-up to ensure services were received and to assess the need for additional services. In this ideal framework, the Call Center will have real-time information about service availability and will assess whether the caller has



insurance, whether the service provider will accept that insurance, and, if not, what other community resources can help pay for the service.

The Task Group recommended that community members call 9-1-1 only when there is an immediate threat of danger or a medical emergency. In other mental health crisis situations, they should call (512)472-HELP (4357). The Task Group recommends calling 2-1-1 when there is not a crisis, but when community members want to connect to mental health, substance use or other community services.

Parts of this Single Point of Entry framework are already in place, but an investment of additional resources is required to fully implement the changes the community has envisioned. As stated in its final report, "The next step is to put the SPOE implementation process into action. This will require the engagement of individuals with expertise and energy, family members, and those with lived experience, resources that include grants, state funding and local funding, in-kind support, and the repurposing of existing resources; and collaboration with existing efforts to enhance the community's crisis response system."xxiii

### *Intensive Community-Based Crisis Services*

Intensive Community-Based Crisis Services would provide immediate therapeutic assistance to children and families in crisis and then provide follow-up services for up to 90-days. A Task Group developed a program design and budget for this new crisis service and met with local organizations to explore implementation of this crisis service. The community must identify funding to pursue this service concept.

## Appendix B: Parent Survey Results

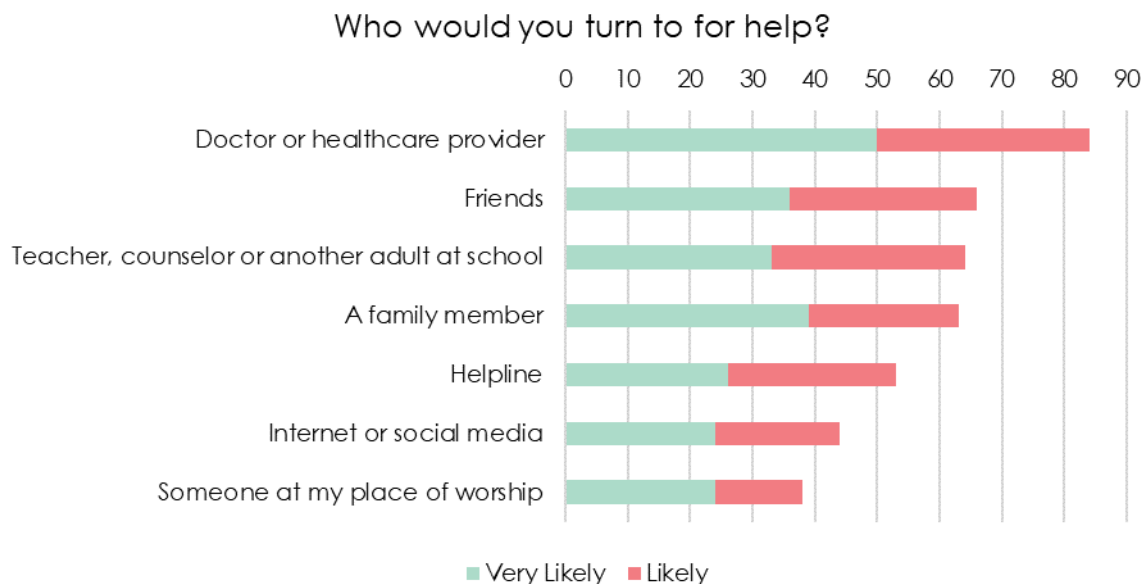
Kids Living Well distributed electronic surveys to parents in August and September through partners and social media. 93 parents responded to the survey. A similar survey of youth only produced 21 responses, so those results are not reported.

Responses came from 41 different zip codes in the Austin area. 78748 had the largest number of responses with 8 surveys from that zip code. The survey was made available in five languages.

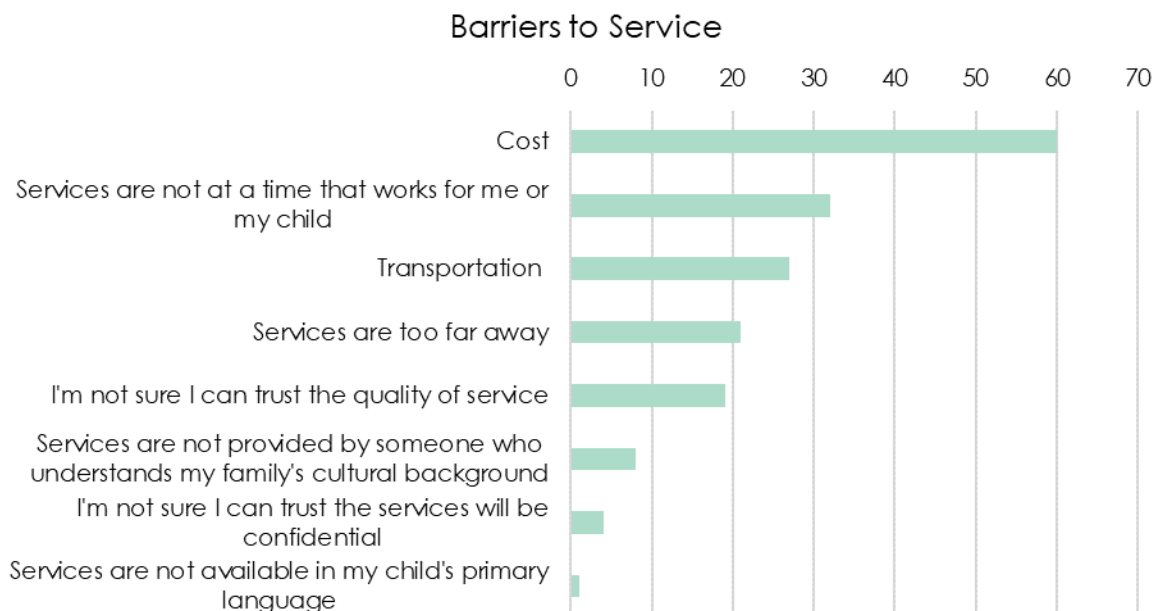
A majority of those who responded (56) replied that their child has a known mental health issue. Sixteen reported that their child has a known issue with drug or alcohol use. 71% of the survey respondents replied that they have sought mental health or drug and alcohol help for their child in the past.

Following are responses to some of the survey questions.

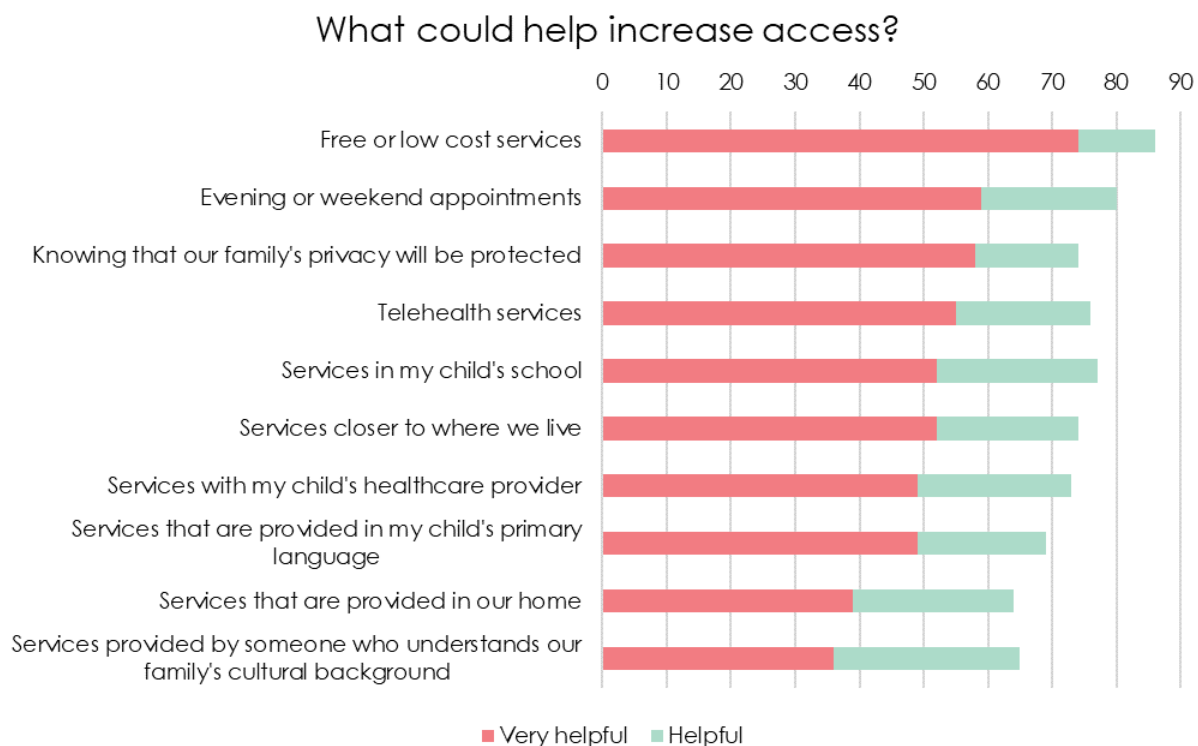
***How likely is it that you would turn to these people or resources for help if your child had a mental health issue or problems with drugs or alcohol?***



## What could make it difficult for you to get help for your child?



## How helpful would each of these be if you wanted to get services for your child.





## **Appendix C: Summary of 2019 Legislative Action Related to Children's Behavioral Health**

In the wake of a May 2018 mass shooting at Santa Fe High School near Galveston, Texas Governor Greg Abbott made improving school safety an emergency item for the 86th Legislative Session. In response, the 2019 Legislature passed 17 laws and appropriated \$339 million to improve school safety and student mental health services. xxiv

The Legislature also increased funding to provide treatment to children and youth with mental health disorders and passed a major school funding bill that provides \$6.5 billion in new funding for public schools that will fund full-day Pre-K, teacher and staff pay raises, and other school improvements.

### ***Bills to promote school safety and student mental health***

The 2019 Legislature passed a comprehensive package of bills to support safe and supportive schools. The Legislature approached school safety on two tracks – one focused on school “hardening” that improves campus safety and emergency preparedness and another focused on improving school climate and student mental health.

**Senate Bill 11** – is the most extensive of the school safety bills passed. It provides \$100M in formula funding that districts can use to fund school based mental health services and/or security measures.

#### **Some of the requirements of SB 11:**

- Schools will develop policies to integrate trauma-informed practices and multi-tiered systems of student support.
- Schools will add instruction about mental health conditions, substance abuse, how to manage emotions, establishing and maintaining positive relationships and suicide prevention to health curriculum.
- Schools will train school staff on the signs of mental health or substance use issues; suicide prevention and intervention; and trauma informed practices.
- School safety and security committees on school campuses will consult with local law enforcement agencies about how to increase law enforcement presence near district campuses.xxv

**Senate Bill 1177** gives Medicaid managed care organizations (MCOs) the flexibility to cover home- or community-based services “in lieu” of more restrictive mental health services when they are medically appropriate, evidence-based, and with patient consent.

**House Bill 4414** requires the Texas Education Agency (TEA) and regional ESCs to develop statewide and regional inventories of mental health resources available to support student mental health and to develop a statewide plan for student mental health.

**House Bill 18** includes training, policy and planning requirements related to student mental health, the use of trauma-informed practices, social and emotional learning, and suicide prevention.

**House Bill 19** directs local mental health authorities (LMHAs) to provide a mental health professional at each of 20 regional education service centers (ESC) to serve as a resource to school districts and school personnel, offering training and consultation services on using effective practices to address student mental health and substance use within the school environment.

**House Bill 2184** requires schools to implement a personalized transition plan when a student returns to the regular classroom from an alternative education program or from a disciplinary placement in the judicial system.

### *Increased funding for children's mental health services*

**Senate Bill 10** was blocked late in session, but the child-specific portions of the bill were attached to SB 11, discussed above. The bill provides \$99 million to establish the Texas Child Mental Health Care Consortium. This bill leverages health science and medical schools within the state to provide psychiatric consultation services and training opportunities to pediatricians and primary care providers; expand the use of telehealth and telemedicine programs to provide children with mental health care services; and expand the child psychiatry workforce in the state.

### *Increased funding for public schools*

**House Bill 3** provides \$6.5 billion in new funding for Texas public schools over the next two years. The increased funding for public schools will be used to:

- increase salaries for teachers, counselors and other staff,
- fund full-day pre-K for eligible 4-year old students,
- increase funding for low-income students and students with dyslexia, and
- provide dual language programming for students for whom English is not a primary language.<sup>xxvi</sup>





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- xv Texas 86<sup>th</sup> Legislative Session: Summary of Mental Health and Substance Use-Related Legislation, Hogg Foundation for Mental Health, 2019, on-live at <https://hogg.utexas.edu/public-policy/legislative-session-summary>
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- xvii Financial Analysis: Crisis Services for Children and Youth in Travis County, The Meadows Mental Health Policy Institute for Texas, November 2, 2018, on-line at <https://secureservercdn.net/166.62.111.174/9ko.6bc.myftpupload.com/wp-content/uploads/2018/12/MMHPI-Financial-Analysis-110218.pdf>
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