



# Health and Human Services

## Behavioral Health Advisory Committee

**May 8, 2026**

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*This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.*

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[Behavioral Health Advisory Committee](#) provides customer, consumer and stakeholder input by making recommendations regarding the allocation and adequacy of behavioral health services and programs within the state of Texas.

The Health and Human Services Commission established the Behavioral Health Advisory Committee (BHAC) to serve as the planning council for the Mental Health Block Grant and the Substance Use Prevention, Treatment, and Recovery Services Block Grant in accordance with the state's obligations under 42 U.S.C. §300x-3.

The BHAC members serve as stakeholders for the behavioral health system, monitoring operations and recommend improvements for allocation and adequacy of behavioral health services across the state.

Recommendations to the Health and Human Services system agencies regarding behavioral health services may relate to:

- Promotion of cross-agency coordination, state/local partnerships, and public/private partnerships in the funding and delivery of behavioral health services;
- Promotion of data-driven decision-making;
- Prevention of behavioral health issues and promotion of behavioral health wellness and recovery;
- Integration of services for both mental illness and substance use disorder in prevention, intervention, treatment, and recovery services and supports;
- Integrating delivery of behavioral health services and supports with delivery of physical health service;
- Access to services and supports in urban, rural, and frontier areas of the state;
- Access to services and supports to special populations;
- Rules, policies, programs, initiatives, and grant proposals/awards for behavioral health services; and
- Monitoring the five-year behavioral health strategic plan and coordinating expenditure plan developed by the [Statewide Behavioral Health Coordinating Council](#).

#### **Members**

**Mark Carmona, (Chair)**  
Local Government  
San Antonio

**Dana Drexler**  
Local Government  
Houston



**Jolene Rasmussen**

Representative of the Texas Council of  
Community Centers  
Austin

**Olawale Adio-Oduola**

Other Interest in and Knowledge of  
Behavioral Health  
Richmond

**Amy Curtis**

Representative of the Interagency  
Coordinating Group for Faith and  
Community-Based Organizations  
Dallas

**Victoria Rodriguez**

Managed Care Organization  
Corpus Christi

**Nasruddin Rupani**

Advocate  
Houston

**James Simmons**

Other Interest in and Knowledge of  
Behavioral Health  
Pearland

**Yolanda Nelson**

Adult with Lived Experience\*  
Dallas

**Nydia Garcia**

Parent of a Child with Serious Emotional  
Disturbance  
Dickinson

**Christopher Gomez**

Representative of a Federally Recognized  
Native American Tribe in Texas  
Ysleta del Sur Pueblo

**Diane Partin**

Provider  
Arlington

**VACANT**

Adult Certified Peer Provider

**VACANT**

Adult with Lived Experience\*

**VACANT**

Advocate

**VACANT**

Family Member

**VACANT**

Provider

**VACANT**

Representative of the Association of  
Substance Abuse Programs

**VACANT**

Youth/Young Adult with Lived  
Experience\*

**1. Welcome, introductions, and roll call.** The meeting was convened by Mark Carmona, Chair. A quorum was present. A new members, Jason Poland Executive Director, Texas Recovery Oriented Housing Network / TROHN) was introduced.

**2. Consideration of February 6, 2026, draft meeting minutes.** The minutes were approved as drafted.

**3. [HHSC Health and Specialty Care System overview of Rider 56, 2026-27 General Appropriations Act, Senate Bill 1, 89th Legislature, Regular Session, 2025](#)** [Kayla.Sohns@hhs.Texas.gov](mailto:Kayla.Sohns@hhs.Texas.gov)



**Summary** Kayla Sohns (HHSC Health & Specialty Care System) presented on Rider 56 (2026–2027 GAA / SB 1) directing HHSC to study and propose a pilot for residential intermediate care services. The target population is individuals with severe and persistent mental illness (SPMI) with co-occurring conditions (e.g., TBI or IDD) who are inappropriate for currently available community placements but no longer meet inpatient psychiatric criteria. The study requirements include assessing unmet need across the continuum, specialized/nursing-level needs, opportunities to modify eligibility for existing programs, scalable options (residential care and nursing facilities), feasibility of using/rehabilitating vacated state facility buildings, and statutory/funding changes. A report is due to leadership offices by October 15 (anticipated completion late Sept/early Oct).

The rider eligibility criteria were discussed (including extensive hospitalization, incarceration, crisis history); HHSC noted data limitations in quantifying the exact number meeting the criteria.

The stakeholder survey was distributed to 1,000+ stakeholders receiving 476 responses from 176 counties.

Survey themes/barriers: shortage of appropriate settings, workforce issues, funding/payer barriers, restrictive eligibility/placement rejections, lack of transition/discharge supports, limited integration of behavioral health and medical services, legal/guardianship barriers, revolving-door recidivism, and “special populations” with no suitable options.

Facility considerations focused on potential retrofit options on Austin State Hospital campus (8–16 beds, single occupancy, separate entrance, fenced separation, ADA compliance) and possible cottages at San Antonio State Hospital and that there were; no feasible buildings at State Supported Living Centers.

There was length-of-stay discussion. Step-down programs often are limited to less than 1 year. There is an expectation with this population that they may need longer-term options. The Chair requested BHAC consider a future agenda item to review Rider 56 report results once published.



## Presentation

Rider 56, included in the Texas Health and Human Services Commission (HHSC) section of Senate Bill 1 from the 89th Texas Legislature, Regular Session (2025), directs HHSC to study and propose a pilot program that would provide residential intermediate care services. These services are intended for individuals with SPMI who may have co-occurring conditions – such as a TBI and IDD – who, due to the acuity of their conditions, are inappropriate for community placement, but no longer meet criteria for inpatient psychiatric care. **Submission Deadline: October 15, 2026**

For the purposes of developing the study and proposal, an individual must meet the following eligibility criteria to qualify for the pilot program:

- Have a diagnosis of severe and persistent mental illness and may have a cooccurring condition, such as a traumatic brain injury or intellectual and developmental disability; and
- Spent three or more of the past five years in a psychiatric hospital; and
- Have been incarcerated more than three times and experienced two psychiatric crises in the previous three years; and
- Have been admitted to hospital emergency rooms more than three times with psychiatric crises.

## Discussion

A sense of the feedback so far from the reports. Most were familiar with the rider 56 population. Survey participants show consistent challenges. Lack of available facilities to meet the needs of the individual was the highest ranked issue raised.

What was the numbers that fall under the different groups. Co-occurring conditions makes a difference. HHSC stated that they have encountered data limitations. They are unaware of some of the variables and data points that are hard to pull from the medical record. A question in the survey asked about familiarity with the population.

When considering the facility side, are existing services at the facility included in the decision making. HHSC stated that there were several places that were not considered because of cost and other factors. Austin State Hospital was chosen because of the logistics of making the space workable. There is no SSLC space available. A couple



cottages at San Antonio's State Hospital are available as well as some space for new construction.

Has length of stay factored into the discussion? HHSC stated that they are still looking at that. This population is likely to need a longer solution compared to some step down programs. This is still being evaluated.

Th results of the report will be of interest to the group.

#### **4. Behavioral Health Services general program updates**

Trina Ita, Deputy Executive Commissioner, Behavioral Health Services) provided agency leadership/structure updates. Behavioral Health Services is now under the umbrella "Behavioral Health, Disability, and Aging Services," alongside Community Services and Health & Specialty Care System (state-operated facilities). Internal BHS restructuring highlights include decentralizing contracts to align closer to program areas; Office of Mental Health Coordination moving under mental health programs. Dr. Courtney Harvey will take responsibility for mental health programming in addition to statewide mental health coordinator duties. Dr. Harvey stated BHAC operations remain the same; liaisons Jessica Santiago, Samantha Lewis, and Cassie Fisher continue support and serve as primary contacts.

**[Behavioral Health Strategic Plan, as required by Texas Government Code, Section 547.0156](#)**. Diana Busler, Strategic Initiatives Coordinator Behavioral Health Services. [Diana.Busler@hhs.texas.gov](mailto:Diana.Busler@hhs.texas.gov)

Summary. Strategic plan is concise/actionable, focused on systemic issues (infrastructure, policy, entry/exit to care), and clearly inclusive of both mental health and substance use. A statewide quantitative survey developed with Texas Tech Health Science Center (1,500+ responses; analysis pending). There was a qualitative questionnaire to organizations with systems/policy expertise with 10 organizations responding.

An in-person roundtable is scheduled for May 20 (8 AM–5 PM) to discuss gaps and barriers and to inform plan drafting. The BHAC requested representation at the May 20 roundtable and staff will email members with participation details.



Staff plan to present and discuss findings with the Access and Community Engagement Subcommittee.

## **Presentation**

The Statewide Behavioral Health Coordinating Council (SBHCC) is updating the five-year statewide behavioral health strategic plan pursuant to Texas Government Code, Section 547.0156 [Texas Constitution and Statutes](#), and Senate Bill 1, 89th Legislature, Regular Session, 2025, (Article IX, Section 10.04(c). Most recently published in November 2022, the updated plan will be the 3rd Edition covering fiscal years 2027-2031. • The plan is due to the Governor’s Office and Legislative Budget Board by December 1, 2026.

The SBHCC was established to ensure a strategic statewide approach to behavioral health services. It is comprised of representatives of state agencies, institutions of higher education and the judiciary that receive state funds for behavioral health services. Core duties include:

- Developing and monitoring the implementation of a five-year statewide behavioral health strategic plan with an accompanying yearly progress report.
- Developing annual coordinated statewide behavioral health expenditure proposals.
- Publishing an updated annual inventory of behavioral health programs and services that are funded by the state.

There is a Core Workgroup that is comprised of representatives from SBHCC member institutions who are responsible for developing and implementing the strategic plan. The workgroup met monthly from September 2025 through March 2026. During this time, the workgroup focused on:

- Determining the scope and parameters for the strategic plan,
- Identifying key content and contributors, and
- Developing and implementing engagement strategies.

The strategic plan will:

- focus on systemic issues (i.e., infrastructure, policy, process, procedures and entries and exits to care) and impacts on access to care;
- recognize special populations without featuring any specific population and cross-reference existing reports;
- describe the continuum of care as “mental health and substance use disorder continuum;”



- contain strategies that state agencies have the authority to implement; and
- not exceed 75 pages to include appendices.

The workgroup identified content and contributors that are key to the development of the strategic plan, such as:

- Infrastructure and service gaps in the mental health and substance use disorder continuum of care.
- People with lived experience and subject matter expertise.
- Organizations with state or national-level expertise in mental health and substance use policy and services.

The workgroup implemented strategies to engage stakeholders and people with lived experience in the development of the strategic plan:

- Develop and distribute a statewide quantitative survey assessing mental health and substance use needs;
- Distribute a qualitative questionnaire to select organizations with expertise in mental health and substance use policy, service delivery, and innovation; and
- Host a one-day Behavioral Health Policy Roundtable with invited organizations known for their expertise in mental health and substance use needs, policy, and innovative service models.

**Next Steps** The workgroup is working to implement and complete each engagement strategy:

- Results of the statewide survey will be analyzed and reported to the workgroup in mid-May.
- Questionnaire responses will inform discussion topics and content in the strategic plan.
- The Behavioral Health Policy Roundtable will convene on May 20, 2026.

The workgroup will process the key takeaways and draft the strategic plan. • The draft plan will be revised through a multi-round review process.



## Statewide Behavioral Health Strategic Plan Timeline

| Date                        | Activity   |
|-----------------------------|--|
| September 2025 – March 2026 | Workgroup develops strategic plan scope, content and engagement strategies                                   |
| February – April 2026       | Workgroup distributes statewide quantitative survey assessing mental health and substance use needs          |
| April 2026                  | Workgroup distributes qualitative questionnaire to select organizations with expertise                       |
| May 2026                    | SBHCC hosts one-day Behavioral Health Policy Roundtable with select organizations                            |
| May – September 2026        | Workgroup reviews stakeholder input, drafts strategic plan, revises draft through multi-round review process |
| September – November 2026   | Strategic plan moves through final review and approval processes   |
| December 1, 2026            | Strategic plan due to Governor and Legislative Budget Board  |

## Discussion

BHAC representation at the round table would be important. This issue is going to a subcommittee of the BHAC (Access to Care and Community Engagement). This issue should be brought back at the August meeting and should be considered during the development of this committee's report.

### **Substance use programs. Prevention and Recovery Programs for Youth**

Ricardo Aleman, Associate Director; Niki Prince, Associate Director; Kaleigh McDaniel, Associate Director, Behavioral Health Services Texas Health and Human Services.

**Summary.** Prevention and Behavioral Health Promotion redesign emphasizes protective factors and youth empowerment; PBHP serves all 254 counties; Youth Prevention Programs cover 187 counties.

In 2025 more than 106,000 youth and 1,300 adults were served through prevention education through more than 30,000 alternative activities.



Innovative Healing Center Projects expanded via Youth Expansion Project focusing on youth involved in the justice system, at risk of not completing high school, and with truancy/academic issues.

Texas Targeted Opioid Response developed surveillance dashboards (via DSHS) for safe drug disposal distribution (via University of Houston). Other programs described included PAX Good Behavior Game training with nearly 1 million new students reached in FY25, and a media campaign targeting youth/parents, and overdose response training for naloxone distribution (via UTSA).

Youth Recovery Communities (YRCs): peer support model for ages 13–21 provide flexible engagement, strong school/community partnerships, voluntary family engagement supported by certified family partners.

Workforce development: youth-specific peer support curriculum is in development (ethics with minors, adolescent development, boundaries, family dynamics, documentation).

Q&A addressed referral pathways and screening: IHCPs require referral pathways; other programs rely more on observation and school counselor linkages; OSAR cited as common assessment/referral point; YRC family partners can refer out as needed.

## Presentations

**Substance Use Programs** Composed of three collaborative units to establish an integrated continuum of care that is designed to prevent, reduce, intervene, treat and provide recovery support services for substance use and related activities.

1. Prevention and Behavioral Health Promotion
2. Substance Use Intervention and Treatment Programs and Texas Targeted Opioid Response
3. Peer Support and Recovery

**Prevention and Behavioral Health Promotion Unit** Prevention and Behavioral Health Promotion (PBHP) supports activities and services to improve behavioral health, prevent suicide in Texas and reduce:

- Underage alcohol use;
- Use of marijuana and cannabinoids;

- Use of commercialized tobacco and nicotine products; and
- Prescription drug misuse.

Three Teams:

- Prevention Education Programs and Services
- Community and Public Awareness Programs
- Suicide Prevention Policy and Services

Redesign to move from stopping risky behaviors to strengthening protective factors and empowering communities:

- Rooted in evidence and data;
- Upstream focus;
- Shared risk and protective factors;
- Positive messaging; and
- Sustainable impact.



Strategies target individuals, families and communities by strengthening protective factors, reducing risk factors and changing social norms.

- Use the Strategic Prevention Framework and Socioecological Health Model
- Focus on environmental change
- Combine strategies
- Ensure relevance to audience and community



## PBHP Program and Projects

| Promotions  | Surveillance   | Primary Prevention/ Education  | Community-Based Programs  | Environmental   | Training and Capacity  |
|---|--|--|---|---|--|
| <ul style="list-style-type: none"> <li>Media Campaign(s)               <ul style="list-style-type: none"> <li>Past Campaigns include: Turn To, Tobacco Retailer Education</li> </ul> </li> <li>Check-In Screener</li> </ul> | <ul style="list-style-type: none"> <li>Prevention Surveillance and Evaluation</li> <li>Texas School Survey</li> <li>Survey Enhancements (YRBS, BRFSS, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>Youth Prevention (YP) Programs               <ul style="list-style-type: none"> <li>Universal, Selective, and Indicated</li> </ul> </li> <li>Youth Expansion Project, Strategic Prevention Framework Partnership for Success (SPF-PFS)</li> </ul> | <ul style="list-style-type: none"> <li>Community Coalition Partnerships</li> <li>Innovative Healing Centered Projects</li> <li>Tribal Community Development</li> <li>LOSS Teams</li> <li>Project AWARE</li> </ul> | <ul style="list-style-type: none"> <li>Synar Study</li> <li>Texas Tobacco Enforcement</li> <li>Suicide Care Initiative</li> </ul> | <ul style="list-style-type: none"> <li>Prevention Resource Centers</li> <li>Texas Prevention Training</li> <li>Suicide Prevention Trainings</li> </ul> |

**Youth Prevention Programs** Youth Prevention (YP) Programs provide education, skills training and alternative activities to youth and their families to reduce factors that contribute to substance use. Programs are required to use one of the seven HHSC-approved evidence-based curricula:

- YP Universal (YPU) – focus on the general population
- YP Selected (YPS) – focus on subgroups of the general population
- YP Indicated (YPI) – focus on people in high-risk environments

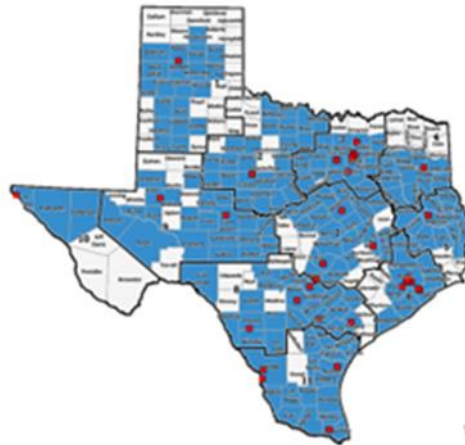
### YP Service Areas

Number of funded programs:

- YPU: 47
- YPS: 39
- YPI: 38

Fiscal Year (FY)25 Impact:

- Number of youth receiving prevention education: 106,244
- Number of adults receiving prevention education: 1,368
- Number of alternatives conducted: 30,636

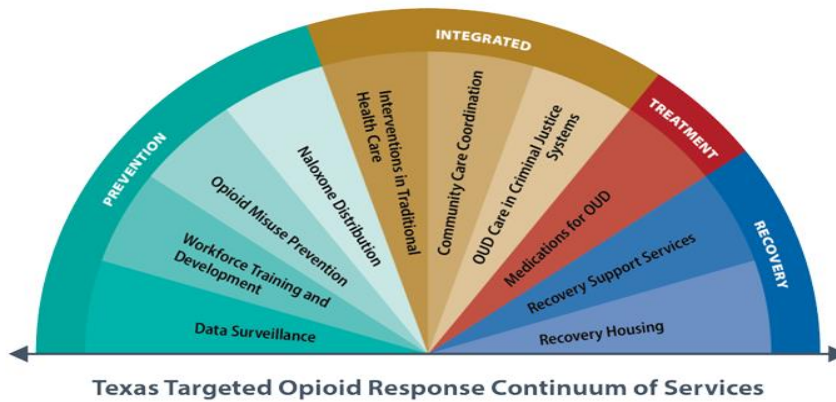


**Innovative Healing Centered Projects** Innovative Healing Centered Projects (IHCP) promote resiliency, social connection and healing for Texans who are at-risk for

substance misuse by providing non-clinical supportive services to both youth and adults.

- Newer initiative launched in FY23.
- Contracted with The University of Texas Austin – TIEMH.
- Aimed at addressing Adverse Childhood Experiences (ACEs) and emergent behavioral health needs.
- Recent expansion with the SPF-PFS - Youth Expansion Project.
- 14,356 people received information, referral, and behavioral health support services from IHCPs in FY25.

### TTOR Continuum of Services



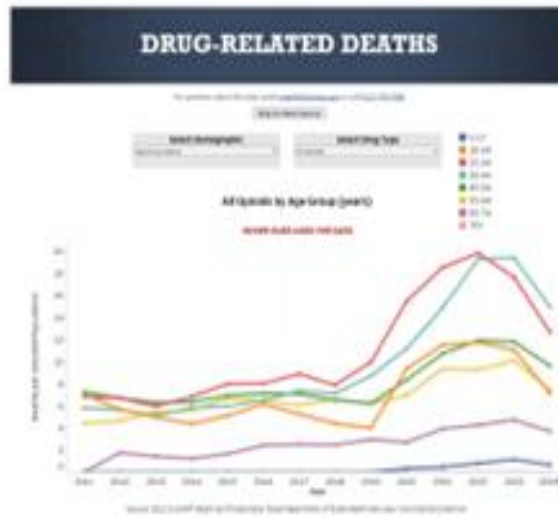
[Workbook: TTOR Primer](#)

### Opioid Surveillance Dashboards

The Texas Health Data website provides data on the prevalence and impact of opioids in Texas.

Dashboards:

- Drug-related deaths
- Fentanyl trends
- Alcohol and drug surveys
- Non-fatal drug poisonings
- Naloxone distribution map



[Texas Health Data - Home](#)



**Safe Drug Disposal** The program distributes materials to help Texans safely dispose of their unused and unwanted medications, reducing access and preventing misuse.

**PAX Good Behavior Game** The intervention is used to teach children self-regulation and behavioral health skills. Training is available to school staff, youth-serving organization staff and caregivers.

**Opioid Misuse Public Awareness Campaign.** The campaign raises awareness of opioid misuse related dangers, risk mitigation strategies and opioid use disorder resources. Resources:

- Educational content and videos
- Community Leader Toolkit
- Treatment and recovery resources

[Be an everyday Texas hero. Carry naloxone to save a life. | Texas Opioid Response](#)

**Overdose Prevention Education and Naloxone** Naloxone is a medication that can reverse an overdose from opioids, including fentanyl. The program provides training on how to recognize and respond to an opioid overdose and distributes naloxone. [Home - Naloxone Texas](#)

**Youth Recovery Communities** Youth Recovery Communities (YRC) are:

- Youth-focused recovery support services for ages 13-21
- Built on Peer Support and Recovery principles
- Designed to increase connection, retention and positive outcomes
- Serves youth across all stages

The model focuses on

- Structured youth programming and curriculum
- Drop-in engagement and safe spaces
- Peer support (one-on-one and group)
- School and community partnerships (required)
- Recreational and pro-social activities

**Family Engagement: Certified Family Partner**

- Dedicated support for families and caregivers



- Education on substance use and recovery
- Navigation of systems (school, treatment, legal)
- Engagement is encouraged, not required
- Strengthens long-term recovery outcomes

### **Youth Peer Support Workforce**

- Expanding Peer Support into youth-serving systems
- Focus on developmentally appropriate engagement
- Integration with schools and community programs
- Aligning with statewide peer certification efforts

### **Youth Peer Support Curriculum (In Development)**

- Youth-specific peer support training
- Focus on engagement, boundaries and ethics
- Adolescent development and communication
- Family dynamics and system navigation
- Documentation and service delivery

### **The Future of Youth Recovery Communities**

- Strengthening YRC programs statewide
- Expanding access to youth peer support services
- Increasing alignment with schools and community systems
- Enhancing training, quality and outcomes
- Building a sustainable youth recovery infrastructure

### **Discussion**

The upstream approach is appreciated. In this how much effort is made in screening when there is a higher need for services. Is there a navigator when there is a higher need. Also addressing when there are family needs. The speakers stated that the IHCPs are not widespread, but each submitted a plan for screening and referral. Each has a different pathway, but all have been reviewed. Community organizations are receiving Naloxone but may also need access to other services. Certified Family Partners can support the parent or refer to the appropriate service or program.

### **5. Subcommittee updates**



**Access to Care and Community Engagement.** Access to Care & Community Engagement Subcommittee focused on transition-age youth (roughly 16–24), spanning mental health and substance use. The discussion included OSAR, priority populations (suggested expansion to include transition-age youth), multisystemic therapy (MST) as an intensive evidence-based model with strong outcomes, and coordinated specialty care/first episode psychosis (29 sites; up to 3 years participation).

**Children and Youth Behavioral Health.** The Committee discussed whether to retain the subcommittee after the Texas System of Care (SAMHSA) federal grant ended (Feb 2026). Dr. Harvey noted HHSC still has a statutory responsibility for Texas System of Care and is forming a System of Care workgroup; presentations can be provided to BHAC/subcommittees on request. The Committee HAC discussed membership/chairing constraints; consensus in-meeting was to maintain the subcommittee. (Next steps: Jessica Santiago to send a survey to BHAC to recruit members/leadership; include the Children’s Behavioral Health Strategic Plan (published Dec 1, 2025) as reference; HHSC must update that plan by Dec 1, 2026).

**Peer and Family Partner Services.** Peerforce.org is transitioning to PeerHub Texas on the Centralized Training Infrastructure (CTI) site. They received a presentation on Transition Support Teams (TSTs) and peer inclusion. LifeWorks Austin confirmed to present on May 13 about Texas Peer Professionals Project and training for peers supporting youth in recovery, housing, and employment.

**Policy and Rules.** No update

**Annual subcommittee review.** All subcommittees will continue.

## **6. Member Spotlight Presentation: My Community Health Network**

**(MyCHN)** James Simmons MyCHN Associate Director CCBHC and Program Enrichment [jsimmons@mychn.org](mailto:jsimmons@mychn.org)

**Summary.** James Simmons (MyCHN) presented an overview of MyCHN as an FQHC (22 centers in Harris, Brazoria, Galveston counties) and whole-person services (primary

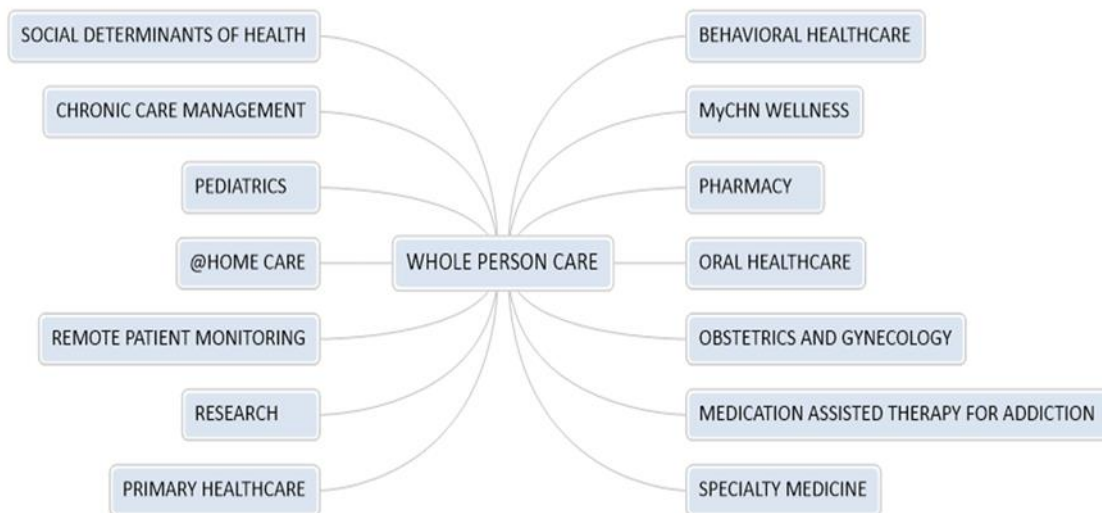
care, behavioral health, MAT, crisis services, ABA, etc.). MyCHN crisis services were described as a comprehensive program (typically 90 days, with flexibility based on progress) with risk assessments, case management, hospitalization support, medication management, peers, and coordination with LMHA and MCOT.

**Presentation**

Our mission is to provide quality care that uplifts, supports, and shapes healthy communities while addressing financial and social barriers. Established in late 2008 as a Federally Qualified Health Center, with 22 Health Center Sites in 3 counties in Texas (Harris, Brazoria, Galveston)

Federally Qualified Health Centers are community-based health care providers that receive funds from HRSA, an agency of the U.S. Department of Health and Human Services, to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. [Health Resources and Services Administration | HRSA](#)

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**Behavioral Health Services**

Therapy

- Individual Therapy
  - New/Lapsed vs. Established
- Onsite, Tele Onsite & Virtual Sessions
- Group Therapy & Transportation
- Urgent/Crisis Intervention
- Substance Use
- T.O.V.A. Testing
- Pediatric Trauma
- Maternal Fetal Medicine
- Family Therapy
- Couples Counseling
- Parenting Support
- IOP Programming

Psychiatry Services

- Individual Appointments
  - New/Lapsed vs. Established
- Medication Management
  - Stimulants – Pediatric ADHD Treatment
- Medication Assisted Treatment (MAT)
- Urgent/Crisis
- Hospital Discharge



Substance Use Disorder (SUD) Services

- SUD Individual Therapy & Group
  - Adolescent
  - Adult
- Medication Assisted Treatment
  - Alcohol
  - Opioid
  - Benzo
  - Meth
  - Adults Only 18+

Crisis Coordination & Case Management

- Care Coordination
- Case Management
- Remote Patient Monitoring




**Crisis and Peer Support Services**

Our goal is to always provide valuable and necessary support to help people cope and deal with a wide range of crises. Crisis intervention is the term used to refer to short-term Support and the provision of psychological support to individuals and families either during or in the aftermath of a traumatic event. It is vital families partake in the full care and treatment of our services. We provide 90 days with continuity of care. The

CCBHC Crisis Care Team Program is a comprehensive service aimed at reducing the intensity of emotional, mental, physical, and behavioral reactions to crises. Our goal is to assist individuals in returning to a level of functioning before the crisis, while also providing support for physical and emotional recovery. We aim to prevent worsening conditions and avoid preventable hospital admissions by normalizing reactions to abnormal situations and addressing underlying issues

|  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Live Risk Assessment</li> <li>2. Case Management</li> <li>3. Hospitalization Support</li> <li>4. Medication Management support</li> <li>5. Targeted Case Management</li> <li>6. Peer Support Services</li> <li>7. Mental Health Diversion support with local PD</li> <li>8. Partnership with 988 and local MCOT</li> </ol> | <p><b>Types of Crisis:</b></p> <ol style="list-style-type: none"> <li>1. Suicide Ideation, no intent</li> <li>2. Suicide Ideation with intent, plan, or Method</li> <li>3. Homicidal Ideation, no intent</li> <li>4. Homicidal Ideation with intent, plan, or method</li> <li>5. Auditory and visual Hallucinations</li> <li>6. Self-Harming</li> <li>7. Human Trafficking</li> <li>8. Sexual, physical assault</li> <li>9. Natural disaster</li> <li>10. Domestic and Community Violence</li> </ol> |
|--|--|



### **Applied Behavioral Analysis (ABA) Ages 3-15 years**

Applied Behavior Analysis (ABA) is widely recognized for its effectiveness in supporting individuals with Autism Spectrum Disorder. ABA uses systematic techniques such as positive reinforcement to increase helpful behaviors and decrease those that may be harmful or interfere with daily functioning. ABA helps individuals build essential life skills such as communication, social interaction, independence, and adaptive behaviors, ultimately enhancing quality of life and long-term success. Our Program includes:

- Social Skills Groups
- Play based behavior intervention
- Community Skills Development
- Parent/ Caregiver Workshops
- Home-based ABA

**Discussion.** No discussion

**7. Public comment.** No public comment was offered

**8. Review of action items and agenda items for next meeting**



**Future Meetings:**

- August 7, 2026 (9 a.m.)
- November 6, 2026 (9 a.m.)

**Agenda Items and Action Items**

Survey to be sent out with Children’s Mental Health Strategic plan

Send out new realignment chart

**9. Closing remarks.**

Members were reminded about the round table opportunity related to strategic planning.

**10. Adjourn.** There being no further business, the meeting was adjourned.

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