

Texas Family Voice Network

November 30, 2017

Meeting Notes

Present-Family Leaders

Barbara Granger, TxSOC, TIEMH
Stephany Bryan, Hogg Foundation
D'shaun Ealoms, DFPS Family
Donna Fagan, Advocate, Seguin
Christianna Hale, Via Hope
Sherry Santa, Tx Parent to Parent
Julie Bourne, Harris County Family Advocate
Shanna Wheeler, Family Partner, Bexar CARES
Rachel Simpson, Family Engagement Specialist,
Texas School for the Blind

Verlyn Johnson, CFP Waco HOT, Klaras Center
Eileene Chappelle, Harris County Family Advocate
Valencia Gensollen, Family Connection of Tarrant Cty.

Stakeholder Advocates

Tracy Levins, TIEMH/TxSOC and AART-TX
Molly Lopez, TIEMH/TxSOC
Lillian Stengart, HHSC/TxSOC
Josette Saxton, Texans Care for Children
Cory Jones, TIEMH/TxSOC

Welcome and Introductions

Barbara Granger

At 10:10 am, Barbara Granger called the meeting to order, welcoming everyone to the meeting and asking everyone to introduce themselves and to share the blessings they have experienced with their children. Barbara passes Stormy's regrets on to the group for not being able to attend today's meeting.

Announcement re Video

Barbara Granger

Texas System of Care will be capturing some video footage of today's meeting for the sustainability video. Headshots for the TxFVN website will also be taken during the lunch break.

Family Voice Training Development System of Care

Cory Jones, Community Development and Training Specialist, TX

Cory distributed a summary of the Grant Goals for the new Texas System of Care grant and emphasized the importance of family voice being a major part of the work in the grant. She described the soon-to-be released Texas System of Care Community Toolkit, specifically, the Family Engagement module. Amplifying the family voice included descriptions of what "family-driven" means, reasons for building family voice, description of effective family engagement, sustaining family voice, and more. (See handout titled *Training Initiatives for TxSOC for Family Engagement, Partnership, Leadership to State and Local SOC Efforts*). Cory also described webinars currently available on the Texas System of Care website (txsystemofcare.org)

In response to a question from Eileene, Cory explained that the target population for the Community Toolkit is broad, but focused on communities interested in building or enhancing their systems of care. Stephany Bryan followed up with questions about what potential partnerships might look like to develop and deliver training related to family voice. Members discussed the best methods of providing that training to professionals working with children and families, especially related to the dyad-based (provider/family member) provision of training. Stephany asked what might be provided to family members willing to be part of the training dyad; Shanna wondered about the follow-through and accountability factor following training, ensuring that they

family members are not used as “props.” Julie pointed out that an abundance of training and work needs to be done by agencies to engage families, keep them engaged, and avoid the “tokenism” present in some communities. Eileene noted that it’s more than engagement; it’s true partnership. Once families see that their ideas are talked about and implemented, then it is a true partnership. Julie noted that family and youth members should be embedded throughout agencies, from top to bottom.

Cory asked members for ideas related to the best ways to engage family members in the new communities for input, even those family members who are strapped for time. How is an ongoing effort developed? How do we develop diverse family input, bringing family members in who want to lend their voice? Eileene responded that it usually comes down to family members mentoring other family members. Sherri pointed out that Texas Parent to Parent has a large database of family members. Shanna described the Family Engagement Summit Bexar Cares hosted earlier this month, with 400 participants and a number of providers and suggested that duplicating that event might be a useful vehicle for engaging families. Julie described the Family Enrichment events the Harris County System of Care offered during their grant. Activities included peer networking, educational activities, and social activities. Transportation was provided to family members; youth activities were provided as well.

Cory summarized elements of the group’s discussion and underscored the necessity to offer practical applications of system of care values, including opportunities for family members to learn, network, provide input and feedback. Julie added that it might be easy for agencies to add a question or two to existing surveys that asked family members if they would be willing to participate in future planning or policy development activities.

Group members asked if a curriculum would be developed to implement this training. Molly responded that a curriculum might be developed, but right now the communities need ongoing coaching and mentoring related to amplifying family voice more than a single-event training. Donna noted that she felt individual mentoring was working well; she’d like to see more regional events. She went on to say that she really enjoyed the pre-conference to the Strengthening Youth and Families conference and the regional networking and planning that the pre-conference summit afforded.

Christianna pointed out that the group is talking about two separate things – building local family leadership and helping those agencies understand the importance of family voice and how to amplify that voice. Shanna noted that her experience led her to understand that it was not the training that made the difference, it is the experience and value of sitting down – providers and parents – and sharing experiences. Verlyn pointed out that if her voice has not been valued from the beginning of receiving services, she’s going to be less willing to speak further. Sherri talked about the training for family members that Texas Parent to Parent offers related to serving on groups.

The group agreed that whatever is developed will involve accountability for how providers plan to engage families. Verlyn noted that it would be useful to develop a Mental Health simulation, much like the poverty simulation. Christianna added that a reverse role play might be useful as well.

Action: The group expressed a desire to continue this discussion, perhaps through monthly phone calls of this group and include other interested parents. Barbara committed to taking the discussion from today and

figure out how to capture it in a practical way to help communities learn how to embed the value of family voice in their systems of care activities. Some examples were explored: BEXAR CARES event to celebrate Family Navigator program and the various ways in which the SOC effort highlighted and supported family input; several other ideas were given as to what practical strategies might be encouraged in training- i.e., example to ask for family partners or input in exit documents when families transition out of service; how regional events bring family members together and also inform systems (example given by Julie and Eileene as a way their relationship became stronger); also discussed were ways to look at what keeps family members committed. Sherri indicated reaching out to Parent2Parent for more broad input, and other parent support or advocacy groups; it was discussed as to whether a workgroup might be effective and how family members might be able to input and partner based on their ability to do so (time, schedule, willingness); Verlyn identified that participating or contributing might be problematic given that trusting partnership as a family member can be disappointing or often a story or experience will fall on deaf ears. Some interest was noted with respect to various level of participation and also in the possibility that partner family members in the region might want to input or partner in the training development; mentorships were indicated as important, reverse role plays/simulation trainings. The group voiced a desire to add a regular item to the TxFVN meeting agenda so that we can continue to be updated on what is being done between meetings. Cory encouraged ongoing input and conversation from members and provided contact information.

TxFVN Business

Barbara Granger

Minutes. Barbara emailed the previous meeting's minutes to members for their review. Members noted that it was a draft version. Barbara will finalize the minutes and re-send to all. Eileene asked that the spelling of her name be corrected. No additional changes were identified.

Bylaws. Barbara noted that the bylaws need to be revisited, discussed, and finalized at the January meeting of TxFVN. Sherry asked that the work completed related to bylaws be provided to members to avoid duplicating past work.

Website. Additional information has been added to the website. Pursuant to discussion in the last meeting, Jameson Cardenas (TxSOC) requested that the domain be changed to a .org. The website is now <http://www.txfvn.org>. The group expressed interest that this website be interactive, include testimonials, blogs, pictures, etc. Members are asked to provide information to be included on the website, especially state or local resources, blogs, and testimonials. All members are asked to participate by writing blogs, reaching out to other family members to write blogs, submitting resources or testimonials. Julie reminded the group that members submitted information to Veronica at the last meeting. Barbara will reach out to Veronica to obtain that information.

Family Leadership Curriculum. The Family Leadership Curriculum (FLC) is in the final stage of production and will be finalized and sent to SAMHSA by December 31. Jameson is refining the formatting to look more like a workbook and enable users to print a PDF of the Curriculum. In the upcoming year, a workgroup will be launched which will develop discussion questions for groups that want to do group studies of the FLC. Barbara hopes to provide the URL and a hardcopy of the Curriculum to each of the TxFVN members. Barbara reminded members that Family Leaders are family members who have the opportunity to influence others. All members of TxFVN are family leaders.

Social Media. Barbara is the only person right now that can add to the TxFVN Facebook page, but she is actively working to modify the administrative privileges to allow Valencia to do that. Valencia has also started a Family Highlight every Friday on the Family Connections Facebook page. That activity opened up the door to allow her to connect to other family members. Valencia offered to do something similar for the TxFVN Facebook page. Shanna does something similar, offering a “Tip of the Week” for her families.

Calm Boxes. Barbara set up a display of the 21 purchased Calm Boxes for members to see. Via Hope donated printed copies of *The Hurricane Story*, a workbook for children to use to work through their trauma. These Calm Boxes will be donated to Coastal Plains, ground zero for Hurricane Harvey. If you are interested in purchasing a Calm Box for donation, it is not too late. Please go to the website to make your donation.

Lunch Break

Discussed upcoming potential meeting dates for 2018: agreed upon dates are Feb 22nd, May 17th, August 30th, and November 29th. Barbara indicated that the consensus was that Panera was good for lunch orders in working out the minor issues with ordering.

Statewide Behavioral Health Coordinating Council Update Jennifer Martinez, HHSC Office of Mental Health Coordination

****NOTES here are captured, when at all possible, verbatim to document the discussion as best as possible****

Jennifer Martinez with HHSC discussed coordinating council. She noted that the report was just approved; she explained that the report is the culmination of the FY 17 goals and strategies in the state plan, and how those were addressed. A part of this report is the behavioral health inventory – 21 agencies involved and members of this committee put forth service hopes – strategies, populations, in how they will be serving. Barbara is going to send out the link to the progress report to members.

Jennifer also noted the coordinated expenditure proposal –the budget piece of the progress report. It was posted four or five weeks ago. Within this progress report, there is a link to this budget report. Both can really assist TxFVN in understanding where money is being spent, etc. There are additional members added to the coordinating council – court of criminal appeals, juvenile justice, TEA.

The link to the progress report: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/tx-statewide-behavior-health-strategic-plan-progress-report-jan2017.pdf>;

The link to the coordinated expenditure proposal:
http://www.lbb.state.tx.us/Documents/HAC_Summary_Recs/85R/3738_HHSC_Select_Behavioral_Health_Funding.pdf

Stephany Bryant asked the following question: given this strategic plan covers 2017 to 2021, and there are 21 agencies coordinating—are there any family representatives on this council?

Jennifer answered: as the legislation is currently written, this is only an agency coordinating council; there is a close relationship between BHAC and the coordinating council – BHAC is a way currently that family members can inform the coordinating council.

Eileene asked the question: What does this exchange of information look like? Does the BHAC inform the coordinating council? Jennifer answered: Trina shares from BHAC to the coordinating council – she reports on policy decisions, and recommendations. Further questions: Were members of the BHAC involved in the development of this strategic plan? Jennifer answered: It is assumed that they had a very important role in developing the strategies and goals—this work feeds into the strategic plan. Coordinating Council does not make programmatic decisions. They look to the work of existing workgroups – what are their recommendations?

Stephany indicated that the TXFVN network is very much invested in TxSOC and HHSC has been given an 11 million dollar grant, and the grant has indicated a requirement that families be able to input on every level of this grant process; she further noted that it doesn't give TxFVN much credibility when those who have been entrusted with this money don't recognize family members on this council—why would these new communities have us at the table if HHSC does not? Stephany further indicated that it doesn't serve family driven process or messaging well, if families are not involved in all levels of the process.

A question was asked about workgroups--the coordinating council, it is assumed, is the delegating council? Jennifer answered: If you look at the strategic plan – the real work has been happening over the last 90 days at looking at new and innovative things, as to what is being done on workgroups. Each of these agencies have been asked to send us every advisory group, workgroup, that they think has any sort of interplay with the strategic plan. They are going to take that information of that entire committee, and identify strategies that they are working on, reaching out to the agency when aligned with a particular goal. They are determining where they need to create new workgroups – or go to the existing workgroups, and identifying recommendations from where the hard work is happening. Getting workgroups to identify where they are actually working on the strategic plan – aligning it to feed toward the same ultimate goal.

Question asked: The workgroups are basically workgroups who have already existed—these 21 agencies workgroups that they have are what you are considering workgroups? Answer: One existing collaborative – the community collaborative has to present to the coordinating council. The plan is to eliminate redundancy; so joining these workgroups to target where the work is being done in a particular areas. TEA, for example, is working on disaster recovery and have different strategies on what they are working on. Then they can see where there are gaps with respect to areas that need workgroups or to expand the focus of those existing workgroups.

Question asked: Who are the workgroups and who are the members of those workgroups? How new are the groups and when were they started? Answer: We do not know that yet, as we have asked that all these groups be compiled by all the agencies. We are really now just doing an inventory of the workgroups across these agencies.

Eileene asked: On the coordinating council—how would you view our group? Are we under HHSC? Answer: This group is considered a branch of the behavioral youth subcommittee. This would be identified as one of the committees.

Question asked: 21 agencies – doing business as usual – so the coordinating council is going to streamline business as usual?

Jennifer answered: Hopefully not. The start of the council due to legislative motivation around not knowing how much is spent on mental health in Texas. The council is now doing the hard work at looking at the strategies in the plan and determine if it is being addressed or not. Some are business as usual reasons—the council is trying to figure out. If there are 20 different workgroups on housing, why? Where might we streamline that, and why would need so many if we could streamline that more effectively?

Eileen indicated: Still would like to see some family and youth on that council – we would like to see the families on that council. We are the strategic plan – we are the recipients of that plan.

Barbara noted: That is what the ultimate goal would be – we are a passionate group about family driven values – we do have legislation that speaks to SOC – how do we get to that mandate where SOC principles are embedded throughout – so that family reps are actually like one of the 21 agencies on the council? It seems like the next step would be that we need to advocate that it is not a complete coordinating council without the stake holders on there.

Jennifer indicated: Anybody who has ever worked with the state or in the state – nothing gets state work done more so than legislation to make things happen. BHAC could make recommendations to put family and youth on the coordinating council. This is another opportunity for the BHAC.

Josette asked: So the coordinating council is a closed working body? So it's not even open to other stakeholders. One avenue might be to ask for an open to public meeting. What I am hearing is that all of these recommendations are going to be presented in the coordinating council – how does the public weigh in?

Jennifer answered: That's a great recommendation –there is not much decision making happening – but more information sharing at this point. The big fear is that everyone worked so hard on the strategic plan, and so the big thing in four years, is that there is no cross agency data that can be shared, and so this coordinating council could be that venue to coordinate that data – members report to each other to identify symmetry.

Question: Where does your information go?

Jennifer answered: The report goes to the LBB and the governor's office. The coordinating council won't meet at Brown Healy because they don't want to be an HHSC thing; they try to distinguish themselves from this connection. Here is what is still unclear about decisions made by the council: the progress report that was just completed compiles those things where the work is being done – those agencies that are doing things such as mental health first aid, on what is already being done. The members of the council are at this moment sharing information and finding out what is being done out there within the agencies. No decisions are really being made at this point. The agencies themselves have to make those decisions. For example –

DFPS and TJJJ are discussing their recent MOUs. The council was formed by a legislative mandate. Agencies do not get their funding if they don't show up to the council so they will continue to remain involved.

Question: If a council or subcommittee recommends a gap – do you send out what is being recommended? Does it go both ways?

Answer: Yes, there is information sharing – just yesterday we sent a survey out on opioid crisis and so it has been out reached to these state agencies and then the information compiled will be shared on the issue to inform what can be done to reduce a barrier identified, and then even information sharing around it. It is not rule making – it just has a different function.

Question: Who do you answer to as a committee?

Answer: The governor's office and LBB – the agencies are very much independent agencies but just coordinating now. The good thing that is happening where these big systems are talking and coordinating information with each other. State hospitals, for example – folks who are interested in the forensic piece of this and looking at how the state hospitals are handling this and determining where they can involve themselves in that work. These big agencies are starting to align their big goals and their big strategies. They are not as dis-aligned at this point; it's optimistic. Housing, for example, it was interesting to hear the coordinating council ask questions that all of us would ask—basic questions. The housing person was a little frustrated – the goal was not to say no or have business as usual. The council looks at it and says you tell me why you can't make that happen and we will brainstorm on how to alleviate the barrier. IF there is something occurring among several agencies, is there an arbitrary barrier there where we can change policy, move money around, and hopefully real change will occur. They don't get money if they don't show up to the council.

Barbara indicated: we think about what our role is –TXFVN – how can we impact more? In thinking about the chain of command, where we are at the bottom, under CYBHS, and BHAC, and it was the passion of family partners, this group, to get family engagement specialists Medicaid billable. Look at gap number 8, use of peer support, and yet we can't even get family partners which is the component of children's mental health to be legislatively mandated. It did go to CYBHS to the BHAC and BHAC to approve it to go forward – so there is more traction. We need to be a little bit more formal in making recommendations like CYBHS to the BHAC – where this group has formal recommendations to go to CYBHS. One of the very values –the very beginning of the strategic plan – a system must value peers, family, professional and stakeholders – invested advocates – you are not meeting this if you are not going to have them represented in some way.

It was indicated that CYBHS recs go to BHAC and BHAC goes to executive commissioner and then circles around to council – we could get tractions legislatively and be mandated. One opportunity that might be helpful –with the coordinating council – in knowing what family peer support – if BHAC funnels it up to exec commissioner but the coordinating council is what gets all the other agencies coordinated. There are so many peers – recovery peers, family navigators, all the family peers are not really recognized. This gives us more – has helped us understand where we need to go.

Question asked: So SAMHSA sends the state of Texas 11 million dollars – where is that funneled, where does that go to?

Lillian Stengart answered: The money goes to HHSC – as HHSC was awarded the grant and then contracted with TIEMH, Lifepath, and so forth.

Question asked: Would it be considered kosher if we wanted information from the coordinating council –

Jennifer answered: BHAC is the vehicle in which the communication happens. I make sure that people show up to the meeting and that the room works. Probably not the best person to ask.

Question asked: Is there going to be an opportunity for public viewing or comment?

Jennifer's answer: There should eventually possible be more opportunities for more access. Explanation of coordinating council as a closed group versus public meeting. We wanted to make sure that the subcommittee was aware of the Medicaid reimbursement for partners. That is what the coordinating council does not have right now – but there may be more access in the future. One of the reason it is closed right now is that they are disclosing information that they haven't disclosed yet to other agencies—they need to be able to work through this in a forum with each other. They are likely to expand access later in time while they work through really specific agency and budget needs and they need to be able to do that in a space where it doesn't become newspaper worthy.

Stephany indicated that there should be some public record – but these are tax payer agencies, state and federal dollars.

It was indicated that it is amazing that these agencies are coming together – that they even know what each other are doing. Celebrating the small steps – nice to know that it is happening. We have been talking about it for years. The council on Children and Families was aimed to get agencies together to coordinate children's policy. But here the dollars won't be released unless they can show that they are using the dollars to address the plan.

Leadership meeting – where those conversations are being had at a children's mental health level. If the coordinating council had a branch that focused on children's mental health, it would be the SOC leadership who would be on that committee.

Benchmarks—coordinated expenditure proposal is expected in July; in the progress report there is a list that identifies each member of the coordinating council; the behavioral health inventory is very interesting and it will tell you who is working on the issue.

For the strategic plan, 21 percent of the population or the feedback was gathered from peer and families, and Stephany indicated that it was a respectful number.

Jennifer will send the link out.

Calendars

Lillian Stengart handed out the 2018 Mental Health Awareness creative art calendar to the group. Lillian discussed some of the pieces in the calendar. 187 children entered into the art contest, and with adults, around 100, entered. We are just now starting our kickoff for the next art contest. Lillian indicated that Children's Mental Health Awareness day will be Saturday, May 5th, 2018.

State/Community Updates

TxFVN Members

Valencia, as CYBHS representative, updated on October CYBHS. Valencia indicated that she was able to report out about the calm boxes, and we have had 21 people buy those. One really interesting thing that happened, was that a representative from NAMI at the end of the meeting had made public comment and he had suggested or recommended that NAMI would like family partners to be Medicaid billable.

Josette indicated: session with Senator Nelson: There has been the worry that asking for money after disaster of Hurricane Harvey is that there is not going to be response to asking for funding for initiatives. A legislative specialist encouraged that there should definitely be an ask. Senator Nelson who is chair of finance in the senate – legislature going to make them figure out what we are spending, as LBB did not know. Really it was a matter to figure out how they are spending money, and coming up with a coordination in how they are doing that. Let this council identify how agencies could come together and not necessarily give recommendations – have great transparency about this. I think this information will be informed through progress reports coming out of this council – the progress reports will be a good tool for advocates to use. Nelson said on financing committee – any requests you make that do not align for the strategic plan, you are not going to get it. Looking at the strategic plan – how do family partner services align with that? Just a way to elevate it as priority – by linking it to the strategic plan.

Julie indicated: In that session with Senator Nelson – we know they talked about eliminating the Center for Health Disparity – they eliminated the center but now the responsibilities are now built into the office of minority health -- it looks like at least some of that will be carried on by the Center for Health Disparity. Workers are clueless as to where they are going to be – who is really going to be looking out for disparities and equity in Texas. Nobody really knows what is going to happen. We don't know at our local levels.

Valencia: We recommended Medicaid reimbursed family partners for BHAC. Candace has been the family representative and she was not at the last meeting and she was on the phone before. Horton? From what Stephany understands is that she is now serving as the co-chair. Barbara indicated that three recommendations to BHAC were determined at CYBHS: decriminalizing youth in mental health, Medicaid reimbursed family partners, and schools and substance abuse/mental health support.

Barbara updated: CYBHS came up with formal recommendations to take to BHAC policy subgroup and reviewed and then presented to the BHAC as recommendations from the policy group to be voted on by the

BHAC. The juvenile justice one had a lot of discussion but it passed as a recommendation, and they finally just said we will let that iron itself out as it went forward, on the other two there were no questions asked, and BHAC adopted them straight. They actually said that the formatting of the policy was really used as a template to move forward—we can look at how that was used to make TXFVN recommendations moving forward. WE need to replicate the look and take it the CYBHS and then eventually get heard at the coordinating council.

Josette indicated -- Another thought – if the group comes up with the recommendations, doesn't BHAC also have the opportunity to receive public comment, so maybe TxFVN be present for public comment in identifying who TXFVN is and what the group does. You can access BHAC remotely and our team will watch it remotely. Brown Heatley has had some technical issues.

Stephany update on Hogg: There has been a year-long strategic planning process and we have refocused are mission, vision and values. Document provided. Staff have decided that we would like to better fund communities; not providing money for services, but communities, and particularly those for populations who haven't ever been at the table before. We are looking for communities to come together – whoever wants to be in the room, but everybody, juvenile justice, cps, even Wal-Mart, whatever might encompass community. They are going to talk about consumers who either work at these institutions as to what the community could do to promote wellness. We are going to be really careful about not giving money out for services. Our primary focus is going to be rural. We think we can better impact the lives and wellness of all Texas if we look at community wellness. We have to follow the law of the people who gave us this money. There is a huge chunk that we are thinking about spending it differently. There will be families and youth at the table, there will be consumers, and one of the projects that just closed, also included individuals at state mental hospitals. It was interesting – we had to go into the mental hospital because the patients couldn't be released and it was really interesting to see the shifts that happened. That is what we were hoping for – shift in perspective. There will be six Domains –psychology, psychiatry, nursing, social work, consumer, youth and families, and one more. Going across the state to recovery to graduate students and doctors – peer to peer; there has to be a dyad in peer to peer, psychiatrist and family member reaching out to peers.

It is what the community and its participants identify what might be needed in the community to reach a state of wellness. For example, Salvation Army and church centers, but sometimes some do not want to be in others' house of worship. Where will they gather, and greet one another? They can meet anywhere? Auditorium, library, even in towns of 6000 that doesn't have a tangible place, we are going to guide them in that process. Just having these ongoing dialogues—will individuals reach out to you? WE will release an RFP to request in December, but more likely in the first of the year. A substantial amount of money. Some communities might identify that they don't have a park, or walking path, or places where bikes go, etc. We can't fund brick and mortar. A playground, path, trees, water fountain. Defining rural: really struggling with the state of Texas in definitions of rural. How that gets defined – federally or state wise is tricky. Could community be considered a county? What you are doing is going to be life changing, and it is awesome and long coming. It is SOC and we can also help identify other funding sources. The grantee does not have to be a 5013C. The RFP will be broadcasted on the website, the daily news, every major metropolitan police department, hospital district, and universities.

Christianna would love to send information to family partners, so many opportunities to consider. What do we need to know to access the daily news. Go to website to access to daily news.

More updates:

- Barbara indicated that it is time to write proposals for the Parent2Parent conference and they are due for the 21st of the December. We have been really successful in providing a mental health track; the mental health track is seven workshops; would really like feedback and help in coming up with the proposals.

Ideas proposed:

- *Christianna did one on Mental Health 101, and could do one instead of from a state perspective, but from a parent perspective;
- *Shanna indicated when first attended, there was nothing really for foster adopt parents – intersection of trauma and mental health
- *Christianna indicated that trauma and mental health is still very relevant
- *Shanna recommended a sensory strategy class – so parents could come and use sensory strategies
- *How does your engine run model?
- *Federations had just for adoptive parents with mental health issues; we had a forum where we just got to sit around and just talk to each other. It was refreshing because some of us have open adoptions and the nuances that play with that... that kind of stuff is really helpful, and special needs adoptions. Barbara to check with Laura – maybe a way to frame it to take your knowledge, as a lot of us are non-biological parents, so a lot of our kids do come with extra trauma, or unknowns, etc. With extra trauma, comes extra mental health needs.
- *Parenting with mental health issues the second time around – can Valencia do this; grandparent caregivers and the unique challenges faced
- *Wraparound? It is very hard –mental health is a secondary instead of a primary. We have done things in the past on wraparound and SOC, and it wasn't well attended
- *SOC team was thinking about doing a parent café
- *Self-care? There were workshops about this last year, and every year there is something. It is a really popular workshop—parents are hungry for support and understanding of self-care of strategies; self-care is broader category than just mental health
- *Leadership—what is a family leader? It might be a good place to do the curriculum? The opportunities that are available for parents to learn about family voice through TXFVN and the avenues available.
- *Speed dating – Stephany went to a conference where this happened later in the day and people identified on sticky notes what they want to learn more about, like a shift and share. During the hour where there is normally a breakout session—we would each have a breakout session around what topics of interest where identified. Shift and share – you do it for approx.

Discussion ensued around supporting travels to the Parent2Parent conference. Is there money to support travel and hotel? There are scholarships? Valencia indicated that this has to be done early. There is a very good possibility of getting the scholarship. Be flexible in finding out. Eventually all the families from our communities who have applied have eventually been approved. They pay half of hotel, 85\$ per night. There are separate rooms, couch fold out, and you can share a room with someone, and if both people have

scholarships the room would be covered, and it can pay for child care, and travel, and the scholarship is a really good possibility. The conference is mid-June.

- Barbara updated on Federation of Families: There is a new federal interdepartmental coordinating committee request; Pat Miles, who is a family leader, is the family representative, for this federal committee, and she held a town hall meeting at the federation conference to get feedback; she wants feedback from TXFVN – what are the needs in Texas that we want her to advocate for us on a federal level? For the sake of time, what are some of the passions that we have talked about today even that on a federal level, what would some of those be? So that we could actually say, in Texas, what we need. To inform the state of children’s mental health in Texas, state reports on people served, and interesting things done with families over the past 5 years. Barbara indicated that feedback would be much appreciated, as need to send a report by Christmas.

Here is the report: <https://store.samhsa.gov/shin/content//PEP17-ISMICC-RTC/PEP17-ISMICC-RTC.pdf>

Here is an executive summary: <https://store.samhsa.gov/shin/content//PEP17-ISMICC-RTC-ES/PEP17-ISMICC-RTC-ES.pdf>

Meeting moved into a celebration for Valencia and the coming of her new baby, due in January.

Meeting adjourned.