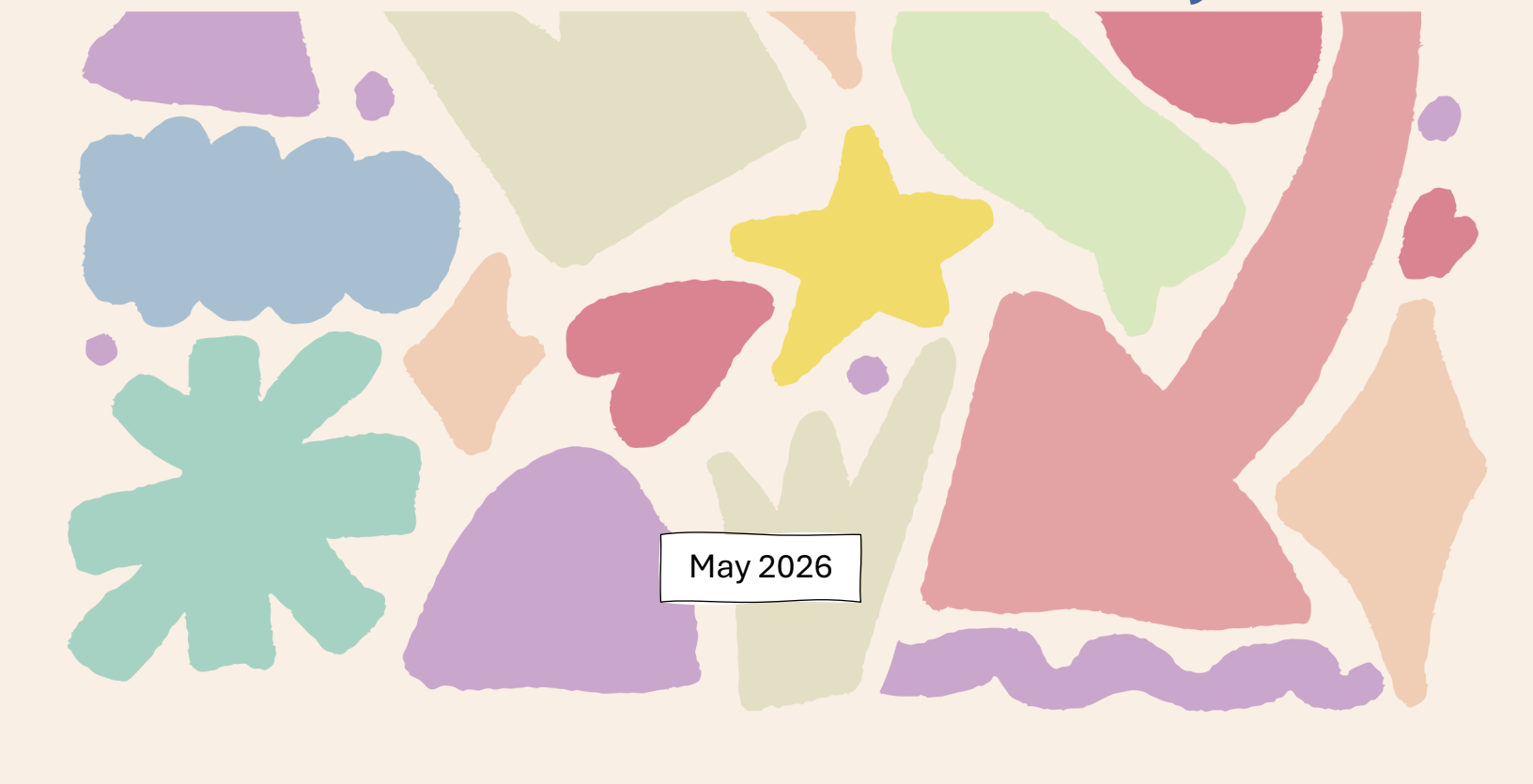




# Connecting the Dots for Children's Mental Health

**A behavioral health strategic plan  
for Austin and Travis County**



May 2026



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# Executive Summary

Building a future where every child’s mental health and well-being are prioritized requires community-wide commitment to fostering the resilience of children and families and breaking down barriers to accessing care. The goals and strategies below are informed by direct feedback from focus groups and a parent and caregiver survey. This strategic framework outlines a vision for an inclusive, accessible, and responsive system of care.



We envision a community that supports children’s mental health and well-being.



-  **GOAL 1** Strengthen the resilience of children, youth, and families
-  **GOAL 2** Ensure services are financially, geographically, and culturally accessible.
-  **GOAL 3** Expand services for children and youth with complex needs.
-  **GOAL 4** Clearly communicate how to access care.



Implementing a new children’s mental health strategic plan requires a synchronized effort across our community to ensure every child and youth can thrive. This Connecting the Dots Behavioral Health Strategic Plan for Austin and Travis County includes specific actions that Kids Living Well, its member organizations, and other community stakeholders can take to implement the Plan over the next five years.



## Strengthen the resilience of children, youth, and families

Families are struggling to meet basic needs at a time when federal and state funding for healthcare, education, and social services has been reduced or is at risk. Immigration enforcement is causing stress and impacting health and mental health appointments, church and school attendance, and community engagement. There are also concerns about the negative impact of technology on children’s lives.

### Recommendations:

- Support programs that help families meet their basic needs.
- Promote healthy child development and teach prosocial learning skills from an early age so children can understand their feelings and how to regulate their behavior.
- Empower youth to have a voice and to be active in their communities.
- Provide opportunities for recreation, leadership, and job skills development.



## Ensure services are financially, geographically, and culturally accessible.

Mental health and substance use services are often inaccessible due to cost, a lack of services in outlying areas, and a shortage of providers who speak the family’s language or who understand and respect their culture.

### Recommendations:

- Expand access by increasing collaborative care in primary care clinics, expanding school-based mental health services, utilizing mobile clinics, and expanding telehealth options.
- Advocate for increased Texas Health and Human Services funding for Certified Family Partners and Children’s System Navigators.
- Provide technical assistance to organizations to bill for Medicaid services and participate in provider networks.
- Increase the use of the Texas Child Mental Health Care Consortium’s programming that connects schools and doctor’s offices to psychologists and psychiatrists in Texas medical schools.



# GOAL 3

## Expand services for children and youth with complex needs.

The community lacks intensive services for children and youth with dual diagnoses of serious mental illness and substance use, autism, or developmental disabilities. Expanding community capacity for treating children and youth with complex needs can help avoid traumatic crisis visits to emergency departments and psychiatric hospitals, out of home placement, and Child Protective Services or juvenile justice involvement.

**Recommendations:**

- Increase funding for intensive mental health services, crisis services, and community-based services for children and youth with complex mental health needs.
- Update the Texas Resiliency and Recovery model to include evidence-based practices within the Texas Medicaid state plan benefits.
- Create a Service Maximization Task Group, in collaboration with Texas Health and Human Services, to explore ways to expand access to evidence-based services.
- Expand substance misuse prevention and treatment for children and youth.
- Provide continuing education for pediatricians, educators, service providers, family partners, and other child-serving professionals on how to work with children and youth with complex mental health issues and dual diagnoses.



# GOAL 4

## Clearly communicate how to access care.

The mental health care system is difficult to navigate. Families are unsure of how to access services. School counselors, healthcare providers, and other child-serving professionals do not have a shared understanding of the services available and how to access them. Clearly articulating our system of care will make it easier to connect to resources and will optimize the utilization of existing resources.

**Recommendations:**

- Create a mental health roadmap of the local system of care.
- Share this resource widely with parents, caregivers, and the community.
- Share information about local resources with Texas Child Mental Health Care Consortium’s Texas Child Health Access Through Telemedicine (TCHAT) and Child Psychiatry Access Network (CPAN) programs so mental health professionals at Texas Higher Education Institutions are familiar with local community care options. This will help them advise educators and physicians on how to connect patients and students to ongoing mental health care in the community.
- Provide training to United Way for Greater Austin’s 2-1-1 Call Center staff on mental health, substance use, and crisis resources available and how to refer people calling for assistance to the most appropriate resources.



# Introduction

“Connecting the Dots for Children’s Mental Health” is a community-wide plan to improve children’s mental health and reduce substance misuse among children and youth in Austin and Travis County. It highlights how our community can work together to support children’s mental health and wellness.

This is the third community plan for children’s mental health and substance misuse in Austin and Travis County. Integral Care, as the Local Mental Health Authority (LMHA), funded consultants to guide the first community planning process in 2014 and has provided staff to facilitate plan implementation and plan updates in 2021 and 2026. This five-year cycle of assessing community assets, engaging families and stakeholders, identifying unmet needs, and making recommendations for action provides direction and focus for improving the mental health and wellness of children and youth in Austin and Travis County. This plan updates the [2021 Travis County Plan for Children’s Mental Health and Substance Misuse](#).

Kids Living Well is the local planning body that oversees the development and implementation of this and previous plans. Kids Living Well is a network of child-serving professionals and family members who promote the mental health of Travis County children and youth. Monthly meetings heighten awareness of emerging issues, provide opportunities for networking and training, and serve as a place to contribute to the development and implementation of this community plan.

## How the Plan was developed

Kids Living Well appointed a Steering Committee in 2024 to guide the development of this plan. Sixteen focus group sessions were held with 95 participants. Focus groups included youth, parents, educators, child-serving professionals, and healthcare providers. To better understand the needs in outlying areas of Travis County, focus groups were held with stakeholders from Del Valle, Lago Vista, Manor, and Pflugerville. Each session asked participants to share their thoughts on the following:

- What community assets are helping to improve children’s mental health?
- What needs persist?
- What can our community do to address these needs?

A parent and caregiver survey invited respondents to share what barriers they face in finding services for their children and what would make receiving care easier. The Committee also met with Texas Health and Human Services Commission (HHSC) staff to review findings and recommendations in the 2024 Texas Children’s Behavioral Health Strategic Plan. The state plan reinforces and amplifies many of the local findings and recommendations.



## Steering Committee Members:

Kids Living Well is grateful for the time and contributions of Steering Committee members. Each of those named below participated to provide guidance and direction for this plan.

- **Courtney Bissonnet Lucas**, MEd, Assistant Division Director – Health Planning & Partnerships, Travis County HHS
- **John Hellerstedt**, MD, Hellerstedt Consulting LLC
- **Amber Hillanbrand**, LCDC, PMP, LSSGB, Operations Manager for Mental Health, Addiction Care & Justice Involved Health, Central Health
- **Kimberly Holiday**, Pflugerville City Council Member and a person with lived experience
- **Joyce James**, LMSW-AP, Joyce James Consulting
- **Leah Kelly**, CFP, Travis County parent, Austin ISD School Health Advisory Council Co-Chair
- **Susan Millea**, PhD, Model Community Team, United Way for Greater Austin
- **Puja Patel**, PhD, Dell Medical School and Dell Children’s Medical Center
- **Laura Peveto**, Division Director – Office of Children’s Services, Travis County HHS
- **Stacy Spencer**, LCSW-S, Practice Administrator, Integral Care
- **Ann Teich**, Mental Health Sub-Committee Chair, Austin ISD Student Health Advisory Council
- **Kate Volti**, MPA, Sr. V.P. for Child and Family Policy, Meadows Mental Health Policy Institute
- **Desmar Walkes**, MD, Austin/Travis County Health Authority and Medical Director, Austin Public Health

Kids Living Well also appreciates the facilitation and coordination of these planning efforts by **Mary Dodd, Senior Planner with Integral Care**, who also wrote this report in collaboration with Steering Committee members.



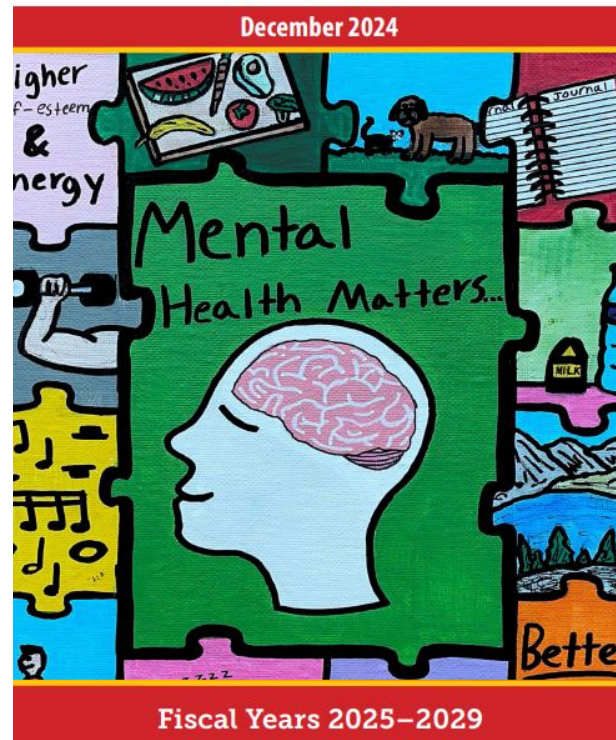
## Alignment with State Strategic Plan

The Steering Committee met twice with HHSC staff to review the December 2024 [Texas Children's Behavioral Health Strategic Plan](#). Following are a few recommendations in the Strategic Plan that align with the findings and recommendations in this local plan:

- Increase reimbursement rates to expand the capacity of the provider system to meet demand.
- Expand services that are reimbursed by Medicaid to include more intensive services and residential treatment.
- Fund the expansion of Certified Family Partners and make these peer services a Medicaid state plan benefit.
- Build the health and mental healthcare workforce.
- Fund HHSC to expand the Children's System Navigator program.
- Establish a mental health allotment for schools and expand school-based mental health services.
- Expand substance misuse prevention and treatment.
- Improve and strengthen the child and youth mental health and substance use crisis response system.



### Children's Behavioral Health Strategic Plan



The Texas Children's Behavioral Health Strategic Plan describes its purpose as, "intended to foster an environment in which Texas children and their caregivers, based on identified need, have access to compassionate, comprehensive, and innovative behavioral health care, that will help develop their resilience and enable them to thrive emotionally, mentally, and socially." The Steering Committee supports this work and encourages Kids Living Well and local partners to support and assist with implementation of the State of Texas's Strategic Plan at the local level.



# Vision

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## We envision a community that supports children’s mental health and well-being.

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We envision a community that supports children’s mental health and well-being. Lifelong mental health is built early through stable, supportive environments and relationships that foster empathy, resilience, self-regulation, and healthy coping. A stable and nurturing home is a cornerstone of healthy development.<sup>1</sup>

In focus group sessions we heard that some families in our community are struggling to meet basic needs. The map below, included in Austin Public Health’s [2025 Community Health Assessment Report](#), shows where low-income people in our community live. It is strikingly similar to other maps in the Community Health Assessment Report that reflect the percentage uninsured and census tracts with low life expectancy.<sup>2</sup> The report shares that a Travis County resident may have a life expectancy ranging anywhere from 69 to 88, depending on their zip code, underscoring the connection between where someone lives and their health.

Adverse Childhood Experiences (ACEs) are traumatic events occurring in childhood. According to the [U.S. Centers for Disease Control and Prevention \(CDC\)](#), preventing ACEs could reduce suicide attempts among high school students by as much as 89%, reduce prescription pain medication misuse by as much as 84%, and reduce persistent feelings of sadness and hopelessness by as much as 66%. Preventing ACEs could also reduce many health conditions in adulthood, including chronic diseases and behavioral health conditions.<sup>3</sup>

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<sup>1</sup> Early Childhood Development, Adversity, and Resilience: A review for pediatric health care providers, October 21, 2025, Center on Developing Child, Harvard University, <https://developingchild.harvard.edu/resources/toolkit-and-learning-module/pediatric-health-care-providers-review/>

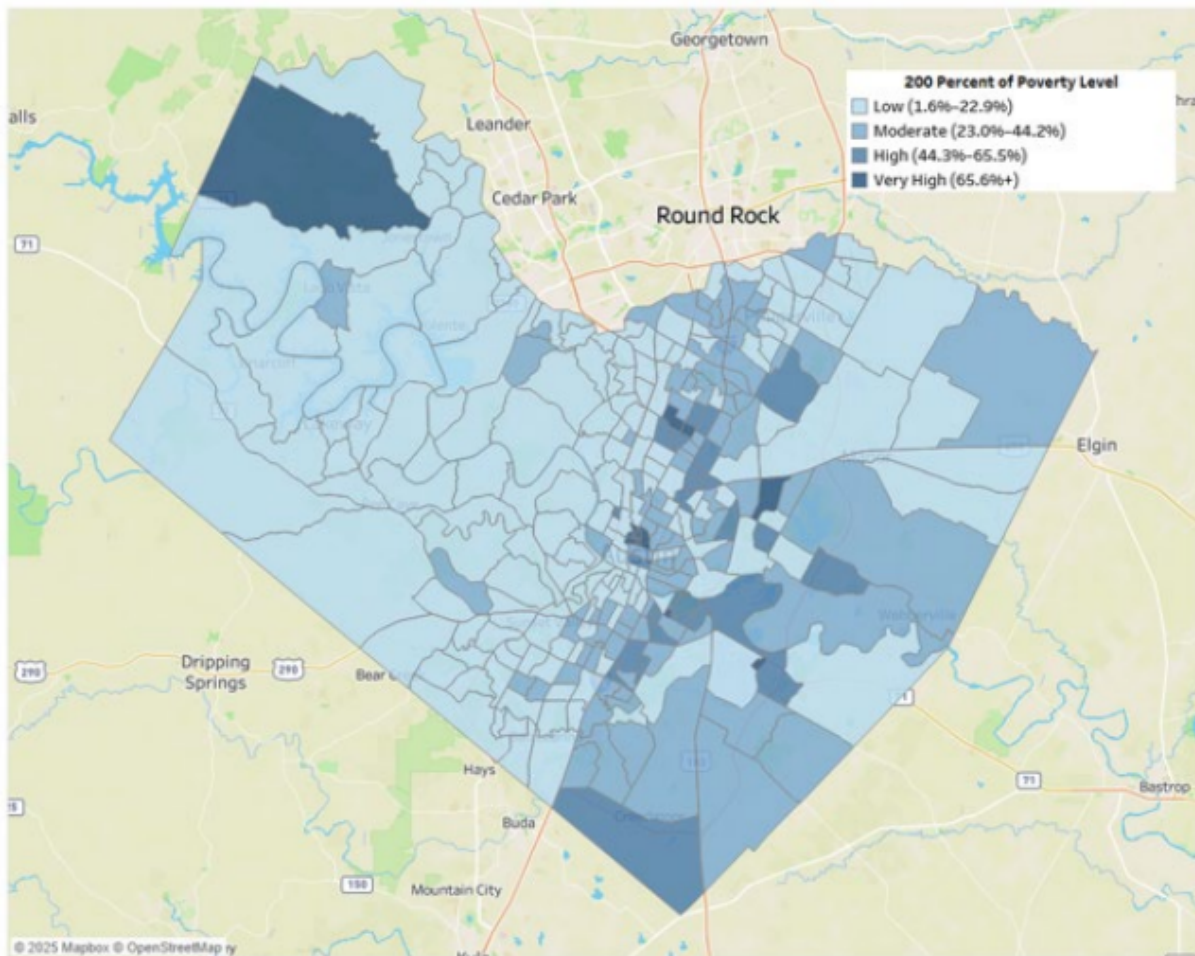
<sup>2</sup> 2025 Austin/Travis County Community Health Assessment Report, November 2025, Austin Public Health, [https://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/2025OCT13\\_ATC-CHA-Report\\_Final\\_complete1.pdf](https://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/2025OCT13_ATC-CHA-Report_Final_complete1.pdf)

<sup>3</sup> Economic Burden of Health Conditions Associated With Adverse Childhood Experiences Among US Adults, Peterson C, Aslam MV, Niolon PH, et al., JAMA Network. 2023; <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812583>

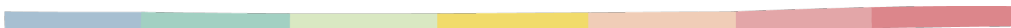


Because trauma and adversity can disrupt development and affect health across the lifespan, communities play a critical role in prevention by supporting families, meeting basic needs, and responding to all children and youth with a trauma-informed, strength-based approach. When families are supported, children and youth are more resilient and experience better mental and physical health, and caregivers are better able to provide the nurturing support children and youth need.

While we strive to build a community that promotes strong mental health through protective factors and prevention, we also recognize that some children and youth will need additional support. Our vision includes timely, accessible, and culturally responsive mental health services for children, youth, and families when challenges arise. One strength of our community is its willingness to tackle this issue. This five-year community plan provides a roadmap for how we can move forward together.



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019–2023



# What is Going Well

## *New Initiatives Since the 2021 Plan*

Reviewing community assets and new initiatives was an important first step in creating this five-year plan. Appendix B of this report provides an extensive list of new or expanded initiatives and programs that are having a positive impact on children’s mental health in our community. Following are a few highlights:

### Wellness and Resilience

- [Ask, Talk, Listen, Repeat](#) is a nationally recognized public awareness campaign that encourages adults in children’s lives to normalize talking about mental health. The campaign includes conversation card decks, billboards, and bus ads and was developed with intergovernmental collaboration between Austin Public Health, the City of Austin, Integral Care, and Travis County.
- Funding from Travis County allowed expansion of free [Youth Mental Health First Aid](#) training that teaches adults how to identify, understand, and respond to signs of mental health or substance use challenges.
- Travis County voters approved a 2.5-cent property tax increase in 2024 that is dedicated to creating and expanding high quality, affordable childcare and after-school care.



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*“School-based mental health services get high marks from students, families, teachers and administrators because they increase access. Kids love to call out and say hello to their therapist in front of their friends.”*

*-Kids Living Well Focus Group Participant*

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## Access to Care

- Expansion of school-based mental health resources and the use of Certified Family Partners in schools.
- Central Health has expanded access to healthcare with new clinics in Hornsby Bend and Del Valle and is planning additional clinics in North Austin and Colony Park.
- Central Health is collaborating with CommUnityCare and Integral Care to integrate mental health care and primary care in its clinics and to connect those who need it to more intensive care.
- The Texas Legislature created the [Texas Child Mental Health Care Consortium](#) in 2019 and expanded it in 2022. The Consortium connects schools and doctor's offices to psychologists and psychiatrists in Texas medical schools and other health-related institutions. Other programs focus on maternal mental health and building the behavioral health workforce.

## Crisis Response

- In 2022, the National Suicide Lifeline number was changed to 988, which is easier to remember than the previous 10-digit number. People can text or call 988 to chat with a local mental health professional trained in crisis response.
- Children's crisis services were expanded with the opening of Integral Care's children's crisis respite center and creation of a mobile crisis response team specifically trained to respond to children in crisis, thanks to local funding from Travis County.
- The Travis County Transformation Project is a pre-arrest diversion program for teens who threaten violence against family members. Teens are offered the option of participating in a restorative justice program rather than going into the juvenile justice system.
- LifeWorks has a peer-led crisis respite program for youth aged 13 to 17. Youth receive shelter, basic needs, case management services, and individualized care planning.





# 2026 Goals and Recommendations

Following are four community goals and recommendations to advance these goals over the next five years.

-  **GOAL 1** Strengthen the resilience of children, youth, and families
-  **GOAL 2** Ensure services are financially, geographically, and culturally accessible.
-  **GOAL 3** Expand services for children and youth with complex needs.
-  **GOAL 4** Clearly communicate how to access care.



**GOAL**

**1**

## **Strengthen the resilience of children, youth, and families**

### **Goal 1: Strengthen the resilience of children and families.**

People we met with in focus groups had concerns about several issues facing children, youth, and families. Affordability, changes in government policies and priorities, and the impact of technology on children’s mental health are a few that are discussed below.

#### **Families are struggling to meet basic needs**

Finding affordable housing is challenging for many low-income families. Some move to outlying areas of Travis County where housing is less expensive, but jobs, healthcare, and other resources are less available. According to the U.S. Census Bureau, one-third of Travis County households are housing cost burdened, which is defined as paying more than 30% of total income for housing. Housing insecurity is highest among renter households. The local tenant rights organization [BASTA](#) reports that evictions in Travis County increased by 25% from 2023 to 2024, with trends continuing upward in 2025.<sup>4</sup>

Focus group participants told us that many families are homeless, doubling up, or couch-surfing with friends or relatives. They may be hesitant to let others know about their housing needs for fear of judgement or Child Protective Services (CPS) involvement. The Ending Community Homelessness Coalition (ECHO) [reports](#) an increase in families with children and youth who are experiencing homelessness. While most people experiencing homelessness are single adults, there has been a notable increase in homelessness impacting children and youth. In 2024, there were five times the number of families with children, youth, and parenting youth households experiencing homelessness compared to 2020.<sup>5</sup>

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<sup>4</sup> 2024 Evictions Snapshot, March 18, 2025, BASTA, By Peishi Cheng, Shoshana Krieger, and Aabiya Baqai, <https://static1.squarespace.com/static/5e2b63f87c50855e1e7ed570/t/67d987de633e2740c6bc6518/1742309348002/BASTA+-+2024+Evictions+Snapshot.pdf>

<sup>5</sup> 2025 State of the System: People, programs and progress in Austin/Travis County’s Homelessness Response System, October 2025, Ending Community Homelessness Coalition (ECHO) <https://www.austinecho.org/wp-content/uploads/2021/12/2025-State-of-the-System-Report.pdf>





Access to healthy food is a basic need that many families struggle with. One in four Central Texas children and one in six Central Texas adults are food insecure, according to Feeding America’s [Map the Meal Gap Report](#). Food insecurity occurs when a household cannot access enough food due to a lack of money and other essential resources. According to the report, “Research demonstrates links between food insecurity and poor child health and behavioral outcomes at every age, underscoring the economic and social imperative to address this issue.”<sup>6</sup>

## Changes in policies and priorities

Shifting priorities, government policies, and funding cuts to education, public health, housing, food, and health care are contributing to feelings of fear, vulnerability, and insecurity. As a result, fewer children are showing up for school<sup>7</sup> and for medical and mental health appointments.<sup>8</sup> This context challenges local organizations to partner at the state and local level to navigate these changing policies and priorities.

*“There are limited recreational activities for youth, like activities, clubs, sports. Even if we have financial resources to pay for them, there is nothing there, and transportation and time become problems when traveling outside the community.”*

*-Manor Focus Group Participant*

<sup>6</sup> Map the Meal Gap, A Report on Local Food Insecurity and Food Costs in the United States in 2023, Feeding America, May 2025, <https://www.feedingamerica.org/sites/default/files/2025-05/Map%20the%20Meal%20Gap%202025%20Report.pdf>

<sup>7</sup> The Trauma Immigration Raids Leave in Classrooms, Brenda Alvarez, NEA Today, September 10, 2025, <https://www.nea.org/nea-today/all-news-articles/trauma-immigration-raids-leave-classrooms>

<sup>8</sup> Immigrants bypassing care in wake of deportation fears, Teddi Nicolaus, The Nation’s Health, June 2025, <https://www.thenationshealth.org/content/55/4/1.2>



## Technology and its impact on child and youth mental health

Technology has expanded access to education, mental health services, and social connection. However, it has also introduced new challenges, including increased screen time, exposure to harmful content, cyberbullying, and negative impacts on attention, sleep, and overall well-being. A survey of teens by Pew Research Center found that 95% of 13- to 17-year-olds have access to a smartphone and 46% consider themselves to be almost constantly online. Mounting evidence indicates that smartphone and social media use impacts mental well-being and connection to others.<sup>9</sup> In a policy brief about the impact of cell phones on student learning, the E3 Alliance of Central Texas reports that cell phones can also lead to increased off-task behavior, decreased attention spans, and lower academic performance.<sup>10</sup>

The 89<sup>th</sup> Texas Legislature in 2025 approved House Bill 1481 which prohibits student use of personal communications devices on school property. However, these devices will continue to consume a lot of young people’s time outside of school. Excessive reliance on cell phones may increase feelings of social isolation and negatively impact peer relationships by replacing face-to-face communication. Studies also associate excessive cell phone use with increased levels of depression, anxiety, and stress.<sup>11</sup>

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<sup>9</sup> Teens, Social Media and Technology, Michelle Faverio and Olivia Sidoti, Pew Charitable Trust, December 12, 2024, [https://www.pewresearch.org/wp-content/uploads/sites/20/2024/12/PI\\_2024.12.12\\_Teens-Social-Media-Tech\\_REPORT.pdf](https://www.pewresearch.org/wp-content/uploads/sites/20/2024/12/PI_2024.12.12_Teens-Social-Media-Tech_REPORT.pdf)

<sup>10</sup> The Impact of Cell Phones in Public Schools on Student Learning and Outcomes, Policy Brief, November 2024, E3 Alliance <https://e3alliance.org/app/uploads/2024/12/2024-Cell-Phone-Policy-Brief-E3-Alliance.pdf>

<sup>11</sup> When Cell Phones Replace People, Exploring the modern epidemic of digital disconnection, Psychology Today, May 7, 2025, Mitchell B. Liester, M.D. <https://www.psychologytoday.com/us/blog/the-leading-edge/202505/when-cell-phones-replace-people?eml>



## Recommendations:

- Promote protective factors to strengthen the resilience of children, youth, and families so they can buffer the impact of the challenges they face. Resilience is the ability to adapt and recover after setbacks, challenges, or difficult experiences. Understanding resilience factors is essential for helping children and youth thrive despite their adverse experiences. Resiliency protects mental health, manages stress, reduces anxiety, increases problem-solving skills, enhances interpersonal relationships, and promotes overall well-being.<sup>12</sup>
  - Following are some ways our community can promote the resilience of children and youth:
  - Implement programs that strengthen and support families and help them meet their basic needs for housing, food, and healthcare.
  - Teach children empathy, compassion, sharing, cooperation, and kindness from an early age so they can understand their feelings and learn to regulate their behavior.
  - Provide programs that allow children, youth, and their families to make connections and build relationships with others.
- Promote healthy child development in the first 2,000 days of life. Early identification of children with developmental delays and behavioral and emotional needs will allow families to connect to resources early. This recommendation is in alignment with the United Way for Greater Austin [Success by Six Strategic Plan](#).
- Support parents and caregivers in helping children and youth set healthy boundaries for technology use. Encourage the community at large to embrace cell phone etiquette.
- Empower youth voice and community engagement. Explore ways to use technology to engage youth and learn from them what their needs and interests are.
- Provide recreational activities and enrichment opportunities for children and youth.
- Provide youth with opportunities for leadership, job skills training, and internships.

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<sup>12</sup> Resilience and mental health in children and adolescents: an update of the recent literature and future directions, Mesman, Vreeker, Hillegers, National Library of Medicine, September 21, 2021. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8500371/#sec13>



**GOAL**

**2**

**Ensure services are financially, geographically, and culturally accessible.**

**Goal 2: Ensure services are financially, geographically, and culturally accessible.**

Focus group participants identified several issues that impact access to services. These include cost, where and when services are available, and whether the services are provided in the primary language of the child or caregiver.

In the parent and caregiver survey, cost was selected as the top barrier to receiving mental health or substance use services for a child. When care is available, it is often unaffordable, or the provider may not accept insurance. Families that rely on Medicaid or the Children’s Health Insurance Program (CHIP) have even greater difficulty finding providers. Reimbursement rates for Medicaid services do not cover the cost of providing care, and this discourages providers from accepting these patients. Low reimbursement rates impact the amount providers can pay licensed professionals, and low pay discourages people from entering the profession, creating a workforce shortage that further reduces access to care.

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*There are few lucrative employment opportunities in Manor, so residents must travel far for jobs. If their child needs help, they have to miss work. If they have a child with special needs, it is very difficult.*

*-Manor Focus Group Participant*

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Where and when services are available also impact access. Focus group participants from Del Valle, Manor, Lago Vista, and Pflugerville said they must travel long distances to access services. Not every job gives time off to take children and youth to appointments, and long commute times add to the difficulty. In our parent and caregiver survey and in focus groups we heard support for increasing school-based mental health services. However, availability of these services varies widely among the seven school districts serving Travis County. Receiving care in school increases accessibility for students but does not address the needs of parents, teachers, and other adults in children’s lives. Sometimes, families and children prefer to seek care outside of the school although in-school services are available.

Often, there is a shortage of mental health professionals who speak the language of the family or who understand their culture. There is a pressing need to strengthen cultural competence and to increase the languages spoken by child-serving professionals across this workforce.



## Recommendations:

- Make services more geographically accessible by expanding collaborative care in primary care clinics, expanding school-based mental health services, utilizing mobile clinics, and expanding telehealth options.
- Expand the use of and reimbursement for peer professionals, such as Certified Family Partners. This aligns with the Texas Children’s Behavioral Health Strategic Plan, which recommends that Texas “fund the Health and Human Services Commission (HHSC) to expand the number of Certified Family Partners and make Certified Family Partner services a Medicaid state plan benefit.”<sup>13</sup>
- Provide technical assistance and training to small and grassroots organizations so they can bill for Medicaid services and/or participate in provider networks. Expanding the roles of small and grassroots organizations will increase family choice, cultural diversity, language diversity, and geographic diversity.
- Increase utilization of the Texas Child Mental Health Care Consortium’s programming that connects schools and doctor’s offices to psychologists and psychiatrists in Texas medical schools and other health-related institutions. Work with the Consortium to let these providers know what local services are available for students so they can refer them to community-based care when appropriate. Following is a summary of the Consortium’s programs:
  - Texas Child Health Access Through Telemedicine (TCHAT) connects school districts with mental health experts at Texas Health-Related Institutions (HRIs) to identify and assess the behavioral health needs of students. For more urgent issues, a child may receive free short-term telehealth care from a qualified mental health specialist. All but one of the seven Travis County school districts are actively participating in the program. We propose maximizing the use of these resources by ensuring that teachers, counselors, and administrators are aware of this resource.
  - The Child Psychiatry Access Network (CPAN) provides telehealth-based consultation and training to pediatricians and primary care providers to enhance their capacity to address their patients’ mental health needs.
  - The Perinatal Psychiatry Access Network (PeriPAN) connects healthcare providers to a wide range of mental health specialists at Dell Medical School and other Texas institutions of higher education. This free, clinician-to-clinician program seeks to enhance the ability of doctors to meet their patients’ mental health needs.

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<sup>13</sup> Children’s Behavioral Health Strategic Plan, Fiscal Years 2025 – 2029, Statewide Behavioral Health Coordinating Council’s Children’s Behavioral Health Strategic Plan Subcommittee, December 2024 <https://www.hhs.texas.gov/sites/default/files/documents/childrens-behavioral-health-strategic-plan-2024.pdf>



# GOAL 3

## Expand services for children and youth with complex needs.

### **Goal 3: Expand services for children and youth with complex needs.**

Participants in several focus groups said children and youth are experiencing increasingly complex mental health needs, marked by higher acuity and co-occurring conditions, yet intensive services for these children and youth are often unavailable. This finding is echoed in the Texas Children’s Behavioral Health Strategic Plan, which recommends expanding the array of evidence-based services that are included within the Texas Medicaid state plan benefits. Strengthening the full continuum of care is essential to preventing crises, reducing hospitalizations, minimizing out-of-home placements, and avoiding involvement with the Child Protective Services and juvenile justice systems.

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*“There is parental involvement and an attempt to seek help, but something is missing. Temporary hospitalization doesn’t do the job. Often the minor has significant needs beyond what the family can manage...We get calls from many of the same families because that is all they know to do.”*

*-Pflugerville Focus Group Participant*

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## Recommendations:

- Support recommendations in the Texas Children’s Behavioral Health Strategic Plan to increase funding for intensive mental health services, crisis services, and community-based services for children and youth with complex mental health needs.
- Update the Texas Resiliency and Recovery model to include newer evidence-based practices within the Texas Medicaid state plan benefits.
- Create a Service Maximization Task Group, in collaboration with Texas Health and Human Services, to explore ways to expand access to evidence-based services. Stakeholders could include the Local Mental Health Authority, Medicaid Managed Care Organizations, UT Health, Dell Medical School, service providers, and parents.
- Advocate for expansion of substance misuse prevention and treatment. There is a gap in substance use treatment services for children and youth, especially for those insured by Medicaid. Also, there are no residential drug rehabilitation treatment centers for children and youth in Travis County. When substance use is combined with mental illness, autism, or other developmental disabilities, finding care is even more difficult.
- Provide continuing education for pediatricians, educators, service providers, family partners, and other child-serving professionals on how to work with children and youth who have complex mental health issues and dual diagnoses. In response to this need, Kids Living Well is hosting a learning summit in the fall of 2026 that will explore how autism, intellectual and developmental disabilities, and substance use interact with mental health issues.





**GOAL**

**4**

**Clearly communicate  
how to access care.**

### **Goal 4: Clearly communicate how to access care.**

In focus groups we learned that people are uncertain how to access mental health and substance use resources. Families are unaware of the services available or where to turn for help. Organizations that serve children, youth, and their families do not have a shared understanding of how our local system for mental healthcare and substance use treatment works. Creating a shared understanding of our local system of care will improve how systems work together and will make it easier for families to connect with the services they need.

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*“It would be helpful to be able to bypass emergency departments altogether and go directly to the care you need, but this requires understanding treatment options and how the system works.”*

*-NAMI Parent Focus Group Participant*

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## Recommendations:

- Create a mental health roadmap of the local system of care for behavioral health services and treatment. Convene stakeholders, parents and caregivers, and communications experts to map out the system of care and develop a mental health roadmap so that our community has a shared understanding of how to navigate care in our community. This tool must clearly communicate what mental health and substance use services are available and the process for connecting to those services. This roadmap will not only let people know how to help children and youth, but it will also maximize the use of existing community resources.
- Once completed, share the mental health roadmap widely with parents and caregivers, schools, hospitals, healthcare providers, clinics, service providers, school resource officers, school district Student Health Advisory Councils, Region 13 Education Service Center, law enforcement, Travis County Juvenile Justice, businesses, philanthropic organizations, and houses of worship.
- Share the mental health roadmap with Texas Child Mental Health Care Consortium’s TCHAT and CPAN programs so the mental health professionals at Texas Higher Education Institutions are familiar with local community care options and can advise educators and physicians how to connect patients and students to ongoing mental health care in the community.
- Provide training for 211 Call Center staff on mental health, substance use, and crisis resources available and how to refer callers to the most appropriate resources.





# Call to Action

Implementing a new children’s mental health strategic plan requires a synchronized effort across our community to ensure every child and youth can thrive. Following are specific actions that Kids Living Well, its member organizations, and other community stakeholders can take to implement the Plan over the next five years.

## Action Kids Living Well can take:

- Share the plan widely with community leaders and planning entities, such as United Way Success by Six, Raising Travis County Community Advisory Council, Generation ATX, Austin Public Health Community Health Improvement Plan, Central Health, CommUnityCare, Austin/Travis County Public Health Commission, Joint Subcommittee, Student Health Advisory Councils of local school districts, Austin City Council Public Health Subcommittee, the Travis County Commissioner’s Court, and Integral Care’s Planning & Network Advisory Committee (PNAC) and Board of Directors.
- Encourage organizations represented in Kids Living Well to review the Plan with their senior leadership and Boards of Directors to understand how the work of their organization is connected within the larger system of care and what actions they can take to help implement the Plan recommendations.
- Identify which recommendations in the Plan Kids Living Well would like to prioritize for its work together.
- Make regular updates to the Kids Living Well Executive Committee and membership on progress made toward meeting Plan goals. Continue oversight of the Plan with two meetings per year dedicated to informing, reviewing, and/or implementing the Plan.
- Advocate for implementation of the Texas Children’s Behavioral Health Strategic Plan.
- Continue to track local data on children’s mental health and well-being and publish it on the Kids Living Well [data page](#).



## How Community partners can help:

Community partners are vital to the success of this Plan. Following are some ways community partners can support implementation of the Plan.

### **Granting organizations and local government:**

- Fund initiatives to implement Plan recommendations.
- Ask organizations that are awarded grants to support children’s behavioral health to identify how the work they are accomplishing aligns with the Plan.
- Advocate for implementation of the Texas Children’s Behavioral Health Strategic Plan.

### **Non-profit organizations:**

- When applying for grants, cite the Plan and how efforts will support the recommendations.
- Ensure that staff and Boards of Directors are familiar with the Plan.

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It is our collective responsibility to transform these strategies into action, building a robust system of care that safeguards the mental well-being of our children and youth.

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## Appendix A: Local Data

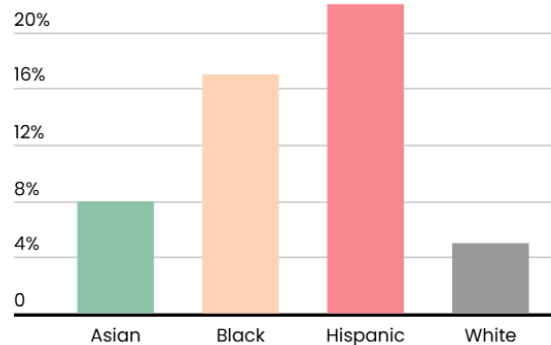
Following are select data points that reflect on the health and well-being of children and youth in Austin and Travis County. Updates to this information and additional data can be found on the Kids Living Well [website](#).

### Poverty disproportionately impacts children of color

The U.S. Census Bureau estimates that 35,783 children under the age of 18, or 14%, of all children in Travis County lived below the federal poverty level in 2024. To be considered living in poverty in 2024, a family of four could earn no more than \$31,200. Children are more likely to live in poverty than working-age adults or seniors.

The poverty rate is highest for Hispanic children, with 22% living below the federal poverty level. The lowest poverty rate was among White children with 5% living below the poverty line.

Travis County Child Poverty Rates by Race & Ethnicity



Source: American Community Survey 5-Year Estimates, 2019-2023

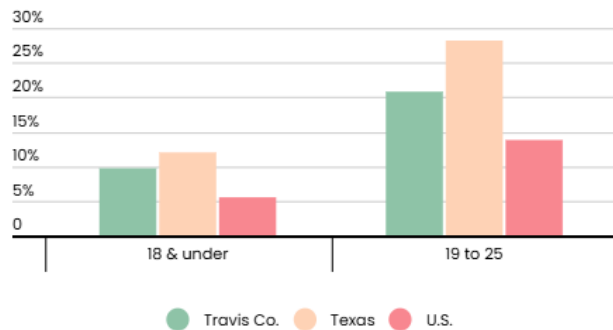
### Health insurance coverage

Texas has the highest rate of uninsured people and uninsured children among all states in the nation. According to Georgetown University’s [Children’s Health Care Report Card](#), “When children are uninsured, they are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.”

This chart compares the percent of Travis

County children and youth who have health insurance. Children are more likely to qualify for public health insurance, such as CHIP and Medicaid. At age 18, many young people lose access to public health insurance.

Percent of Children and Youth who are Uninsured



Source: American Community Survey 5-Year Estimates, 2020-2024



## Child Protective Services

1,904 Travis County children were confirmed victims of child abuse and/or neglect in FY 2025. In Travis County, the Child Protective Services (CPS) Board, appointed by the Travis County Commissioners Court, provides resources and support to children at every stage of involvement with a Travis County CPS case, including Investigations, Family-Based Safety Services, and Conservatorship.

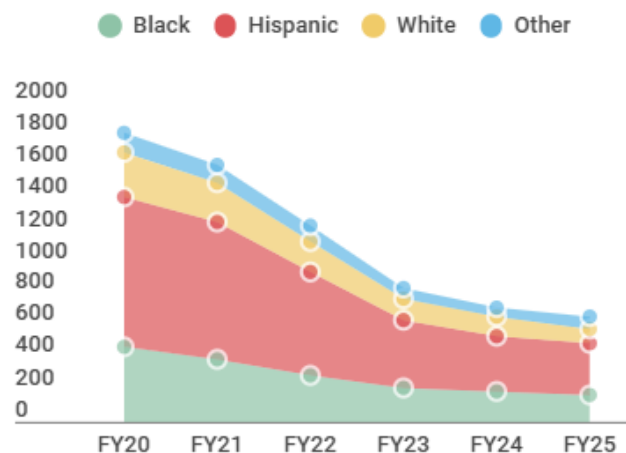
The goal is to keep families together, but if a child's safety cannot be assured, reunification is not possible, or if a court orders it, a child may be permanently placed with another family or have their parent-child relationship terminated.

In 2021, Texas raised the threshold for removal from “substantial risk” to “immediate danger” and ended anonymous reporting of suspected child abuse or neglect. These policies have contributed to a significant decline in the numbers of children who are removed from their homes or who are under Conservatorship of the Department of Family and Protective Services (DFPS).

In FY 2020, the courts appointed legal responsibility for 1,813 children to DFPS. By FY 2024, that number had dropped to 658. Likewise, the number of children removed from their homes by CPS declined from 670 in FY 2020 to 254 in FY 2025. Concerns remain that some children may be left in dangerous situations due to these changes.

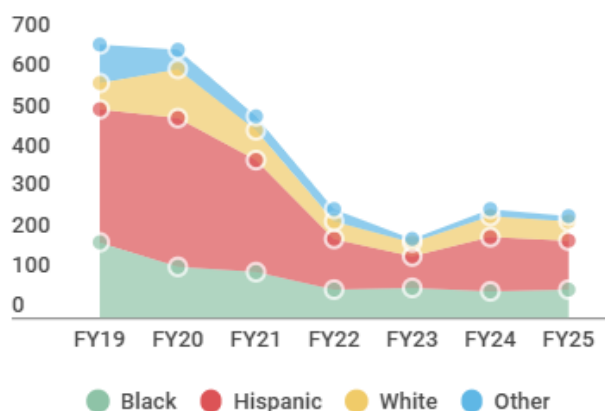
Although the overall numbers of children who are removed from their home or placed under DFPS custody have declined, large disparities remain. In Travis County, Black or African American children make up 8% of the child population but represent 26% of all children placed under the custody of DFPS and 27.5% of those removed from their homes.

### Travis County Children Under DFPS Custody

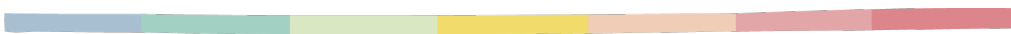


Source: Texas Department of Family and Protective Services

### Travis County Children Removed from their Homes



Source: Texas Department of Family and Protective Services

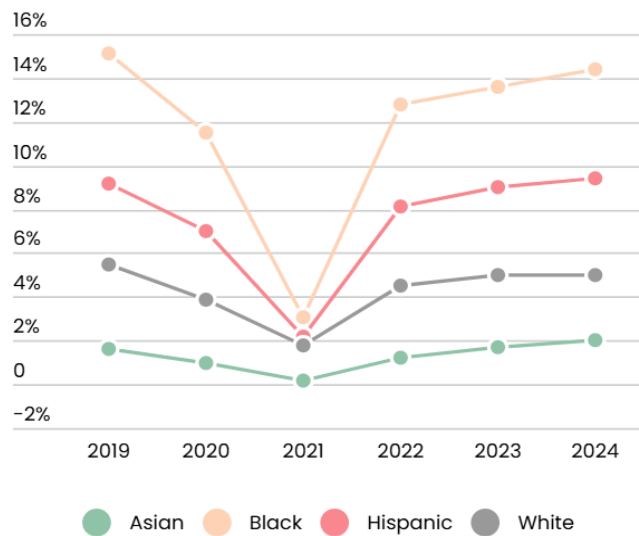




## Disproportionate School Disciplinary Referrals

Disciplinary referrals, which remove students from the classroom, can negatively impact students and have a disproportionate impact on students of color. This graph compares rates of exclusionary disciplinary referrals, such as in-school or out-of-school suspension, expulsion, or placement in a Disciplinary Alternative Education Program (DAEP) or Juvenile Justice Alternative Education Program (JJAEP) by race and ethnicity. Referral rates are highest for students of color. School Disciplinary referrals fell during the COVID 19 pandemic but have increased to previous levels as students have returned to school.

Central Texas Disciplinary Referral Rates by Race & Ethnicity



Source: E3Alliance

According to the E3 Alliance, exclusionary disciplinary referrals increase dropout rates and the likelihood of criminal justice involvement. When education systems commit to alternative discipline practices like restorative justice, positive behavioral interventions, and trauma-informed response, student engagement and overall well-being increase.

School disciplinary referrals may increase over the coming years. The 89th Texas Legislature made substantial changes to the Texas Education Code's school discipline laws effective for the 2025-2026 school year. House Bill 6 expands the use of in-school and out-of-school suspensions and introduces a new virtual expulsion program.





## Use of hospital emergency departments for mental health crises

Children and youth are often taken to hospital emergency departments (EDs) with mental health, emotional, or behavioral concerns. It is important for community members to understand options available and to receive referral to the appropriate level of care. An emergency department is appropriate when a child or youth is at imminent risk of harm to themselves or others or when there are other medical issues. Central Texas is fortunate in that Dell Children’s Medical Center has a mental health unit adjacent to its emergency department. However, not all emergency departments are equipped to respond to a mental health crisis.<sup>14</sup>

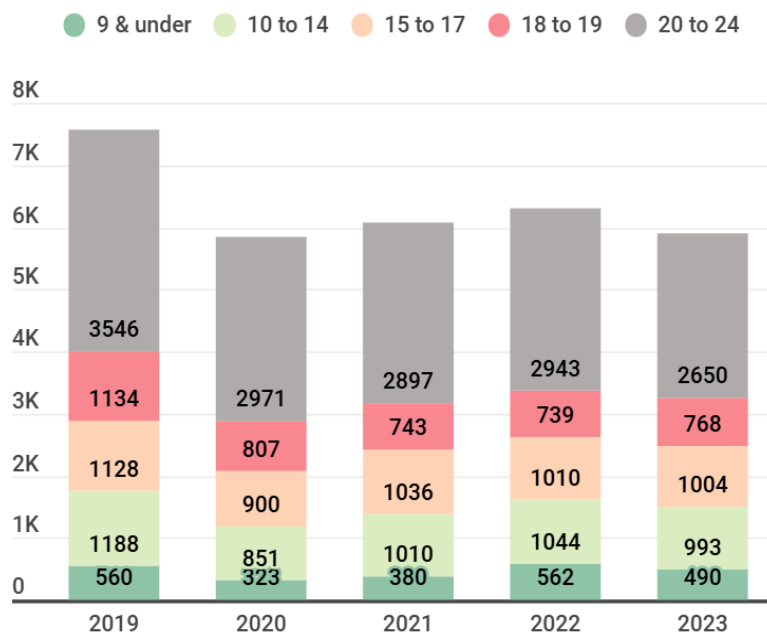
Hospital emergency departments play an important role in the system of care but should not be the default response when a child or youth is experiencing a mental health crisis. Community-based mental health programs—such as intensive, in-home wraparound services, mobile crisis units, crisis respite and partial hospitalization, as recommended in the Texas Children’s Behavioral Health Plan—can reduce emergency room visits and hospitalizations.

In 2023, Travis County children, age 17 & under, visited emergency departments with a mental health, behavioral, or emotional issue 2,487 times. Travis County youth, aged 18 to 24, visited emergency departments with these concerns 3,418 times.

The total cost of this care for Travis County children, aged 17 and under was \$22.68 million. More than half of that cost was financed by Medicaid or Charity Care.

The total cost of this care for Travis County youth, aged 18 to 24, was \$28.27 million. 38% of that care was funded with Charity Care and 22% was funded by Medicaid.

**Emergency Department visits by Travis County children and youth for mental health, behavioral and emotional issues**



Source: Department of State Health Services

<sup>14</sup> Emergency Department Use by Children and Youth with Mental Health Conditions: A Health Equity Agenda, Hoge, Vanderploeg, Paris Jr. Lang and Olezeski, National Institutes of Health, January 17, 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8762987/>



## Crisis Services

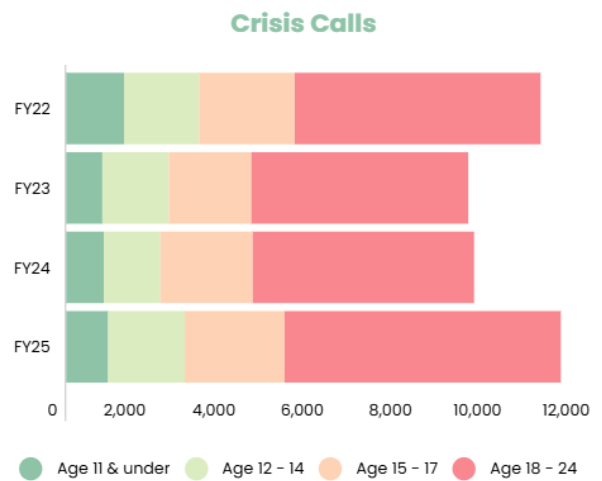
As a Local Mental Health Authority (LMHA), Integral Care provides crisis services for children and adults at low or no cost. The data below depict the number of children and youth who were assisted with Crisis Calls, Psychiatric Emergency Services (PES), and Mobile Crisis Outreach Teams (MCOT).

### Crisis Calls

Integral Care provides phone and text crisis services 24 hours a day, seven days a week. This chart reflects the number of people who call Integral Care’s 24/7 Helpline, the 9-8-8 National Suicide Hotline, or 9-1-1 for help with a mental health crisis.

Specially trained mental health professionals assess the situation and connect the caller to the most appropriate care. In FY 2025, Integral Care provided crisis call support for 4,918 children and 5,302 youth.

Integral Care is currently the only center in Texas answering chats and texts for 988. This is a pilot program. More data will be shared once it is out of the pilot stage.

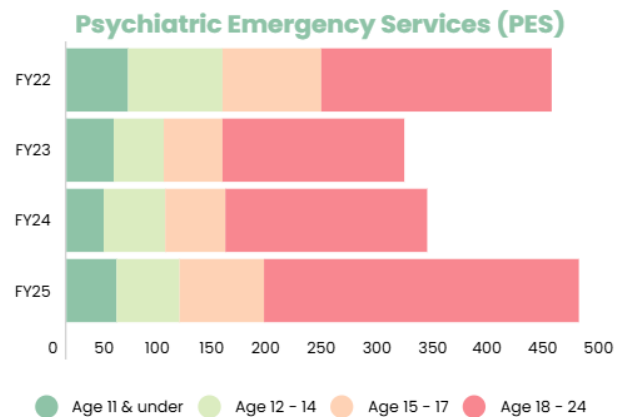


Source: Integral Care

### Psychiatric Crisis Care

Integral Care has two options for in-person urgent crisis care – the Psychiatric Emergency Services walk-in urgent care clinic and mobile crisis response.

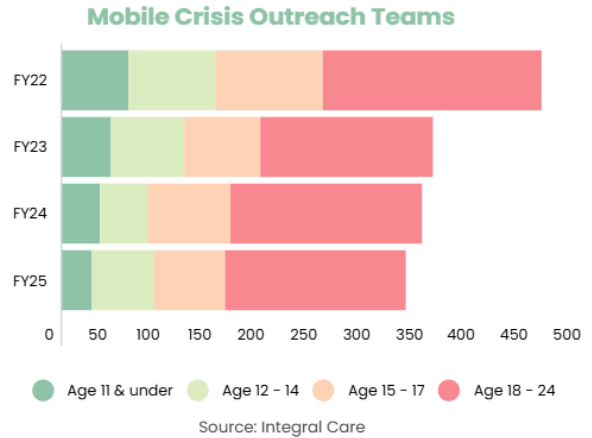
**Psychiatric Emergency Services (PES)** is an urgent care walk-in clinic for people experiencing a psychiatric crisis. The clinic offers crisis de-escalation, psychiatric assessment, safety planning, medication management, and 23-hour stabilization services. PES went to around the clock operations in FY 2025. There is a separate waiting room for children and families.



Source: Integral Care

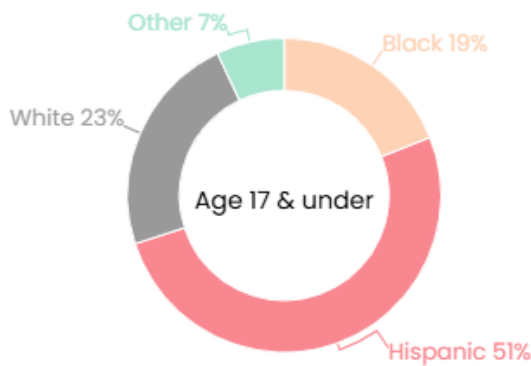


**Mobile Crisis Outreach Teams (MCOT)** are dispatched through Integral Care’s Helpline, 988, 911, or by law enforcement. Mental health professionals trained in crisis response will come to the person having a crisis wherever they are at home, at school, or in the community to provide crisis de-escalation, psychiatric assessment, safety planning, medication management, up to 90-days of crisis follow-up, and connection to on-going services. A new Intensive Children’s MCOT was added in FY2024 with professionals specially trained to respond to children and families in crisis.

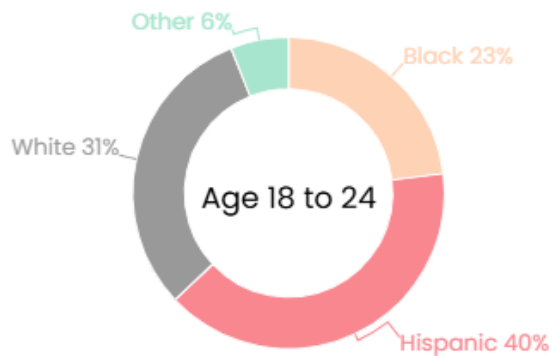


## Race & Ethnicity of Children and Youth Receiving Integral Crisis Care

These charts represent the race and ethnicity of children (aged 17 & under) and youth (aged 18 to 24) who received crisis services from Integral Care in FY2025.



Source: Integral Care



Source: Integral Care

Note: Given the nature of crisis services, demographic data was not collected for all who received services. Those for whom race and ethnicity were not collected are not included in this data.





## Appendix B: New or Expanded Initiatives Since 2021

Following are some of the new community initiatives and programs that have occurred in Austin and Travis County since 2021. This is not a comprehensive list but represents initiatives identified through focus groups and other planning work of the Committee. These community assets are organized under the four Goals from the 2021 Travis County Plan for Children’s Mental Health and Substance Misuse.

### New or expanded initiatives organized by 2021 plan goals.

<p><b>Goal 1: Promote wellness and support resilience for all Travis County children and youth.</b></p>	<ul style="list-style-type: none"> <li>• Family Connects offers postpartum nurse visits to all residents of Austin or Travis County who deliver newborns at participating Seton or St. David’s hospitals and those who are referred by Women Infants and Children (WIC). Registered nurses check on mom and baby, provide information, and connect families to resources. This is a program of the Greater Austin United Way and Austin Public Health.</li> <li>• Austin Child Guidance Center (ACGC) has expanded its free therapy services to youth as well as children.</li> <li>• Central Health has expanded healthcare access in underserved areas with new Health and Wellness Clinics in Hornsby Bend and Del Valle. New facilities are planned in North Austin, Colony Park, and Hancock Center. Central Health offers behavioral health counseling and psychiatry services at select locations.</li> <li>• <a href="#">Ask, Listen, Talk, Repeat</a> is a joint public awareness campaign by Austin Public Health, the City of Austin, Integral Care, and Travis County that encourages adults to talk about mental health with the children in their lives. The campaign began in 2024. It includes resources and information on how to identify mental health issues, how to talk with kids about mental health, how to support your own mental health and that of your children, and treatment options.</li> <li>• Integral Care and NAMI Central Texas created a <a href="#">Children’s Mental Health Awareness Toolkit</a> that shares mental health resources for children and families.</li> <li>• A new Thinkery location opened at the Del Valle ISD Central Child Development Center in 2024. The children’s museum is designed to ignite curiosity, foster creativity, and inspire love of learning.</li> <li>• Santa Maria House is planning a new residential substance use treatment program for women who are pregnant or have children,</li> </ul>
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	<p>to open in 2026. It allows women to receive care without being separated from their children.</p> <ul style="list-style-type: none"><li>• Support from Travis County and St. David’s Foundation has allowed Integral Care to expand training for Mental Health First Aid and Youth Mental Health First Aid.</li><li>• Travis County voters approved a 2.5-cent property tax increase that will fund affordable childcare and after-school and summer care beginning in 2026.</li><li>• SB 25, passed in the 2025 89th Regular Texas Legislative Session, requires daily physical education and prohibits the removal of recess, physical education, and sports practice for disciplinary reasons.</li><li>• The Alliance, a community organization in Manor, has held Mental Health Summer Bootcamps for young people and their caregivers.</li></ul>
<p><b>Goal 2: Provide a continuum of intervention services and effective treatments for children and youth.</b></p>	<ul style="list-style-type: none"><li>• Central Health, CommUnityCare and Integral Care are working together to design and implement a continuum of health services that integrates physical health and mental health care into various care settings.</li><li>• Integral Care on Wheels uses two vans as mobile mental health clinics. The first van was introduced in 2025, and the second will be on-line in 2026. Plans are underway for a third.</li><li>• Communities in Schools began offering school-based mental health services in the 2022-2023 school year.</li><li>• There is recognition of the importance of the role of peer specialists and an expansion in the use of peer specialists.</li><li>• The State of Texas continues to expand funding for the <a href="#">Texas Child Mental Health Care Consortium</a> which connects educators and physicians to mental health professionals within Texas medical schools.<ul style="list-style-type: none"><li>○ The Child Psychiatry Access Network (CPAN) provides telehealth-based consultation and training to primary care providers.</li><li>○ The Texas Child Health Access Through Telemedicine (TCHAT) program provides in-school behavioral telehealth care to children and adolescents.</li><li>○ The Community Psychiatry Workforce Expansion (CPWE) program provides training opportunities for medical</li></ul></li></ul>



	<p>school residents in 16 of the 39 LMHAs state-wide, including Integral Care. The goal is to increase the number of Texas-trained psychiatry residents who work in the public mental health system upon completion of their residencies.</p> <ul style="list-style-type: none"><li>• The 89<sup>th</sup> State Legislature passed a bill that expands the State’s behavioral health loan repayment program. The amounts of repayment assistance were increased, and eligible degrees were expanded to include school psychologists, LCDCs, and some associate degrees. The bill also increased the stipend for bilingual mental health professionals.</li><li>• A bill approved in the 89<sup>th</sup> Legislative Session in 2025 requires schools to let families know about Intellectual and Developmental Disability (IDD) services for which their child may qualify. Getting on the interest lists for services early is important due to years-long waits for services.</li><li>• Texas HHSC partners with the University of Texas Health San Antonio, Department of Psychiatry and Behavioral Sciences, to provide professional development through the <a href="#">Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities training hub</a>. Training modules are free and available for healthcare providers, service providers and caregivers.</li></ul>
<p><b>Goal 3: Respond effectively to children, youth and families in crisis.</b></p>	<ul style="list-style-type: none"><li>• Groups like Out Youth and Rainbow Connection are making a concerted effort to reach out to LGBTQ youth with information and resources.</li><li>• Integral Care was awarded an Austin ISD contract to expand school-based mental health services in the district beginning in the 2025-26 school year.</li><li>• The Integral Care Children’s Crisis Respite program, opened in 2024, provides a safe and supportive environment for children aged 13-17 who are experiencing a mental health crisis or who need a respite from life’s stressors. Children stay up to ten days with an average stay of five days.</li><li>• Integral Care expanded its mobile crisis outreach team services to include an Intensive Children’s Crisis Response that is specially trained to respond to children in crisis and their families. The Texas budget approved by the 89<sup>th</sup> Legislature in 2025 includes funding to expand Youth Mobile Crisis Outreach Teams, which will allow further expansion of this local program.</li></ul>



	<ul style="list-style-type: none"><li>• The Travis County Transformation Project (TCTP) is a community-based, pre-arrest diversion program that was launched in 2023 by the Travis County District Attorney’s Office. Teens who threaten violence against family members are offered a chance to enter a restorative justice program instead of going into the juvenile justice system.</li><li>• LifeWorks opened a Peer Run Youth Crisis Respite Program, called “Common Ground” in 2025 to reduce reliance on traditional crisis interventions by providing peer support services to youth aged 13 to 17 and their families and caregivers.</li><li>• LifeWorks operates an emergency shelter for youth aged 13 to 17, who enter through the TCTP program, who are placed by DFPS, or who are runaways seeking temporary respite. Staff collaborate with families and the youth’s treatment team to provide basic needs, case management services, and individualized care planning.</li></ul>
<p><b>Goal 4: Improve outcomes and accountability in the Travis County children’s mental health and substance use treatment systems.</b></p>	<ul style="list-style-type: none"><li>• Kids Living Well continues to provide oversight into the development of children’s mental health planning in Austin and Travis County and helps to implement the plan through monthly meetings, education summits for child-serving professionals, and other initiatives as needed.</li><li>• Kids Living Well served as the Governance Board for Integral Care’s System of Care grant.</li><li>• A Kids Living Well <a href="#">web page</a> provides data on how children in Travis County are faring.</li><li>• Care Coordination by Central Health, Integral Care, and CommUnityCare provides closed loop referrals and has expanded to include health information and records so we can identify people with specific needs and address them earlier.</li></ul>

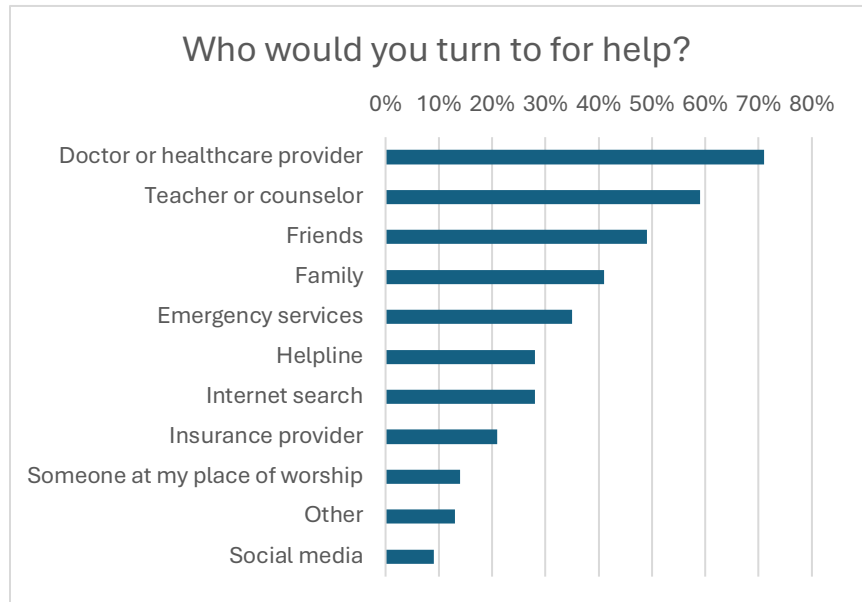


## Appendix C: Parent and caregiver survey results

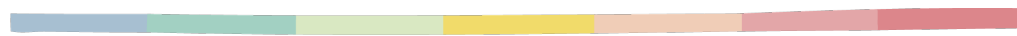
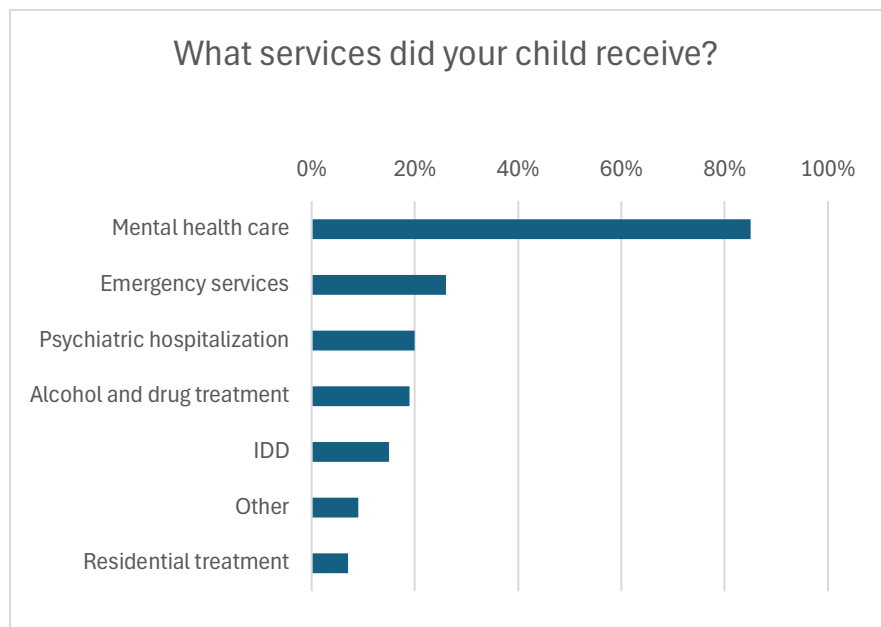
A survey of parents and caregivers was distributed via the Kids Living Well network in the summer through fall 2025. 78 responses from Travis County residents were received.

- 90% replied they are currently or have been worried about their child’s mental health.
- 41% replied they are currently or have been worried about their child’s drug or alcohol use.

When asked who they would turn to for help, more than 70% responded they would turn to their doctor or healthcare provider.

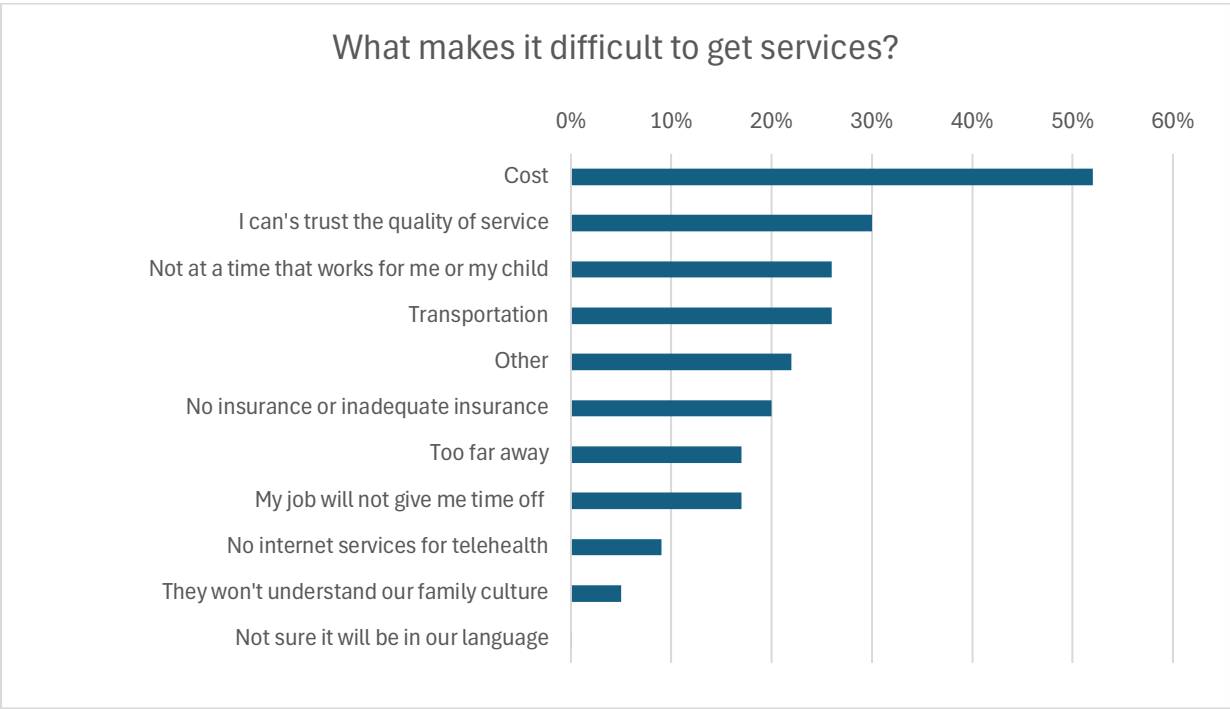


64% of respondents replied that they have gotten mental health or drug and alcohol help for their child. This chart describes the services they received.

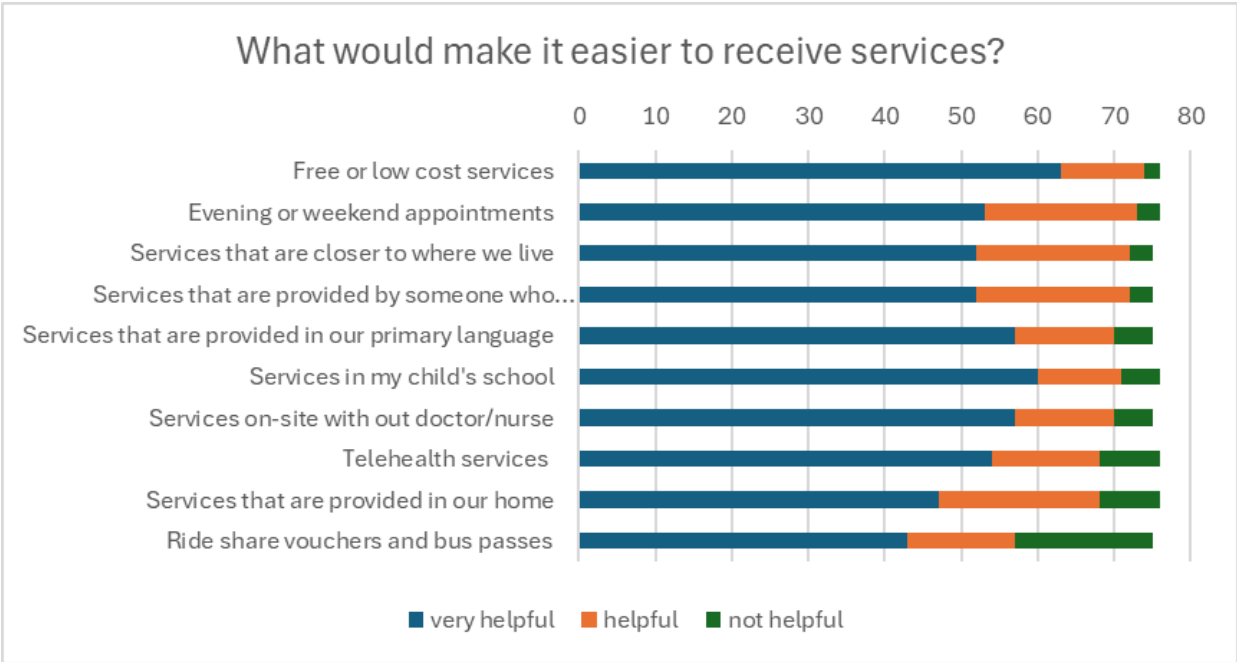




Parents and caregivers reported that the leading barrier to receiving services for their child was cost. Written-in responses for “other” included long wait times, a lack of available resources in the community, and their child’s unwillingness to receive services.

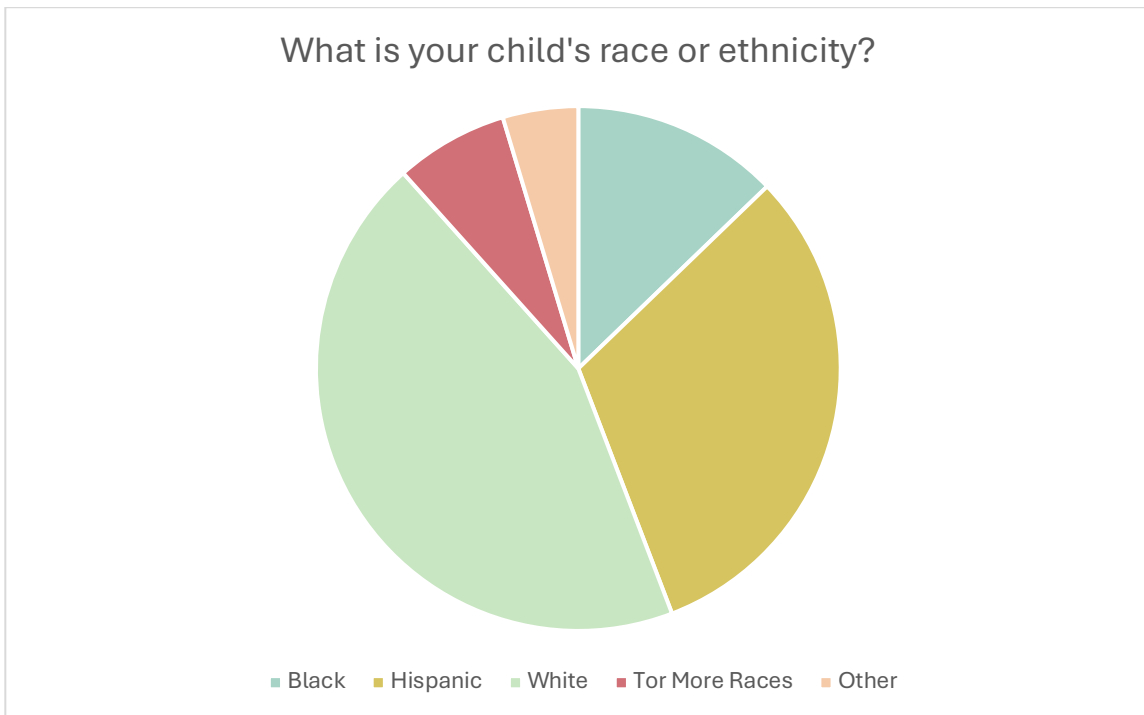
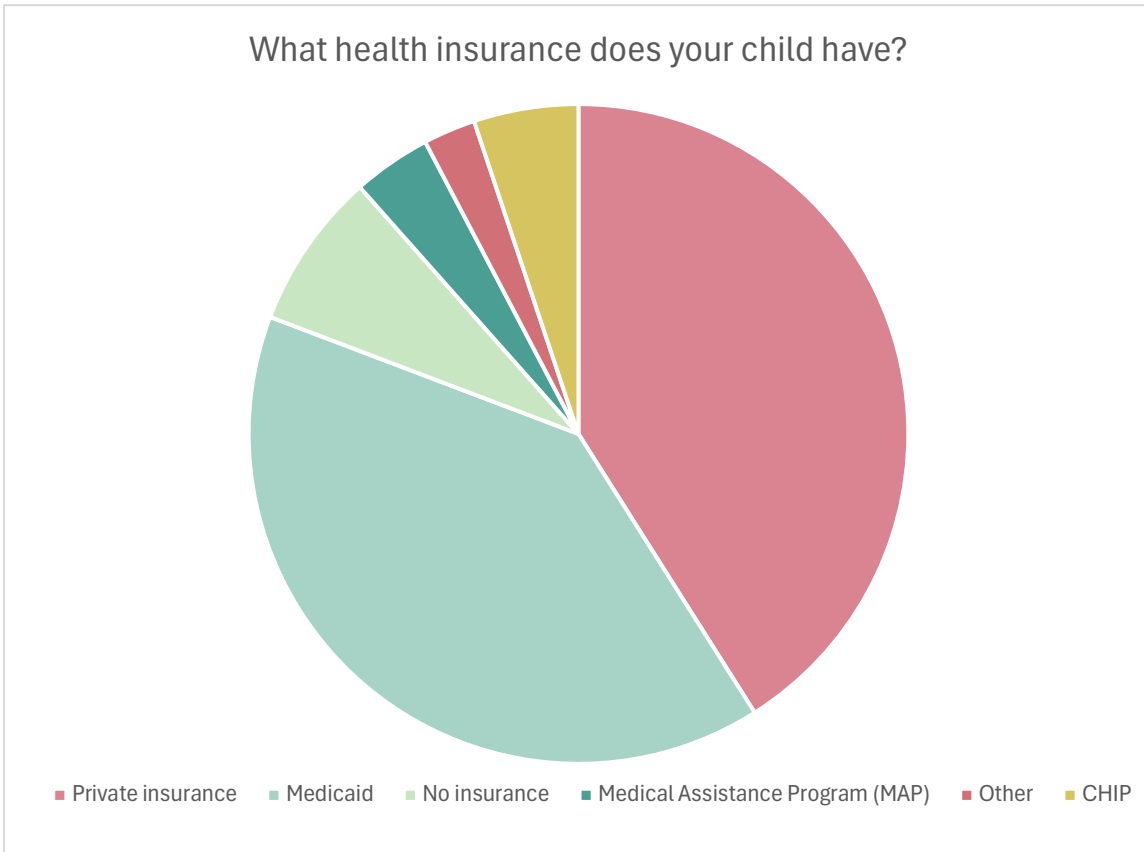


Parents and caregivers reported that free or low-cost services in their child’s school and services provided in their primary language would be “very helpful” in increasing access to services.





Private insurance and Medicaid were the top forms of insurance.





## Appendix D: Glossary

**Adverse Childhood Experiences (ACEs):** Adverse Childhood Experiences are traumatic events in childhood, such as abuse, neglect, or household dysfunction, that disrupt brain development and increase lifelong health risks. Prolonged activation of the body's stress response ("fight, flight, or freeze") damages brain architecture, affecting learning, behavior, and long-term physical and mental health.

**Behavioral health:** Behavioral health is a broad term covering how emotions, behaviors, and actions impact overall well-being, encompassing mental health, substance use, stress, and lifestyle habits like diet, exercise, and sleep. It focuses on the connection between mind, body, and spirit, addressing mental illnesses (like anxiety or depression), substance misuse, and daily choices that affect health, with services including therapy, counseling, and lifestyle support to improve mental, emotional, and physical wellness.

**Certified Family Partner (CFP):** A Certified Family Partner is someone with experience parenting a child with mental health or substance use diagnosis who completes special training. Services are reimbursed by Medicaid at a rate of \$12.73 per fifteen minutes. CFPs help families navigate systems like mental health, substance use treatment, Child Protective Services, or juvenile justice. They offer support, education, and advocacy.

**Child Protective Services (CPS):** [Child Protective Services](#) investigates allegations of abuse and neglect of children and determines whether children should remain in their home or be removed from the home. CPS provides services to strengthen families so children can be safe at home. CPS is a division of the Texas Department of Family Protective Services (DFPS).

**Food insecurity:** When a household cannot access enough food due to a lack of money and other essential resources they are considered to be [food insecure](#). People disproportionately impacted by food insecurity include, but are not limited to, children, many communities of color, households with low incomes, immigrant communities, LGBTQ+ individuals, people with disabilities, people in certain geographies (e.g., rural areas, cities, the South), people who are formerly incarcerated, and single-parent households.

**Local Intellectual and Developmental Disability Authority (LIDDA):** LIDDAs are the primary entry point for publicly funded intellectual and developmental disability services. LIDDAs determine eligibility, coordinate care, and help families enroll in State-funded services. Enrolling early in a child's life is important because programs such as Home and Community-based Services (HCS) and Texas Home Living (TxHmL) have years-long wait lists.



## **Local Mental Health Authority (LMHA)/Local Behavioral Health Authority**

**(LBHA):** All residents of counties within the State of Texas have a designated Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA). Integral Care is the LMHA for Travis County, Bluebonnet Trails is the LMHA for eight counties to the north, east, and west of Travis County, and Heart of Texas LMHA serves 17 counties west of Travis, including Hays County. Texas Health and Human Services Commission (HHSC) contracts with LMHAs and LBHAs to act as the local hub for community mental health services, planning, 24/7 crisis response, mental health and substance use treatment, and support and recovery services for uninsured and underinsured individuals. LMHAs and LBHAs serve as the gateway to receiving public mental health care and substance use care.

**Local provider network:** A Local provider network is a network of non-governmental behavioral health providers, including doctors, clinics, therapists, and service providers, that are managed by a Local Mental Health Authority or Local Behavioral Health Authority to deliver community-based mental health and/or substance use services.

**Managed care organizations (MCOs):** An organization that combines the functions of health insurance, delivery of care, and administration. Services are available primarily through a network of providers contracting with the MCO.

**Mental health crisis:** The National Alliance for Mental Illness (NAMI) defines a mental health crisis as any situation where a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community.

**School to prison pipeline:** The “School-to-Prison Pipeline” is a combination of (i) school disciplinary actions that remove students from their regular classrooms, such as suspensions, expulsions and alternative school placements, and (ii) the criminalization of student misbehavior, leading to school-based arrests and ticketing, that push Texas students—particularly students of color and special education students—out of Texas’ schools, decreasing their chances of graduating and increasing their chances of entering the juvenile justice and criminal justice systems.<sup>15</sup>

**School Health Advisory Council (SHAC):** School Health Advisory Councils are statutorily advisory groups appointed by each school district. The role of the SHAC is to recommend policies and procedures regarding student and staff health.

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<sup>15</sup> For research on the school to prison pipeline, see <https://pmc.ncbi.nlm.nih.gov/articles/PMC8277150/>.



**School Resource Officers (SROs):** School Resource Officers are law enforcement officers assigned to schools who focus on safety and security through various roles, including educator, mentor, and law enforcement officer. They handle safety concerns, criminal investigations, and teach classes on topics like drug prevention and personal safety, while also fostering positive relationships within the school community to create a safer learning environment. SROs may be employed by the district and others are employed by a local law enforcement agency.

**System of Care:** The Texas Children’s Behavioral Health Strategic Plan defines a system of care as “a multi-sector partnership intended to provide a mechanism for planning, financing, evaluating, and ensuring the availability of and children’s access to behavioral health services and supports. It is inclusive of behavioral health promotion, prevention, early identification and intervention, treatment, and recovery designed to meet the unique needs of children and their caregivers. The goal of systems of care is to help children thrive at home, school, communities, and adulthood.”

**System of Care Values:** The Texas System of Care framework is built on core values designed to improve mental health services for children, youth, and families. It emphasizes being family-driven and youth-guided, community-based, strengths-based, and culturally/linguistically responsive to ensure accessible, effective, and collaborative support.

**System Navigator:** Integral Care is one of six LMHAs statewide participating in a pilot Children’s System Navigator program. System Navigators specialize in enhancing access to mental health services for children and families by providing connections to local child-serving agencies, educating community partners, building and maintaining relationships with public and private providers, sharing information, resource system development, and case staffing. Currently, the six System Navigator programs cover 69 counties, leaving 185 Texas counties without intensive coordination for children and families. The 2024 Texas Children’s Behavioral Health Strategic Plan recommends expanding this program.



**Texas Child Mental Health Care Consortium (TCMHCC):** The [Texas Child Mental Health Care Consortium](#) was created by the 86th Texas Legislature to leverage the expertise and capacity of the health-related institutions of higher education to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents.

- The Child Psychiatry Access Network (CPAN) provides telehealth-based consultation and training to primary care providers.
- The Texas Child Health Access Through Telemedicine (TCHATT) program provides in-school behavioral telehealth care to at-risk children and adolescents.
- The Community Psychiatry Workforce Expansion (CPWE) funds full-time academic psychiatrists as academic medical directors and new psychiatric resident rotation positions at facilities operated by community mental health providers, including Integral Care.
- The Child and Adolescent Psychiatry (CAP) Fellowships program expands both the number of child and adolescent psychiatry fellowship positions in Texas and the number of these training programs at Texas health related institutions of higher education.

**Trauma-informed Care:** According to the [U.S. Substance Abuse and Mental Health Services Administration](#) (SAMHSA), “a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

**Youth Empowerment Services (YES) Waiver:** This State Medicaid program provides intensive services to children and youth aged 13 to 18 who live with serious mental, emotional, and behavioral difficulties. YES Waiver utilizes a strengths-based team planning process called Wraparound which seeks to build families’ natural support networks and connects them to community services. The goal is to prevent out-of-home placement and promote lifelong independence.

