



# Texas System of Care

*Achieving Well-Being for Children and Youth*

Name	Organization	Email Address
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**What best describes your role in improving mental health services for children and youth with complex needs through the development of a local system of care in your community? (Please check all that apply).**

- Involved community member (family member, youth, etc.)
  - Community-based service organization
  - State or local government health or human service agency representative
  - Local faith-based organization
  - Law enforcement agency
  - Other role (Please describe).
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**After today's meeting, what do you see as your future role in the local System of Care? (Please check one.)**

- Governance and Leadership Team
  - Subcommittee Member
  - Information only
  - Other role (Please describe).
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**Do you believe there is a community representative or organization not present today that should be invited to the next meeting? If so, please include their name and contact information.**

