



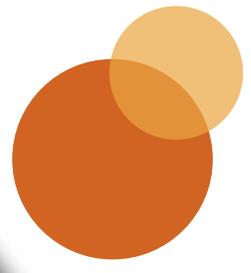
Texas System of Care



Achieving Well-being *for Children and Youth*



Texas System of Care Consortium
2014 Legislative Report



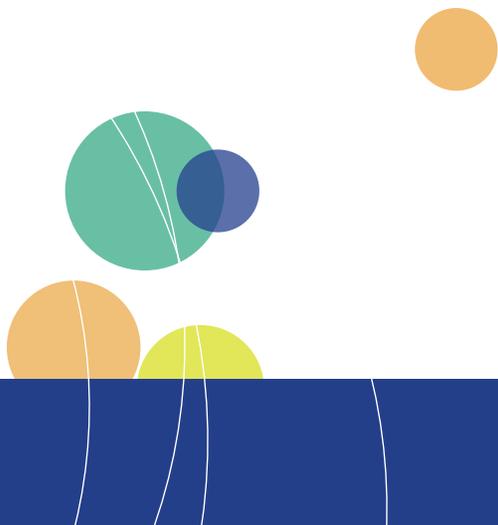
Executive Summary

The Texas System of Care Consortium was created under the authority of the Texas Government Code Section 531.251 – 531.257 as amended during the 83rd Legislature, Regular Session, 2013 under Senate Bill 421. The consortium submits this report to the 84th Texas Legislature with the goal of strengthening the service delivery and support systems for children and youth with complex mental health challenges and their families so that all Texas children may have access to high quality mental health care that is family driven, youth guided, community based, culturally grounded and sustainable. According to the statute, the Texas Health and Human Services Commission (HHSC) and the consortium must provide oversight a state system of care to develop local mental health systems of care. HHSC and the consortium are required to:

- Maintain a comprehensive plan for the delivery of mental health services and supports to a minor and a minor's family using a system of care framework, including best practices in the financing, administration, governance, and delivery of those services.
- Implement strategies to expand the use of system of care practices in planning and delivering services throughout the state.
- Identify appropriate local, state and federal funding sources to finance infrastructure and mental health services needed to support state and local system of care efforts.
- Develop an evaluation system to measure outcomes of state and local system of care efforts.

A statewide comprehensive strategic plan has been developed to provide a roadmap to implement the system of care framework within Texas. The plan focuses on the Texas System of Care vision that all Texas children and youth have access to high quality mental health care that is family driven, youth guided, community based, culturally grounded and sustainable. Five goal areas provide the basis for achieving that vision: leadership, community capacity, services and supports, financing and accountable systems.

This report highlights the progress made in those five goal areas, and identifies thirteen recommendations for consideration by the 84th Legislature or by child or youth-serving state agencies as identified by the consortium. Those recommendations are as follows.





Achieving Well-being for Children and Youth



Leadership and Resource Development

Recommendation 1 (to the Legislature): Consider establishing a pilot to implement a single entry point and shared funding model by establishing a local care management entity that effectively coordinates the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services. The resulting community collaborative should focus on bringing public and private sectors together to provide services and supports to children, adolescents and young adults and their families at risk for psychiatric hospitalization, residential placement, correctional placement, child welfare placement running away or homelessness. Services and supports would provide both a preventative function to reduce the likelihood of removal from the community and a support for the child or youth returning from out-of-home care.

Recommendation 2 (to state agencies): State agencies that serve children could support local community systems of care and a supportive infrastructure to increase community capacity to implement state and local systems of care throughout Texas.

Recommendation 3 (to state agencies): Review language within agency strategic plans, block grants, program manuals and contracts to align with system of care values and practices.

Recommendation 4 (to state agencies): Examine opportunities to implement system of care best practices, including services, supports, and infrastructure, to be funded through an alignment of Medicaid and other financing mechanisms.

Family Voice

Recommendation 5 (to state agencies): Sponsor the sustainability of a state family voice collaborative of leadership organizations and community family leaders focused on policy development and advocacy for children's mental health. Support from agencies could include formal partnerships and collaborations between the Texas Family Voice Network and complementary groups and organizations advising child-serving agencies, such as the Statewide Parent Collaborative Group. Formal partnerships would increase family voice for children's mental health and inform policy and practice. This group would provide technical assistance to the Texas System of Care Consortium to ensure a family-driven standard of care.

Youth Voice

Recommendation 6 (to state agencies): State agencies serving children and adolescents should partner with the statewide ACCEPT group or other youth leadership organizations to explore agency readiness and level of implementation of authentic youth and young adult engagement.

Access to Services and Supports

Recommendation 7 (to state agencies): Partner with Texas Health Steps and medical associations to explore the use of standardized mental health screening tools by pediatricians and primary care physicians and encourage referrals to early intervention services that target children who show signs of risk for mental health concerns. Early intervention services focus on those factors that put children at further risk for developing mental health disorders and can engage families before significant impairment has occurred.

Recommendation 8 (to state agencies - lead DSHS and HHSC): Support the feasibility of implementing high-fidelity wraparound for all children with intensive behavioral health needs who require intensive care coordination across multiple child-serving systems.

Recommendation 9 (to state agencies - lead HHSC Medicaid): Explore the feasibility of expanding the service activities provided by certified family partners, as parent peer supports, through a Medicaid State Plan amendment to include nationally accepted family partner services/supports and align with national best practices for this service. Parent support services include developing and linking with formal and informal supports; instilling confidence; assisting in developing goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching skills necessary to improve coping abilities. These peers provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth.

Recommendation 10 (to state agencies - lead TEA): Agencies should partner with and support the Texas Education Agency in implementing evidenced-based practices that target children and youth in school-based settings, including models such as Positive Behavior Supports.

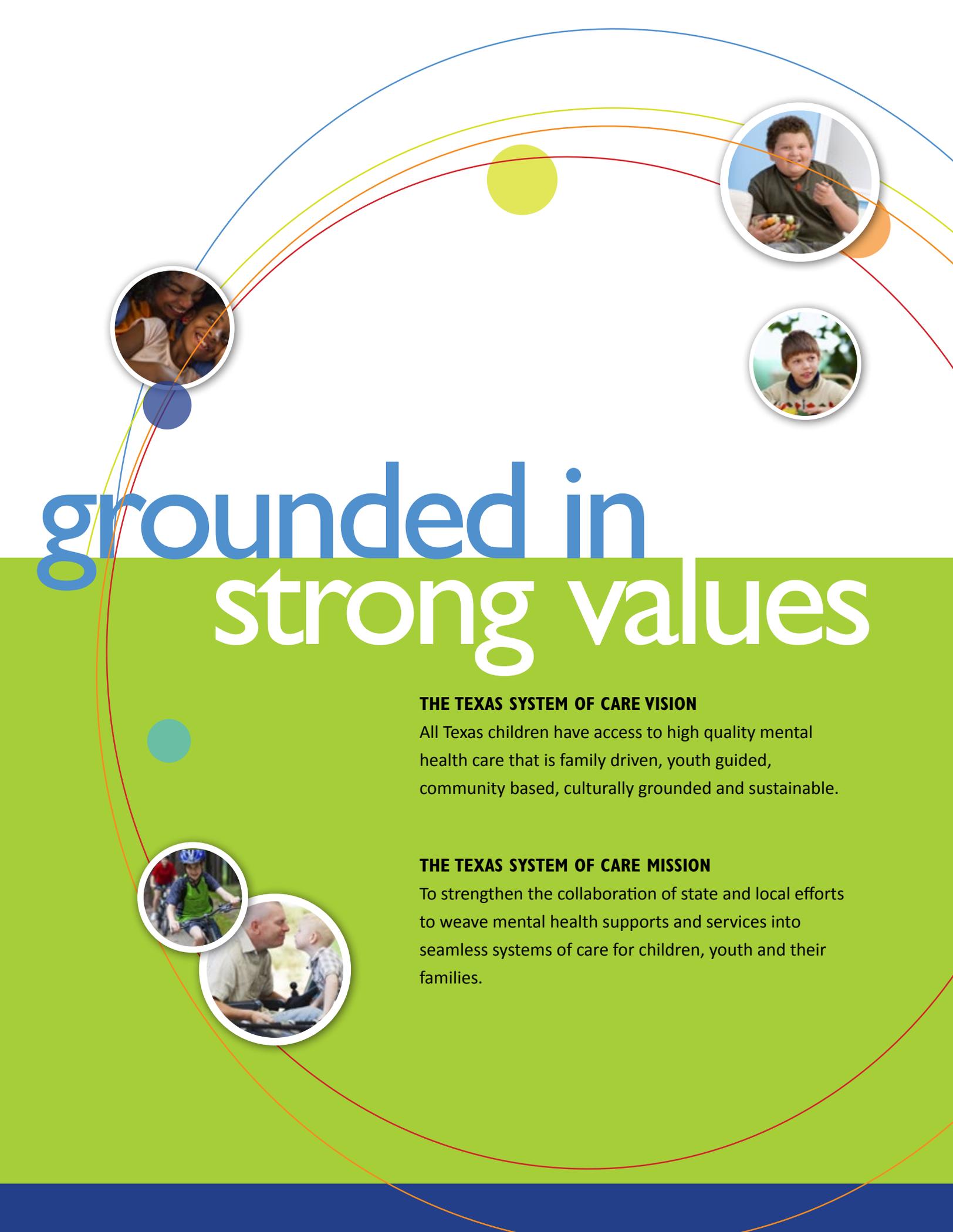
Communication and Social Marketing

Recommendation 11 (to the Legislature): Continue communication efforts around mental health awareness, promotion, and the elimination of stigma.

Data and Accountability

Recommendation 12 (to the Legislature): To better assess child-level outcomes across systems, it is recommended that several key data elements be shared among public mental health, education, juvenile justice and child welfare systems. Data elements could be housed within one agency or a third-party organization, such as a university.

Recommendation 13 (to state agencies): To reduce data duplication and be more trauma-informed, DFPS and TJJD should explore using an agency-modified version of the Child and Adolescent Needs and Strengths Assessment (CANS) and consider piloting its use in a community.



grounded in strong values

THE TEXAS SYSTEM OF CARE VISION

All Texas children have access to high quality mental health care that is family driven, youth guided, community based, culturally grounded and sustainable.

THE TEXAS SYSTEM OF CARE MISSION

To strengthen the collaboration of state and local efforts to weave mental health supports and services into seamless systems of care for children, youth and their families.



Table of Contents



| | |
|-----------|---|
| 2 | Introduction |
| 5 | Texas System of Care Consortium Membership and Duties |
| 6 | Background of System of Care in Texas |
| 8 | A Strategic Approach to System of Care Expansion |
| 10 | Progress and Recommendations to Support Expansion |
| 10 | Leadership and Resource Development |
| 13 | Family Voice |
| 14 | Youth Voice |
| 15 | Access to Services and Supports |
| 17 | Communication and Social Marketing |
| 18 | Data and Accountability |
| 20 | Conclusion |
| 21 | Acknowledgements |
| 22 | Appendix A |
| 24 | Appendix B |



Achieving Well-being for Children and Youth



Introduction

The Texas System of Care Consortium was established under the Texas Government Code Section 531.251 – 531.257 as amended by Senate Bill 421, 83rd Legislature, Regular Session, 2013 (see Appendix A). The Consortium submits this report to the 84th Texas Legislature with the overall goal of strengthening the service delivery and support systems for children and youth with complex mental health challenges and their families so that all Texas children may have access to high quality mental health care that is family driven, youth guided, community based, culturally grounded and sustainable.

Senate Bill 421, passed during the 83rd Legislature, Regular Session, amended a previous statute that directed state child-serving agencies to pilot a model called the Texas Integrated Funding Initiative (TIFI) to better serve children and youth with serious emotional disturbances. TIFI chose the ‘System of Care’ model that has been supported not only by several local communities in Texas, but is also endorsed and supported by the Child and Adolescent Branch of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal branch of the Department of Health and Human Services. The statute now requires statewide implementation of the system of care model that is well-grounded in strong values and guiding principles of practice within communities nation-wide.

A system of care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs to help them to function better at home, in school, in the community and throughout life.

Core Values

Systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs and services that reflect the cultural, racial, ethnic and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Guiding Principles

Systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational and physical needs, including traditional and nontraditional services as well as natural and informal supports.
2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe and nation.
6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination and integrated care management.
7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness and outcomes at the system level, practice level, and child and family level.
12. Protect the rights of children and families and promote effective advocacy efforts.
13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and services should be sensitive and responsive to these differences.



Texas System of Care Consortium Membership and Duties

It is the responsibility of the Texas Health and Human Services Commission to form the consortium. The consortium's official membership comprises state agency representatives from the Texas Department of State Health Services, the Texas Department of Family and Protective Services, the Medicaid division of the Texas Health and Human Services Commission, the Texas Education Agency, the Texas Juvenile Justice Department and the Texas Correctional Office on Offenders with Medical or Mental Impairment. Also included is a family member of a youth or young adult who has a serious emotional disturbance and has received mental health services and supports. The authorizing statute notes that the consortium may collaborate with the Children's Policy Council to provide for the youth or family representation as defined above.

In addition to these consortium members, there are many children's mental health stakeholders who regularly attend the consortium's quarterly meetings, and these stakeholders work in partnership to achieve the overall Texas system of care mission and vision. These stakeholders include community leaders, advocacy and consumer organizations, foundations, family representatives and others and organizations with complementary goals and objectives for improving a collaborative children's mental health system (see Appendix B).

According to the statute, the duties of the Texas Health and Human Services Commission and the consortium in providing oversight to a state system of care are to:

- Maintain a comprehensive plan for the delivery of mental health services and supports to a minor and a minor's family using a system of care framework, including best practices in the financing, administration, governance, and delivery of those services.
- Implement strategies to expand the use of system of care practices in the planning and delivery of services throughout the state.
- Identify appropriate local, state, and federal funding sources to finance infrastructure and mental health services needed to support state and local system of care efforts.
- Develop an evaluation system to measure outcomes of state and local system of care efforts.

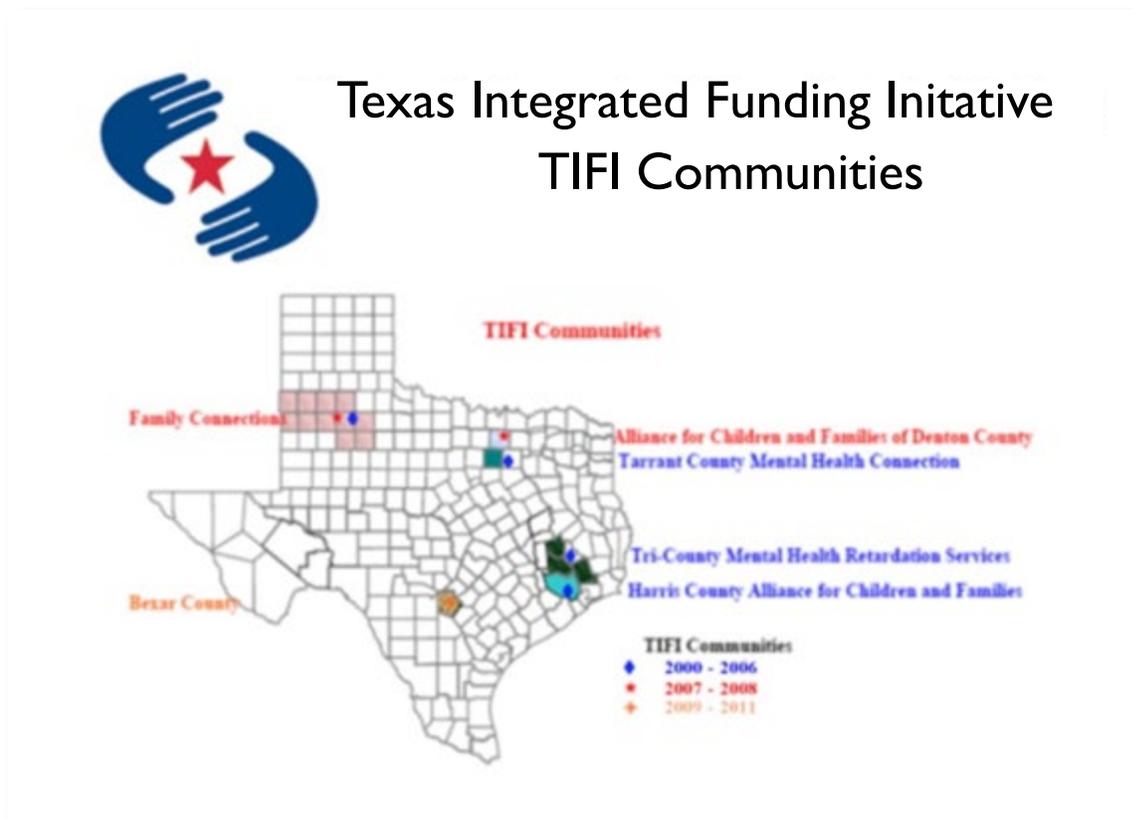
The consortium is required by statute to submit a report to the legislature and the Council on Children and Families that contains an evaluation of the outcomes of the Texas system of care and recommendations on strengthening state policies and practices that support local systems of care, including recommendations relating to:

- Methods to increase access to effective and coordinated services and supports.
- Methods to increase community capacity to implement local systems of care through training and technical assistance.
- Use of cross-system performance and outcome data to make informed decisions at individual and system levels.
- Strategies to maximize public and private funding at the local, state, and federal levels.

In addition, the statute charges the Texas Health and Human Services Commission and the Texas Department of State Health Services jointly to monitor the progress of the communities that implement a local system of care, including monitoring cost avoidance and the net savings that result from implementing a local system of care.

Background of System of Care in Texas

Under the TIFI, there were six Texas communities funded with state appropriations at various levels ranging from annual amounts per community of \$40,000 to \$75,000 from 2000 to 2011.



Over the course of those 11 years, three of these communities were successful in applying and receiving larger six-year federal system of care grants with individual community grants totaling up to \$9 million each, thus freeing up those state funds to grow a system of care in other Texas communities who were ready to collaborate with a children's mental health focus.

System of Care Communities of the Comprehensive Community Mental Health Services for Children and Their Families Program



In addition, there were three other federally-funded system of care communities in Texas for a total of six federally-funded communities. These demonstration communities provided a rich and diverse background of experience, as diversified as the communities around Texas. Communities range from urban areas, rural areas, one border region, a frontier region and a community area that focused on strengthening early childhood mental health and social emotional development. This history and experience has provided a strong foundation to continue well-informed activities to expand system of care in Texas.



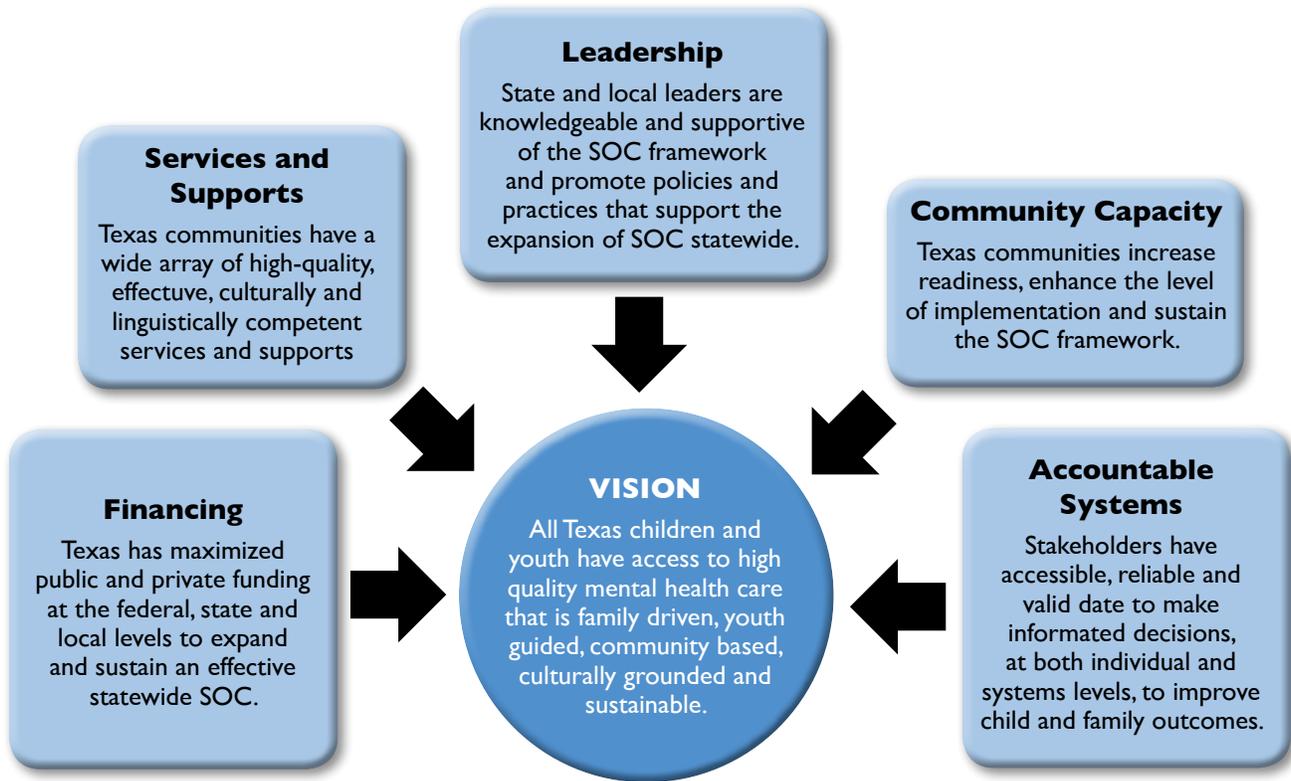


A Strategic Approach to System of Care Expansion

With a focus on developing a statewide strategic plan in 2012 that was reasonable, feasible and sustainable, children's mental health stakeholders conducted a review of documents and reports, stakeholder information gathering through key informant interviews, focus groups and facilitated planning.

The five broad goal areas on the strategic plan are:

1. **Develop and Strengthen Leadership and Support:** State and local leaders are knowledgeable and supportive of the system of care framework and promote policies and practices that support the expansion of system of care statewide. The ongoing development of a strong state and local infrastructure is key to the advancement of a state and community system of care.
2. **Enhance Access to Effective Services and Supports:** Texas communities have a wide array of high-quality, effective, culturally and linguistically appropriate services and supports. Coordination of services across multiple systems, access to non-traditional services and supports, and effective youth-centered and family-driven planning processes are critical to a strong system of care.
3. **Support Community Development of System of Care:** Texas communities increase readiness, enhance the level of implementation, and sustain the system of care framework, thereby increasing the number of children, youth and their families served through system of care practices. Communities with system of care development experience have helped inform a statewide approach to continue to grow system of care in additional Texas communities.
4. **Maximize Efficient, Sustainable Financing Strategies:** Texas has maximized public and private funding at the federal, state and local levels to expand and sustain an effective statewide system of care. Aligning financing with system of care practices is critical to supporting infrastructure, expanding access to effective services and supports, sustainability and resource coordination.
5. **Create Accountable Systems:** Stakeholders have accessible, reliable and valid data to make informed decisions, at both individual and systems levels, to improve child and family outcomes. Accessible data allows systems to identify needs, plan appropriately, allocate resources and evaluate activities in support of effective systems of care.



This graphic of the vision of the Texas system of care depicts the overarching goals of the strategic plan.



Progress and Recommendations to Support Expansion

Progress over the past two years toward strategic plan goals and activities is summarized for each goal area. Recommendations for child-serving state agencies and the state legislature are included after this summary. Recommendations have been developed by members of the Texas System of Care Consortium and include the input of families of children or youth who have received mental health services.

Leadership and Resource Development

Strategy A: *Increase the impact and sustainability of the Texas System of Care Consortium by strengthening alignment with existing state governance or advisory boards.*

Update – This strategy has been advanced through several efforts. The Texas System of Care Consortium shares membership with several state committees, including the Children’s Policy Council and the Texas Suicide Prevention Council. Leaders from Texas System of Care have presented to other advisory boards and requested presentations in turn. Texas System of Care staff and stakeholders have provided input to several advisory groups and committees working on children’s or family issues.

Strategy B: *Provide a mechanism for local organizations and regional or community coalitions to identify and recommend changes to existing policies and practices that present barriers to implementing a system of care service delivery approach.*

Update – Staff contracted under the Texas System of Care initiative provide support for a state coalition of system of care communities. These communities meet quarterly to discuss policy issues, identify technical assistance needs and share ideas for strengthening local community collaboratives.

Strategy C: *Develop a coalition of key leaders from various regions, roles, cultures, and systems to champion the importance of addressing children’s mental health in Texas and partner with system of care initiatives.*

Update – This coalition has been established and is growing. Leaders have contributed to a video campaign, blogs and local presentations. Communication tools, such as slide decks, are being developed to help leaders share a cohesive message about the value of system of care in communities.

Strategy D: *Increase awareness, interest, and support for system of care principles and practices through the use of effective social marketing and communications activities.*

Update – Texas System of Care maintain a website and participates in social media platforms to enhance the public’s understanding of children’s mental health. Texas System of Care sponsored a public campaign for

Children's Mental Health Awareness Day on May 10, 2014, which included activities in many communities across the state. In Austin, this included a walk with more than 100 participants ending in a picnic at a local park. News media covered for the event, and Texas System of Care contributed an opinion article in a local paper. Additionally, Texas System of Care earned three national awards for Excellence in Community Communications and Outreach at a SAMHSA-sponsored event.

Strategy E: *Develop and implement a financing plan to provide long-term support for the infrastructure for the expansion and sustainability of a statewide system of care approach.*

Update – Texas System of Care staff have begun developing a plan for financing the long-term support of the infrastructure necessary to expand and sustain a statewide system of care approach. This initial plan has been submitted to SAMHSA and will be updated. The plan incorporates a range of strategies to fund services and supports, community infrastructure, training and technical assistance, evaluation and oversight.

Strategy F: *Explore opportunities for enhancing system of care implementation by maximizing existing revenue sources, including the Medicaid state plan, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Texas Medicaid 1115 waiver, Title IV-E, and state block grants.*

Update – The 83rd Texas Legislative session gave additional state funding for the public mental health system. These funds aim to reduce the waiting list for community-based mental health treatment, reduce stigma through a public awareness campaign and evidence-based training for schools, expand the availability of crisis services and fund dedicated residential treatment beds to reduce relinquishment to the child welfare system for unmet mental health needs. In addition, legislation directed the state to make changes to various Medicaid programs that serve children and families with mental health challenges. Texas System of Care staff participate in several workgroups to provide expertise on effective, coordinated service systems for children with serious emotional disturbances. In partnership with the national technical assistance contractor for the System of Care grant, Texas System of Care has been able to provide consultation from national experts on behavioral health benefits and structures for this population of youth.

Additionally, the Delivery System Reform Incentive Payment (DSRIP) program under Texas' 1115 Medicaid Transformation Waiver has enabled almost 1500 projects across the state to improve healthcare delivery systems, including improving access to care and innovations in care.

The projects are delivered within 20 Regional Healthcare Partnerships, all of which did community needs assessments that showed behavioral healthcare as a priority community need. One of the early benefits of the program is that it has increased collaboration between providers in each region to better coordinate how they deliver care.

Of the 4-year DSRIP projects, almost one third (389) have a behavioral healthcare focus, including:

- 90 interventions to prevent unnecessary use of services (in the criminal justice system, ED, etc.)
- 58 projects to enhance BH service availability (hours, locations, transportation, mobile clinics)
- 49 projects to develop BH crisis stabilization services
- 49 projects to integrate primary and BH care services
- 40 projects to deliver BH care services through telemedicine/telehealth
- About $\frac{3}{4}$ of the 4-year projects are being performed by community mental health centers and the other $\frac{1}{4}$ by hospitals and other DSRIP providers.

These projects are eligible to earn over \$900 million All Funds during their first two years of the waiver operation (October 2012 to September 2014).

Strategy G: Support the implementation and expansion of the 1915(c) Medicaid YES waiver, including enhancing the compatibility with other funding resources.

Update – The 83rd Legislative Session directed DSHS and HHSC to expand the 1915(c) Medicaid YES Waiver statewide. DSHS has supported the implementation of the YES Waiver in existing and new communities through a contract with an academic institute. Implementation has included new communities in Harris County, Fort Bend County, Galveston County, Cameron County, Willacy and Hidalgo County. Planning is underway for implementation in the Dallas area as well as Williamson and McLennan counties.

Recommendations for Leadership and Resource Development

Recommendation 1 (to the Legislature): Consider establishing a pilot to implement a single entry point and shared funding model by establishing a local care management entity that effectively coordinates the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services. The resulting community collaborative should focus on bringing public and private sectors together to provide services and supports to children, adolescents and young adults and their families at risk for psychiatric hospitalization, residential placement, correctional placement, child welfare placement running away or homelessness. Services and supports would provide both a preventative function to reduce the likelihood of removal from the community and a support for the child or youth returning from out-of-home care.

Rationale for recommendation: An adolescent or young adult diagnosed with a severe mental illness or a serious emotional disturbance is often involved in multiple local child-serving agencies, with numerous service plans. These numerous service plans often involve multiple office visits at various locations throughout their community. Creating a single service plan that represents the (potential) multi-agency needs could result in youth and young adults having increased success rates and staying in the community. Having one service plan, developed through one entry point, could be a more efficient use of community resources, would also allow for greater participation and incorporation of the family voice in the service plan.

Comprehensive, coordinated systems of care cannot be achieved solely through public child-serving systems. They require the inclusion of non-profit organizations, community providers, faith-based organization, businesses and other stakeholders. Developing community infrastructure to support systems of care takes concerted effort and partnerships. Currently, the funding that child-serving agencies receive has strict requirements for how it is spent. And requirements are often based on the units of service rather than the comprehensive individual needs of the youth. The strict requirements on the funds make it difficult for agencies to collaborate and effectively coordinate multiple services. The identified pilot community could have one entry point and additional flexibility for the use of funds to coordinate their state and local funding to provide comprehensive, flexible services for children and youth with serious emotional disturbance and their families to prevent out-of-home placement and improve both short- and long-term outcomes for children and youth. The evaluation of the identified community would allow replication in other communities.

Recommendation 2 (to state agencies): State agencies that serve children could support local community systems of care and a supportive infrastructure to increase community capacity to implement state and local systems of care throughout Texas.

Rationale for Recommendation: State child-serving agencies are charged with providing oversight over a state system of care and to develop local systems of care in Texas communities under the Texas Government Code 531.251. Efforts to support the development of a statewide and community-level system of care infrastructure are funded through a SAMHSA System of Care Implementation grant. This grant supports staff that work directly with state and local leaders to implement, evaluate and ensure sustainability of the system of care framework through policy change, program implementation, and outcomes monitoring. However, funding from the implementation grant is time-limited; when the grant expires there will no funding to continue supporting communities and state agencies as they implement and expand the system of care framework throughout Texas. To sustain current efforts and support new initiatives after SAMHSA funding ends, new resources will need to be identified.

Recommendation 3 (to state agencies): Review language within agency strategic plans, block grants, program manuals and contracts and align with system of care values and practices.

Rationale for recommendation: Many state child-serving agencies have values that align with system of care values and principles—incorporating family voice, using evidence-based practices, promoting resilience, recovery and wellness, etc. However, many of these values are not consistently reflected in the written policies, program manuals, contracts and strategic plans used by state agencies. A coordinated effort is needed to ensure that all language used to describe services and supports available to children and youth in the state of Texas aligns with System of Care values and practices.

Recommendation 4 (to state agencies): Examine opportunities to implement system of care best practices, including services, supports and infrastructure, to be funded through an alignment of Medicaid and other financing mechanisms.

Rationale for recommendation: While ongoing, targeted efforts to expand the system of care to local communities throughout Texas exist, opportunities at the state level could be explored to maximize the use of Medicaid and other funding streams that can help support the sustainability of the system of care infrastructure at the state and community level.

Family Voice

Strategy A: *Create a sustainable, family-driven infrastructure to increase opportunities for statewide family leadership and voice and strengthen the capacity of family leaders to inform policy and practice.*

Update – Texas System of Care convened a number of parents of children (or former children, who are now young adults) with mental health challenges to explore the option of establishing a formal collaboration. These regional and state leaders have met over the course of a year and recently established the Texas Family Voice Network. The network adopted the Texas System of Care Vision, which states “All Texas children have access to high quality mental health care that is family-driven, youth-guided, community-based, culturally-grounded and sustainable.” The network has established an executive committee and provided input to a number of relevant initiatives. Texas System of Care will continue to support the development of the network as it begins to focus on membership growth and providing opportunities to family members to participate in mental health policy development.

Recommendations for Increased Family Voice

Recommendation 5 (to state agencies): Sponsor the sustainability of a state family voice collaborative of leadership organizations and community family leaders focused on policy development and advocacy for children’s mental health. Support from agencies could include formal partnerships and collaborations between the Texas Family Voice Network and complementary groups and organizations advising child-serving agencies, such as the Statewide Parent Collaborative Group. Formal partnerships would increase family voice for children’s mental health and inform policy and practice. This group would provide technical assistance to the Texas System of Care Consortium to ensure a family-driven standard of care.

Rationale for recommendation: Families should have a primary decision-making role in the care of their children as well as the policies and procedures governing care for children in their community, state and nation. Families are critical stakeholders in all child-serving systems and should have opportunities to inform and participate in decision making within agencies, communities and states. Active participation by families requires a concerted effort and financial support to engage new families, prepare them to participate in decision-making roles, and ensure they have timely information about opportunities for input and participation in policy making. Although Texas has several family policy groups, these groups do not have a primary focus on children’s mental health.

Youth Voice

Strategy A: *Create a sustainable, youth-driven infrastructure (e.g. state-level youth organization) to increase opportunities for state and local youth leadership and voice and strengthen the capacity of youth leaders to inform policy and practice.*

Update – Texas System of Care has been working with several youth and young adults with experience in child-serving systems (e.g., mental health, juvenile justice, child welfare) to identify a structure for a statewide leadership group. They plan to recruit, train and empower young people across Texas to be active participants in systems reform. They named their organization Allies Cultivating Change through Empowerment and Positive Transformation (ACCEPT). The ACCEPT Executive Youth Council seeks to be the expert entity on authentic youth engagement within systems reform and in improving service provision for children and youth. Members of ACCEPT have developed a mission, vision and logic model and are beginning to provide technical assistance to agencies interested in authentic youth engagement.

Recommendations for Increased Youth Voice

Recommendation 6 (to state agencies): State agencies serving children and adolescents should partner with the statewide ACCEPT group or other youth leadership organizations to explore agency readiness and level of implementation of authentic youth and young adult engagement.

Rationale for recommendation: Youth and young adults can provide meaningful leadership within child-serving systems and are critical partners in decision-making. However, most have not had the opportunity for this type of leadership. Similarly, many agencies do not have experience engaging youth in meaningful ways. For youth involvement to be successful for both the youth and agency, careful preparation and planning must occur. With support from a youth engagement specialist, the youth members of ACCEPT are preparing to play this role.

Access to Services and Supports

Strategy A: *Create infrastructure to support high-fidelity wraparound practice throughout the state.*

Update – Texas System of Care has partnered with the National Wraparound Initiative to provide training, coaching and technical assistance to local mental health agencies implementing wraparound planning. Regional training is provided each year and select sites are receiving monthly coaching to improve facilitator competency and fidelity to the model. To ensure state capacity to sustain the model, local coaches are working with the National Wraparound Initiative to achieve certification.

Strategy B: *Further enhance the infrastructure to support effective peer support services for youth and family members through training, policy, financing, social marketing and accountability efforts.*

Update – Significant progress has been made in having certified family partners employed throughout the state to work with families of children with serious emotional disturbances, primarily in the public mental health system. Certified family partners have recently been added as providers under the Medicaid state plan, which means local providers can draw down Medicaid funding if/when certified family partners provide a specific rehabilitative service. Their support plays an essential role in helping to build the resiliency of caregivers and youth and to strengthen the capacity of families to care for children at home. Family partners within the mental health system were evaluated to examine the perspectives of family partners, supervisors and directors on the role of family partners within these agencies.

Recommendations for Access to Services and Supports

Recommendation 7 (to state agencies): Partner with Texas Health Steps and medical associations to explore the use of standardized mental health screening tools by pediatricians and primary care physicians and encourage referrals to early intervention services that target children who show signs of risk for mental health concerns. Early intervention services focus on those factors that put children at further risk for developing mental health disorders and can engage families before significant impairment has occurred.

Rationale for Recommendation: Several evidence-based screening tools are available for use in pediatric settings; however, Texas has not required consistent use of any specific measure. Use of a standardized measure would allow for greater consistency in identifying social or emotional concerns, greater opportunities for provider training, and increase the use of appropriate referrals to mental health providers. Research of other successful approaches to standardized health screening tools can be explored. The consortium recognizes that vetting potential other approaches through the medical associations will result in valuable feedback. Mental health screening should include the presence of adverse childhood experiences, which have been linked to increased risk of health impairments, mental health conditions and other negative outcomes.

Recommendation 8 (to state agencies - lead DSHS and HHSC): Support the feasibility of implementing high-fidelity wraparound for all children with intensive behavioral health needs who require intensive care coordination across multiple child-serving systems.

Rationale for recommendation: Comprehensive systems of care, coordinated through wraparound planning, have been shown to lead to increases in youth strengths, decreases in problem behaviors, and avoidance of out-of-home placement. Additionally, in one large-scale study including nine states, Medicaid programs were able to save an average of \$40,000 per child served in the sites where wraparound was implemented. However, research has also shown that poorly implemented wraparound is not superior to traditional case management models (Bruns, Leverenz, Brady & Suter, 2008). Therefore, full implementation requires attention to multiple “drivers” of fidelity and outcomes. Consequently, there is a need to build upon existing wraparound implementation efforts with all children with intensive behavioral health needs.

Recommendation 9 (to state agencies - lead HHSC Medicaid): Explore the feasibility of expanding the service activities provided by certified family partners, as parent peer supports, through a Medicaid State Plan amendment to include nationally accepted family partner services/supports and align with national best practices for this service. Parent support services include developing and linking with formal and informal supports; instilling confidence; helping develop goals; serving as an advocate, mentor or facilitator for resolution of issues; and teaching coping skills. These peers provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth.

Rationale for recommendation: The joint CMS and SAMHSA Information Bulletin issued on May 7, 2013, offered an array of services to meet the multiple and changing needs of children and youth with serious emotional disturbance and the those of their families. These services included family peer support. To sustain Family Partners within child-serving systems, it is essential to ensure that resources are available to support the service(s). A number of states have successfully made family partner services reimbursable under their Medicaid state plan(s) and are using some of that money to sustain the service. To provide quality care to families of youth with serious emotional disturbances, families have access to certified family partners. These services are funded by general revenue or block grant money and their inclusion in the Medicaid State Plan would promote the sustainability of this critical component of the mental health workforce.

Recommendation 10 (to state agencies - lead TEA): Agencies should partner with and support the Texas Education Agency in implementing evidenced-based practices that target children and youth in school-based settings, including models such as positive behavior supports.

Rationale for recommendation: To better meet the needs of children and youth with mental health needs, it is essential to provide interventions in the places where they spend a significant amount of time and where behavioral health needs are most often initially identified-school. TEA has begun implementing Positive Behavior Supports and Restorative Justice curricula in schools across Texas. It is recommended that state agencies support the rollout of these practices and encourage local partnerships and collaborations among mental health, juvenile justice and education providers to meet the needs of this population.

Communication and Social Marketing

Strategy A: *Increase awareness, interest and support for system of care principles and practices through the use of effective social marketing and communications activities.*

Update – Texas System of Care has created a comprehensive social marketing plan that uses print materials, electronic communications, traditional media and social media. Texas System of Care focused recent efforts on children’s mental health awareness week. Activities included developing a print brochure on transition-age youth, co-sponsoring a youth art contest and hosting several walk and kite-flying events across the state. Social media engagement skyrocketed in the month leading up to the event, with Facebook analytics indicating the highest levels of interaction since Texas System of Care joined Facebook in 2011. Facebook reach in the month leading up to and during the event was 12,058 views. Twitter reach in the month leading up to and during the event was 82,898. Since September, Facebook likes have increased by 56 percent and Twitter followers by 75 percent.

Strategy B: *Increase interest and readiness to adopt the system of care framework in communities across the state through social marketing, training and technical assistance.*

Update – Texas System of Care produces regular webinars to raise awareness and inform community stakeholders about best practices in system of care and children’s mental health. Recent topics have included community governance structures to improve coordination and planning and working with lesbian, gay, bisexual and transgender youth. Texas System of Care staff and partners also present on system of care at community meetings, webinars, and conferences to raise awareness and encourage involvement in the initiative.

Recommendations for Communication and Social Marketing

Recommendation 11 (to the Legislature): Continue communication efforts around mental health awareness, promotion, and the elimination of stigma.

Rationale for recommendation: Informing Texans about mental health issues in an effective manner is critical to those who need help seeking it without stigma. The 83rd Texas Legislative session saw funds for a number of critical health and human service programs restored. The Texas Department of State Health Services received nearly \$350 million above the 2012–13 biennium budgets, including funding directed at a state anti-stigma campaign. This funding initiates an important public discussion of mental health, but sustained reduction of stigma will require additional funding of campaigns focused on mental health awareness, promotion and the elimination of stigma. The public awareness campaign (www.speakyourmindtexas.org) resulted in an average of 5,000 unique visits to the website per week and a significant increase in 2-1-1 calls.

Data and Accountability

Strategy A: *Develop an effective data dashboard with key indicators of children’s mental health systems to monitor strengths, needs, outcomes and trends that is used by state and local decision-makers.*

Update – Currently the committee is working to move forward the children’s mental health data dashboard. As a part of the Achieving Successful Systems Enriching Texas (ASSET) statewide planning grant a series of indicators, outcomes and data collection sources were identified. The data and evaluation subcommittee is working with state officials to collaborate on a similar project and begin to display the indicators and outcomes on a public website.

Strategy B: *Increase the use of families and youth in developing evaluation plans, gathering and analyzing data and reporting and disseminating results of accountability activities.*

Update – Texas System of Care engages an evaluation committee to provide input on evaluation activities and has recruited and engaged family members in this group. Staff have also looked to other family organizations/committees to provide input on evaluation activities. Texas System of Care will also provide technical assistance and support to communities to help others engage families and youth in all evaluation activities.

Strategy C: *Increase the use of strength-based, valid measurement tools for child outcomes and perceptions of care (e.g. Child and Adolescent Needs and Strengths, Recovery Self- Assessment).*

Update – The Texas Department of State Health Services implemented the Child and Adolescent Needs and Strengths, a strength-based measurement, tool in September 2013. Staff have shared information on this tool with the Texas Department of Family and Protective Services, the Texas Juvenile Justice Department, and the Texas Health and Human Services Commission to inform various initiatives to identify effective assessment approaches.

Recommendations for Data and Accountability

Recommendation 12 (to the Legislature): To better assess child-level outcomes across systems, it is recommended that several key data elements be shared among public mental health, education, juvenile justice and child-welfare systems. Data elements could be housed within one agency or a third-party organization, such as a university.

Rationale for recommendation: With coordinated state and local systems, information collected in one child-serving system can inform other systems. For example, the mental health system can benefit from knowing if children they serve are attending school, are being promoted to the next grade level or avoiding contact with juvenile justice. Similarly, the child welfare system can benefit from knowing if children receiving support in placement are succeeding in school or avoiding psychiatric hospitalization. While there are challenges with mining cross-system data with adhering to privacy and confidentiality rules, cross-system data will provide valuable information to inform policy and practices for collaborative children’s mental health service delivery. Having a repository of key data elements from each child-serving system, matched by child, would allow agencies to examine the short- and long-term outcomes of the services they provide.

Recommendation 13 (to state agencies): To reduce data duplication and be more trauma-informed, DFPS and TJJD should explore the use of an agency-modified version of the Child and Adolescent Needs and Strength Assessment (CANS) and consider piloting its use in a community.

Rationale for recommendation: The Child and Adolescent Needs and Strengths (CANS) assessment has been used in several states as a communication tool across child-serving agencies. It can be modified for child welfare, juvenile justice, and intellectual and developmental disabilities. Families frequently indicate that providing the same information across multiple providers is distressing and indicate that they would support information sharing if it would reduce family burden. Many items would likely be consistent across system versions, thus greatly reducing assessment time in other systems.

Conclusion

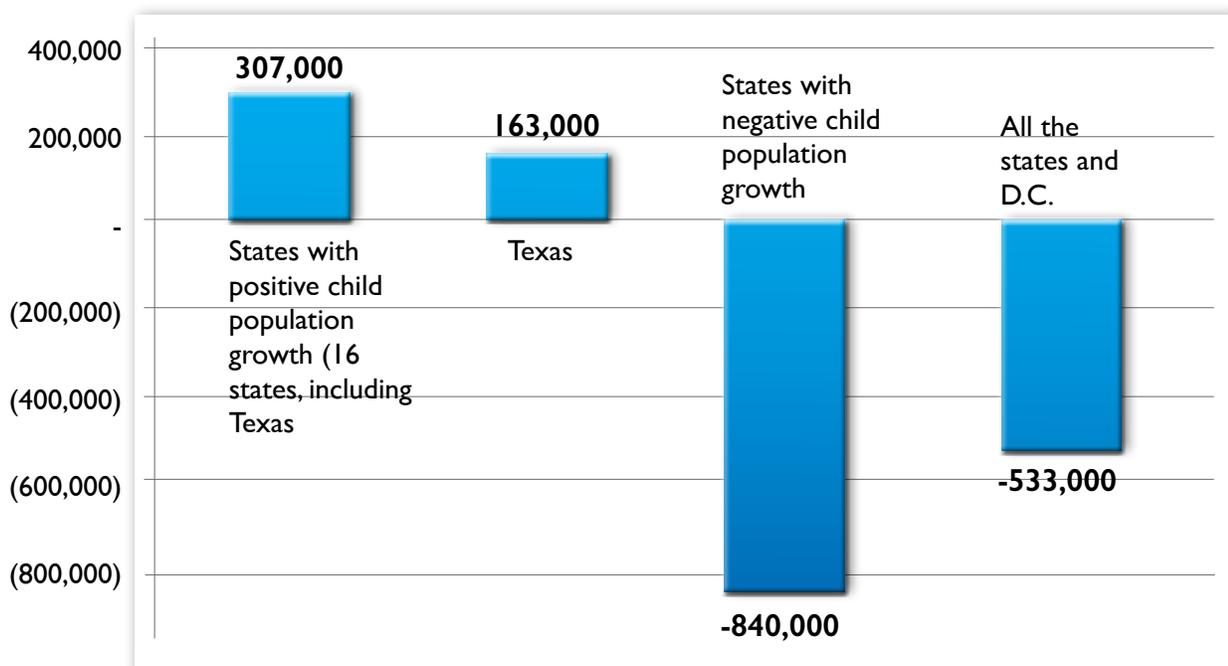
Members of the Texas System of Care Consortium recognize many of the challenges and exceptional efforts of families and people with mental health struggles because their voices have been integrated in the work to achieve the Texas System of Care mission and vision. Likewise, the perspectives of community leaders and state-level stakeholders are taken into account toward activities to improve access to high quality mental health care for children and youth with complex mental health needs and their families. The consortium also recognizes that there are peaks and valleys to community and state-focused work. The need to value and maintain a consistent and well-supported infrastructure that focuses on achieving a strong mental health well-being is paramount to serve the needs of a child population that is experiencing the most growth in the nation. In 2013, there were approximately 7 million children under the age of 18 living in the state. According to analysis of population growth trends data published by the U.S. Census Bureau, between 2010 and 2013 the Texas child population under age 18 grew by 163,000 or 2.4 percent. Texas – one of 16 states whose child populations increased during that period – logged the greatest growth, and alone accounted for 53 percent of total child population growth.

[U.S. Census Bureau. Population Division: Population Estimates by State: 2010-2013; <http://www.census.gov/popest/data/state/asrh/2013/SC-EST2013-ALLDATA6.html>].

The following chart shows that Texas defied the overall national trend for child population growth between 2010 and 2013. During that period, the child population in the U.S. declined by 533,000; however, Texas' child population grew by 163,000 and reached a historical high of 7,042,000 in 2013.

The consortium is committed to strengthening and building meaningful partnerships and working relationships with families, youth and communities to inform the direction of activities to achieve the Texas System of Care vision - "All Texas children have access to high quality mental health care that is family-driven, youth-guided, community-based, culturally-grounded and sustainable."

Child Population (Under Age 18) Growth Trend in the U.S. 2010-2013



Acknowledgments

Special thanks to DADS Media Services for the design, editing and formatting of this report.

Support for the Texas System of Care initiative was made possible in part by the Substance Abuse and Mental Health Services Administration, SAMHSA grant number SM061219. The views expressed in this material do not necessarily reflect the official policies of the U.S. Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the Government.

Appendix A

SUBCHAPTER G-I. DEVELOPING LOCAL MENTAL HEALTH SYSTEMS OF CARE FOR CERTAIN CHILDREN

Sec. 531.251. TEXAS SYSTEM OF CARE CONSORTIUM. (a) The commission shall form a consortium to have responsibility for and oversight over a state system of care to develop local mental health systems of care in communities for minors who are receiving residential mental health services or inpatient mental health hospitalization or who are at risk of being removed from the minor's home and placed in a more restrictive environment to receive mental health services, including an inpatient mental health hospital, a residential treatment facility, or a facility or program operated by the Department of Family and Protective Services or an agency that is part of the juvenile justice system.

(a-1) The consortium must include:

- (1) representatives of the Department of State Health Services, Department of Family and Protective Services, Health and Human Services Commission's Medicaid program, Texas Education Agency, Texas Juvenile Justice Department, and Texas Correctional Office on Offenders with Medical or Mental Impairments;
- (2) one youth or young adult who has a serious emotional disturbance and has received mental health services and supports; or
- (3) a family member of a youth or young adult described by Subdivision (2).

(a-2) The consortium may coordinate with the Children's Policy Council for the purposes of including the representation required by Subsections (a-1)(2) and (3).

(b) The commission and the consortium shall:

- (1) maintain a comprehensive plan for the delivery of mental health services and supports to a minor and a minor's family using a system of care framework, including best practices in the financing, administration, governance, and delivery of those services;
- (2) implement strategies to expand the use of system of care practices in the planning and delivery of services throughout the state;
- (3) identify appropriate local, state, and federal funding sources to finance infrastructure and mental health services needed to support state and local system of care efforts; and
- (4) develop an evaluation system to measure outcomes of state and local system of care efforts.

(b-1) Not later than November 1 of each even-numbered year, the consortium shall submit a report to the Legislature and the Council on Children and Families that contains an evaluation of the outcomes of the Texas System of Care and recommendations on strengthening state policies and practices that support local systems of care, including recommendations relating to:

- (1) methods to increase access to effective and coordinated services and supports;
- (2) methods to increase community capacity to implement local systems of care through training and technical assistance;
- (3) use of cross-system performance and outcome data to make informed decisions at individual and system levels; and
- (4) strategies to maximize public and private funding at the local, state, and federal levels.

Added by Acts 1999, 76th Leg., ch. 446, Sec. 1, eff. June 18, 1999.

Amended by:

Acts 2013, 83rd Leg., R.S., Ch. 1165 (S.B. 421), Sec. 2, eff. September 1, 2013.

Sec. 531.255. EVALUATION. (a) The commission and the Department of State Health Services jointly shall monitor the progress of the communities that implement a local system of care, including monitoring cost avoidance and the net savings that result from implementing a local system of care.

(b) Repealed by Acts 2013, 83rd Leg., R.S., Ch. 1165, Sec. 5, eff. September 1, 2013.

(c) Repealed by Acts 2013, 83rd Leg., R.S., Ch. 1165, Sec. 5, eff. September 1, 2013.

(d) Repealed by Acts 2013, 83rd Leg., R.S., Ch. 1165, Sec. 5, eff. September 1, 2013.

Added by Acts 1999, 76th Leg., ch. 446, Sec. 1, eff. June 18, 1999.

Amended by:

Acts 2013, 83rd Leg., R.S., Ch. 1165 (S.B. 421), Sec. 3, eff. September 1, 2013.

Acts 2013, 83rd Leg., R.S., Ch. 1165 (S.B. 421), Sec. 5, eff. September 1, 2013.

Sec. 531.257. TECHNICAL ASSISTANCE FOR PROJECTS. The commission may provide technical assistance to a community that implements a local system of care.

Added by Acts 1999, 76th Leg., ch. 446, Sec. 1, eff. June 18, 1999.

Amended by:

Acts 2013, 83rd Leg., R.S., Ch. 1165 (S.B. 421), Sec. 4, eff. September 1, 2013.

Appendix B

Consortium Members

Candace Aylor

*Consortium Vice Chair
Family/Parent Representative*

Amanda Dillon

Texas Health and Human Services Commission
Medicaid/CHIP
Senior Policy Analyst

Angela Hobbs-Lopez

Consortium Chair
Texas Department of State Health Services
Mental Health and Substance Abuse
Child and Adolescent Program Services Unit Manager

Calvin Holloway

Texas Department of State Health Services
Mental Health and Substance Abuse
Lead Program Specialist

Barbara Katz

Texas Education Agency
Division of Federal and State Education Policy

Tracy Levins

Texas Juvenile Justice Department
Prevention and Early Intervention Services
Manager

Kelley Logans-Ali

Texas Department of Family and Protective Services
Mental Health Program Specialist

Dawn McKeehan

Texas Department of Criminal Justice
Texas Correctional Office on Offenders with Medical and Mental Impairment
Manager

Steve Spencer (alternate)

Texas Juvenile Justice Department
Program Specialist

Monica Thyssen (alternate)

Texas Health and Human Services Commission
Project Management Medicaid CHIP Division

System of Care Stakeholders

Sarah Abrahams

Texas Health and Human Services Commission
Health Coordination and Consumer Services
Director

Rosanna Barrett

Texas Health and Human Services Commission
Center for Elimination of Disproportionality and
Disparities
Office of Minority Health & Health Equity
Director

Emilie Becker

Texas Health and Human Services Commission
Medicaid and CHIP Program
Mental Health Medical Director

Jessica Boston

Rep. Elliott Naishtat's Office
Health and Human Services
Legal Aide

Sherry Broberg

Health and Human Services Commission
Office of Program Coordination
Task Force for Children with Special Needs
Director

Stephany Bryan

Hogg Foundation for Mental Health
Program Officer

Belinda Carlton

Texas Council for Developmental Disabilities
Public Policy Specialist

Sheila Craig

Texas Health and Human Services Commission
Center for Elimination of Disproportionality and
Disparities
Director

Patti Derr

Texas Federation of Families for Children's
Mental Health
Executive Director

Amy Felker

Texas Department of State Health Services,
YES Waiver Team Lead

Sonja Gaines

Texas Health and Human Services Commission
Associate Commissioner for Mental Health

Ivy Goldstein

Texas Department of State Health Services
Program Specialist

Barbara Granger

Via Hope,
Family Coordinator/SOC Family Involvement Specialist

Carol Harvey

Texas Department of State Health Services
Adolescent Health Coordinator

Linda Meigs

Child and Mental Health Advocate

Mel Morgan

Texas Department of State Health Services
YES Waiver Program Specialist

Mary Ellen Nudd

Mental Health America of Texas
Vice President

Josette Saxon

Texans Care for Children
Mental Health Policy Associate

Peter Selby

Meadows Mental Health Policy Institute

Lloyd Shangreux

Texas Department of State Health Services
Mental Health and Substance Abuse Division
Child and Adolescent Program Services
Program Specialist

Linda Thune

Family Representative, Austin, Texas

Gyl Wadge

Mental Health America of Texas

Shanique Walker

Youth Representative, Houston, Texas

System of Care Communities Partners

Bexar County – System of Care

Melissa Tijerina
Center for Health Care Services
Child Behavioral Health
Vice President

F. Leanne Lindsey
Center for Health Care Services
Bexar Cares Project Director

Clay Anderson
Center for Health Care Services

Kenneth Dick
Family Representative Lead

El Paso County – Department of Mental Health Support Services

Rita Ruelas
El Paso County

Rebecca Melendez
Mental Health Support Services
Mental Health Partner

Hale, Lamb, Floyd, Briscoe, Motley, Dickens, Bailey, Palmer, Castro, Swisher, and Crosby counties – Rural Children’s Initiative

Kay Brotherton
Central Plains Center
Rural Children’s Initiative
Project Director

Jere Newton
Family Partner

Belia Alvarez
Family Partner

Harris County – System of Care

Ginger Harper
Harris County Protective Services
Youth Services Division
Administrator

Eileen Chappelle
Family Representative

Julie Bourne
Family Representative

Hidalgo, Cameron and Willacy counties – Tropical Texas

Monica Rodriguez
Tropical Texas Behavioral Health
Project Director

Laura Ann Soule
Tropical Texas Behavioral Health

Elizabeth Reagan
Tropical Texas Behavioral Health

Hilda Garcia
Tropical Texas Behavioral Health
Director

Tarrant, Hood, Johnson, Palo Pinto and Parker counties – Hand in Hand and Paving the Way (City of Fort Worth previously - Community Solutions)

Charles Hoffman
MHMR of Tarrant County
Project Director

Kay Barkin
Social Marketing/Family Partner
Lead

Travis County – The Children’s Mental Health Partnership

Sonia Hartman

Travis County Health and Human Services
and Veteran Services
Office of Children Services
System of Care Manager

Christinia Kuehn

Travis County Health and Human Services
and Veteran Services
Office of Children Services

Laura Peveto

Travis County Health and Human Services
and Veteran Services
Office of Children Services

Vena Wedge

The Children’s Partnership
Parent Liaison

Texas System of Care Support Team

Sherri Hammack

Texas Health and Human Services Commission
Project Director

Molly Lopez, PhD

Texas Institute for Excellence in Mental Health at the
University of Texas at Austin (TIEMH) - Institute
Director and Co-Investigator

Deborah Cohen, PhD

TIEMH
Evaluation Lead

Michael Cox, MA

TIEMH
*Youth Engagement and Cultural
and Linguistic Competency Specialist*

Glenn Dembowski

TIEMH
Project Services Support Coordinator

Erin Espinosa, PhD

TIEMH
Implementation and Training Lead

Barbara Granger, CFP

viaHope
Family Coordinator Lead

Tegan Henke, MS, LMFT

TIEMH
State Development Specialist

Robert Shaw, MPH

TIEMH
Community Development Specialist

Victoria (Tori) Yu

TIEMH
Communications Lead

