



## STRATEGIC PLAN

**2013 – 2017**

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### VISION

*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.*



### 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.*

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## ***Acknowledgments***

Many individuals and organizations have given unselfishly of their time and expertise to ensure that this plan will be an effective roadmap to improved outcomes for Texas children and youth with serious mental health challenges and their families. We are particularly grateful to the families and youth who have shared their struggles and hopes for the service system and provided a voice for other youth and families. We are also grateful to the leaders of Texas child and youth-serving systems, including community leaders with many years of experience with system of care development, who took time away from the exceptional demands of their jobs to contribute to the strategic planning activities. The insights and innovative ideas shared by dedicated individuals have been woven into the goals strategies that make up the plan. This renewed commitment on the part of leaders, policy makers, families, youth, and advocates has generated excitement throughout the network of system of care sites in Texas, and we are indebted to everyone who has participated in this effort on behalf of Texas children, youth and their families.

## ***Introduction***

In October 2011, Texas received a Children’s Mental Health Initiative planning grant from the Substance Abuse Mental Health Services Administration (SAMHSA) to plan for the statewide expansion of the system of care framework for children and youth with serious emotional disturbances (SED) and their families. The planning initiative, Achieving Successful Systems Enriching Texas (ASSET), was overseen by the ASSET Steering Team, which consisted of family and youth representatives, advocates, and representatives of state and local child-serving agencies. This planning initiative builds on previous efforts to improve services and supports available to children and youth with mental health challenges in Texas and incorporates the lessons learned from six diverse communities in the state that received federal cooperative agreements to develop local systems of care.

### History of Texas’s Steps to a System of Care

Texas made an early commitment to system of care values and principles and has made steady progress over the past 15 years.

*Key milestones include:*

**1987** - Establishment of Community Resource Coordination Groups (CRCGs), county-based interagency service-planning teams created in statute - CRCGs are now available statewide.

**1993** - The Texas Federation of Families for Children’s Mental Health was awarded their first statewide family network grant from SAMHSA.

**1996** - First formal system of care efforts in the state begin through a Robert Wood Johnson (RWJ) Foundation grant to the Texas Health and Human Services Commission (HHSC) and the Texas Department of State Health Services (DSHS).

**1998** - SAMHSA awards a multi-year cooperative agreement to HHSC, in collaboration with the Travis County Children’s Partnership, to continue efforts started through the RWJ Foundation grant.

**1999** - The 76<sup>th</sup> Texas Legislature creates the Texas Integrated Funding initiative (TIFI) to develop local systems of care for children and youth and provides funding for four TIFI sites.

**2002** - The city of Fort Worth and El Paso County are each awarded multi-year SAMHSA cooperative agreements.

**2005** - Texas receives a SAMHSA Mental Health Transformation (MHT) Grant. Outcomes of transformation activities are detailed at <http://www.mhtransformation.org>, including the report *Coordinated Funding for Children with Serious Emotional Disturbance: Current Funding, Services and Recommendations*.

**2005** - Harris County (Houston) is awarded a six-year SAMHSA cooperative agreement.

**2008** - Texas publishes the TIFI Financing Field Guide for community stakeholders to examine the financing of children's mental health services and supports.

**2008** - Tarrant County and four surrounding counties were awarded a SAMHSA cooperative agreement focused on children birth to age six. The Rural Children's Initiative, eleven rural and frontier counties in the Texas panhandle, was also awarded a multi-year SAMHSA cooperative agreement.

**2009** - Texas received approval for a Home and Community-Based Medicaid 1915c waiver, named Youth Empowerment Services (YES), targeting children and youth with serious mental health needs.

**2011** - The Texas Legislature passes Rider 71, requiring DSHS to contract for an independent analysis of the public behavioral health system.

**2011** - SAMHSA awards a one-year planning grant to HHSC for the expansion of statewide systems of care for children with serious mental health needs.

**2011** - Texas establishes a statewide approach to training and coaching to ensure access to high-quality wraparound for children and youth with mental health challenges who are involved with multiple agencies.

**2011** - The first cohort of family partners (family peer support) are certified through Via Hope.

**2012** - The Texas Institute for Excellence in Mental Health is established at the University of Texas at Austin and serves as a resource for system of care expansion, including workforce training, technical assistance, and accountability.

### Process for Building the Strategic Plan

Strategic planning activities have occurred in three phases – document review, stakeholder information gathering, and facilitated planning. The three phases are not distinct, but rather inform and enhance each other.

#### *Document review*

The document review phase consisted of the review and synthesis of existing reports and documents from national, state and local sources. Strategic plans from state child-serving agencies, community system of care sites, and other state systems were gathered and reviewed. Numerous studies and reports have been completed over the last ten years with valuable information and recommendations related to children's mental health systems. Other key resources included a state-level strategic plan developed for children with special health care

needs, legislative recommendations by the state-level children’s council, and national resources for system of care.

In addition, the planning team has assessed community-level readiness through a survey of webinar participants and, more specifically, through a survey of communities responding to the Request for Interest (RFI) to participate in SOC expansion. These surveys have provided valuable information about readiness across state agencies, readiness across all Texas communities, and the strengths and needs within communities at varying stages of SOC implementation.

### *Stakeholder information gathering*

The ASSET team has utilized multiple strategies for gathering information from stakeholders on key needs, barriers and opportunities throughout the state. The team has conducted an assessment of state-level readiness for system of care expansion through a survey of stakeholders within state agencies, advocacy organizations, parents and youth. Key informant interviews have been conducted with leadership at child-serving agencies and with key partners in select areas, such as Medicaid and adolescent health. Interviews have also been conducted with leaders at consumer advocacy groups, such as Alamo Area Youth M.O.V.E., the Texas Federation of Families for Children’s Mental Health, the National Alliance on Mental Illness of Texas, Mental Health America-Texas, and Texans Care for Children. The team has also drawn from other concurrent stakeholder input opportunities, including regional youth meetings conducted by Via Hope and public meetings to gather input for Rider 71, a legislatively-mandated study of the public behavioral health system. In addition, youth with lived experience have facilitated focus groups of youth residing in juvenile correctional facilities.

Another strategy for information gathering and strategy identification has been to utilize the experience of three ASSET expansion communities interested in developing or enhancing their local system of care. These communities, at various stages of system of care implementation, were selected through a competitive process. The lessons learned through each community’s experience with system of care expansion have contributed to identifying local needs and effective strategies for supporting system of care expansion to additional communities.

### *Facilitated planning*

Throughout the process, the strategic plan has been developed through facilitated planning with the ASSET Steering Team and other key stakeholders. The ASSET team has utilized a number of tools and strategies to reach consensus on mission, vision, goals and strategies within the plan. These tools have included web-based surveys, paper-and-pencil surveys, and facilitated discussions. Some goal areas have also formed workgroups to enhance planning for specific areas, such as leadership, social marketing, family and youth voice, training, and accountability. The ASSET Steering Team has participated in quarterly meetings, during which participants have developed key components of the strategic plan.

## Overview of Planning Goals and Key Strategies

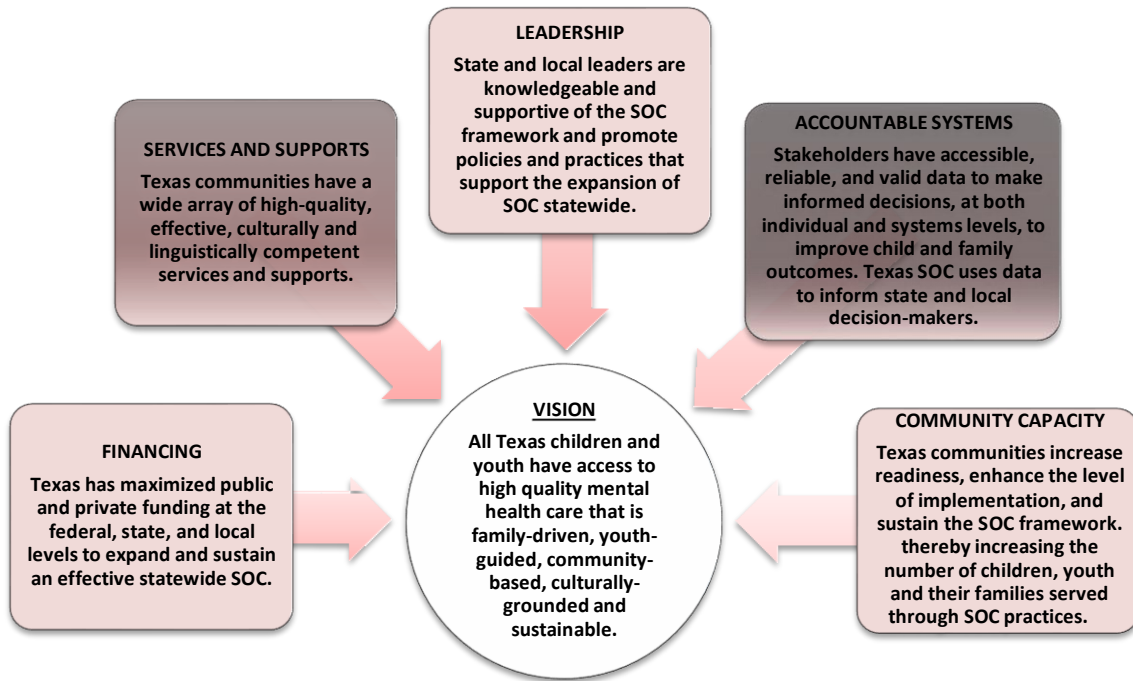
The strategic plan is based on five broad goals and their associated strategies and action steps (see also Figure 1.). The time frame for completing the strategy is indicated with **short-term** reflecting one to two years and **long-term** reflecting three to five years.

The five broad goal areas 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 on-going 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 competent 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. There have been six federally-supported system of care communities, six state-supported system of care communities and most recently three ASSET system of care expansion communities. These communities 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.

# Creating a Foundation for Success: Building Blocks of the Plan

Figure 1.





## ***Strategic Partners***

The development of this strategic plan required time, commitment and hard work from many individuals and organizations. This document reflects the best thinking of many dedicated, creative individuals. These partnerships set the stage for implementation of this plan and the expansion of system of care within Texas.

- [ASSET Steering Team](#) - The expansion planning team that has provided oversight of the statewide SOC expansion effort is planned to become the Texas System of Care Consortium (TXSOCC). Membership includes youth, family, community and state partners (see Attachment A for membership).
- [Texas System of Care Communities](#) - These are communities who have received federal funds to support and sustain their system of care development.
- [Texas Health and Human Services Commission \(HHSC\)](#) – Housing the Medicaid Office, this agency serves as the ‘umbrella’ agency that assists with interagency coordination among five health and human services departments. Staff at the [Office of Program Coordination for Children and Youth \(OPCCY\)](#) at HHSC serve in a leadership role in promoting interagency coordination with the planning and implementation of system of care in Texas.
  - [Texas Department of State Health Services \(DSHS\)](#) – This agency oversees public health, mental health and substance abuse programs in Texas and also supports [The Council for Advising and Planning \(CAP\) for the Prevention and Treatment of Mental and Substance Use Disorders](#).
  - [Texas Department of Family and Protective Services \(DFPS\)](#) - This agency provides oversight to child and adult welfare, including foster care, child-care licensing and prevention and early intervention child abuse initiatives.
  - [Texas Department of Assistive and Rehabilitative Services \(DARS\)](#) - This agency has responsibility for early childhood intervention, rehabilitation services, blind services and disability determination.
  - [Texas Department of Aging and Disability Services \(DADS\)](#) - This agency oversees services to persons with disabilities, including intellectual and developmental disabilities, and services to aging populations.
- [The Texas Institute for Excellence in Mental Health](#) at the Center for Social Work Research at the University of Texas at Austin - This newly created institute provides technical assistance and training to programs and initiatives focused on evidenced-informed and promising practices for children, youth and adults in Texas.
- [Via Hope](#) - A training and technical assistance resource center in Texas supporting individuals in recovery from mental illness, their family members, youth who are interested in mental health, and mental health professionals.
- [Hogg Foundation for Mental Health](#) - A philanthropic foundation that provides grants and scholarships to promote mental health in Texas.
- [Texans Care for Children](#) - An advocacy organization that has identified mental health as one of their top priorities and also facilitates a monthly forum on children’s mental

health issues.

- [Texas Federation of Families for Children 's Mental Health \(TxFFCM H\)](#) - TxFFCMH is an advocacy organization that supports families of children and youth with mental health challenges and organizes an annual event, Guadapalooza, to raise awareness to assist with supporting families and youth.
- [Alamo Area Youth M.O.V.E.](#) - A Texas chapter of young people with mental health challenges striving to make a difference with programs and practices within their community.
- [Center for the Elimination of Disproportionality and Disparity \(CEDD\)](#) - The Center was created by statute to help address disproportionality and disparities in Texas health and human services, including children and youth with mental health needs that cross multiple systems.
- [Texas Council on Children and Families](#) - The Council was created by statute to bring together child and youth-serving agency leaders, in addition to parent and youth representatives, to improve coordination to children and family services in Texas.
- [Task Force Children with Special Needs](#) - This task force was created under legislation to improve coordination of programs and services for children and youth with special needs, including children and youth with mental health challenges. Currently efforts are underway to create a more efficient web-based education and service navigation tool as informed by families.
- [Mental Health America of Texas \(MHAT\)](#) - This mental health advocacy and education agency facilitates support to a variety of programs and initiatives that address child and youth mental health, including suicide prevention.
- [National Alliance on Mental Illness Texas \(NAMI\)](#) - This is a non-profit organization with about 45 local affiliates around Texas that strive to improve the lives of persons affected by mental illness.
- [Raising Texas](#) - This statewide, collaborative effort aims to strengthen Texas' system of services for young children and families so that all children enter school healthy and ready to learn.
- [Texas Home Visiting Program](#) - This is a Maternal and Child Health funded initiative aimed to support the development and implementation of home visiting programs in communities across Texas. It also contributes to the development of a comprehensive early childhood system that promotes maternal, infant, and early childhood health, safety, and development, and strong parent-child relationships in selected communities.
- [Texas Association for Infant Mental Health \(TAIMH\)](#) - TAIMH is a non-profit affiliate of the World Association for Infant Mental Health.
- [Texas Education Agency \(TEA\)](#) - This is the central agency that provides oversight to the educational system in Texas, including twenty regional educational service centers and 1,235 independent school districts and open-enrollment charter schools.
- [Texas Juvenile Justice Department \(TJJD\)](#) - This is a newly merged agency that oversees community-based probation services and the state supported facility services for the juvenile justice system in Texas.

**Develop and Strengthen Leadership and Support**

**Goal**

**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.**

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**Strategy 1: Increase the impact and sustainability of the Texas System of Care Consortium by strengthening alignment with existing state governance or advisory boards.**

Note: The Texas System of Care Consortium was previously the legislatively established Texas Integrated Funding Initiative (TIFI) Consortium.

**Action Steps:**

1. Support the TIFI Consortium/Statewide ASSET Team in evolving into the Texas System of Care Consortium (TXSOCC) through the review of statutory authority, including composition and by-laws. This body will retain the locus of authority, responsibility, and oversight for system of care in Texas.
2. Support alignment of the TXSOCC with other child/youth-serving interagency councils, such as the Texas Council on Children and Families (CCF), the Task Force for Children with Special Needs, the Children’s Policy Council, the Advisory Council for the Center for Elimination of Disproportionality and Disparity, and the Community Advisory and Planning Council, in order to infuse and support the system of care principles, values and practices at state and local levels.
3. Support the Texas State Plan for Suicide Prevention through alignment with the Texas Suicide Prevention Council and coordination of efforts to reach a goal of zero suicides in child, youth and family-serving systems.
4. Utilize strategic alliances between the TXSOCC and other stakeholder groups to expand system of care practices, including family and youth representation in policy decisions, cultural and linguistic competence, and strategies for directing resources to support system of care practices and initiatives.

Time frame:                      Short term   X                        Long term                   

**Strategy 2: 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.**

Action Steps:

1. Conduct information-gathering interviews about effective models for family coalitions and solicit input from key family-run organizations.
2. Convene the initial launch meeting of interested family leaders/advocates to determine the desired structure, vision, mission, year-one goals and support needed for the new family – driven coalition.
3. Assist the coalition in linking to additional sources of support (including other state coalitions) for development and sustainability, branding, communication, training and technical assistance.
4. Develop curriculum for and implement demonstration training programs to:
  - a) strengthen family leaders’ abilities to share experiences, advocate for system change, and effectively partner on policy advisory boards and committees, and
  - b) educate policy-makers at state and local levels on the value of family voice, strategies for engaging families in system change, and facilitation of partnerships with families.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 3: 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.***

Action Steps:

1. In partnership with youth leaders, review the results from youth forums and determine preferred state-level youth organizational structure, vision, mission, year-one goals and support needs.
2. Assist the youth organization to link with other state or national organizations for ongoing technical assistance and opportunities for growth, development, sustainability, branding, communications and advocacy.
3. In partnership with state organizations interested in youth leadership (Via Hope, Title V Adolescent Health, Texas Network of Youth Services, etc.) and the developing statewide youth organization, create a plan to support the development and sustainability of local youth organizations.
4. Implement a youth-driven social marketing campaign to targeted audiences on the importance of youth engagement and voice.
5. Develop curriculum for and implement demonstration training programs to:

- a. strengthen youth leaders' abilities to share experiences, advocate for system change, and effectively partner on policy advisory boards and committees, and
  - b. educate policy-makers at state and local levels on the value of youth voice, strategies for engaging youth in system change, and facilitation of partnerships with youth.
6. Conduct an assessment of readiness for working with youth with the TXSOCC membership and other interested state interagency stakeholder groups.
  7. Strengthen youth voice within the Texas System of Care, such as through a youth advisory council affiliated with TXSOCC and youth-friendly alternatives to face-to-face attendance at meetings.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 4: 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.***

Action Steps:

1. Establish a communication plan that allows barriers to be reported to the state level youth-serving systems for resolution.
2. Establish strategies for resolving barriers, such as issue-driven workgroups that collaborate on resolutions to barriers, including drafting proposed changes to policies, rules and regulations.
3. Establish a feedback loop from local communities or originating sources to evaluate the effectiveness of actions in reducing barriers.

Time frame:                      Short term   X   \_\_\_\_\_                      Long term \_\_\_\_\_

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***Strategy 5: 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.***



4. Build on e-communications efforts (i.e. resource emails and e-newsletter) and grow database of subscribers.
5. Develop marketing campaigns around specific, key areas of children's mental health. Where possible, link these campaigns to efforts at the national level (e.g., National Children's Mental Health Awareness Week). Other campaign ideas include, but are not limited to:
  - a. anti-stigma,
  - b. trauma,
  - c. children's mental health awareness day/week, and
  - d. suicide prevention.
6. Develop an evaluation plan that aligns with the system of care social marketing and communication activities to ensure continuous quality improvement.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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## ***Enhance Access to Effective Services and Supports***

### **Goal**

Texas communities have a wide array of high-quality, effective, culturally and linguistically competent services and supports.

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***Strategy 1: Create infrastructure to support high fidelity wraparound practice throughout the state.***

#### **Action Steps:**

1. In partnership with the National Wraparound Initiative (NWI), develop certified coaches and trainers within various regions of the state and across various child-serving systems.
2. Establish a mechanism to oversee and support on-going high-quality wraparound training to facilitators and supervisors utilizing the NWI model.
3. Establish a mechanism to oversee and support on-going coaching and skill development for wraparound facilitators.
4. Establish mechanisms for the review of wraparound fidelity, recognizing programs reaching high levels of fidelity.
5. Develop a sustainability plan to support high fidelity wraparound, considering strategies such as credentialing of providers or agencies and on-going workforce development needs (e.g., the frequency of ongoing training and coaching).

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 2: Further enhance the infrastructure to support effective peer support services for youth and family members through training, policy, financing, social marketing, and accountability efforts.***

#### **Action Steps:**

1. Continue to expand the number of trained and certified family partners providing peer support within child-serving systems.
2. Enhance the financial sustainability of youth and parent peer support activities, including exploring changes to the Medicaid state plan.



3. Conduct a formative evaluation of the use of family partners within the public mental health system to explore opportunities to strengthen and expand the workforce, enhance the organizational support of peer support services, and increase the effectiveness of services.
4. Utilize social marketing to share information about the benefit of family peer support services in each of the child-serving systems, including individual “testimonials.”
5. Conduct research or evaluation studies exploring the impact (including cost-effectiveness) of family peer support services.
6. Identify potential local communities or organizations to pilot the development of a youth peer support program.
7. Evaluate the pilot program and provide recommendations for further development of youth peer support within the state.

Time frame:                                      Short term \_\_\_\_\_                                      Long term   X   \_\_\_\_\_

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***Strategy 3: Infuse system of care principles and practices within professional training programs through partnerships with higher education entities and professional organizations.***

Action Steps:

1. Establish a subcommittee of the TXSOCC interested in pre-graduate training collaboration, including representatives from higher education institutions.
2. Adopt, develop, or modify lecture companion materials covering system of care principles and practices, tailored to relevant disciplines.
3. Pilot test the lecture companion in several programs and modify based on faculty and student feedback.
4. Market the lecture companion materials to Texas universities through existing relationships, conference presentations, and professional organizations.
5. Establish a regional speakers’ bureau of individuals experienced in the system of care framework who are willing to be guest presenters at the request of faculty.

Time frame:                                      Short term \_\_\_\_\_                                      Long term   X   \_\_\_\_\_

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***Strategy 4: Infuse system of care principles and practices within training curriculum offered by child-serving agencies.***

Action Steps:

1. Develop a plan to identify the most relevant workforce training curricula offered by child-serving agencies and procedures for review of prioritized curricula.
2. Conduct a review of existing curricula within child-serving agencies to identify sections reflecting information about children with mental health needs.
3. Based on the findings of the review, report recommendations to child-serving agencies for possible adaptations to existing curricula to better align with system of care principles and practices.
4. Provide technical assistance to child-serving systems in the adaptation of training curricula and materials, if desired.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 5: Expand access to non-traditional services and supports for children and youth with complex mental health challenges and their families, such as behavioral health consultants to daycare settings, language services, respite care and transportation.***

Action Steps:

1. Survey current availability and access to services for children and youth with complex mental health challenges and their families within the state.
2. Identify barriers to services and supports (e.g., funding, training, workforce, etc.).
3. Examine opportunities for cross-system support at state and community levels to enhance access and develop capacity.
4. Provide technical assistance to address barriers through partnerships among child-serving agencies and other stakeholders.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 6: Enhance state infrastructure to support the selection, implementation, and monitoring of evidence-based and promising mental health practices, including integrated health and school-based services and supports.***

Action Steps:

1. Provide technical assistance through webinars, written and web-based materials, and direct communication to state or community organizations on strategies for identifying and choosing evidence-based or promising practices.
2. Provide technical assistance to organizations or communities to support local adaptation or implementation considerations, such as cultural appropriateness or use within specialized settings.
3. Coordinate or provide training through appropriate mediums (e.g., workshops, online training) on select evidence-based or promising practices.
4. Ensure state and/or local capacity for monitoring and tracking fidelity to select evidence-based or promising practices and linking with child and family outcomes.
5. Provide regular communication to highlight successful programs, as well as successful strategies for implementation and organizational change.
6. Increase opportunities for cross-system training in select evidence-based or promising practices and shared financing of implementation efforts.
7. Develop and disseminate online and offline materials to families, youth, and advocates highlighting effective programs and services.
8. Continue to enhance an existing web-based tool supporting the use of evidence-based or promising practices and provide a searchable database of providers of evidence-based or promising practices in Texas.
9. Conduct evaluations, including cost-benefit analyses, of evidence-based or promising practices implementation efforts.
10. Continue to identify and apply for grant opportunities supporting evidence-based or promising practices implementation and evaluation across child-serving systems.

Time frame:

Short term \_\_\_\_\_

Long term   X

***Strategy 7: Support efforts to increase the cultural and linguistic competency and diversity within organizations and collaboratives that serve children and youth with serious mental health challenges and their families.***

Action Steps:

1. Work in partnership with state and community leaders (e.g., the Center for the Elimination of Disproportionality and Disparity, the Hogg Foundation for Mental Health, and local System of Care communities) to gather existing data on mental health disproportionality, disparities, and workforce cultural and linguistic competence. Through the review of data, determine areas of success, areas needing improvement, and areas needing further research.
2. Develop recommendations and strategies to improve cultural and linguistic competence in areas of service to children and youth that have mental health challenges and their families (e.g., training and technical assistance, organizational assessments, assisting with recruitment or other efforts for diverse representation on coalitions and councils, and toolkits).
3. Develop an evaluation plan that aligns with the implementation of recommendations to ensure continuous quality improvement.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 8: Provide training and technical assistance to support the implementation of promising practices within communities addressing the social-emotional development for early childhood populations.***

Action Steps:

1. Partner and support early childhood initiatives, including the Raising Texas early childhood initiative and the Texas Association for Infant Mental Health, that include evidence-informed and promising practices for early childhood social-emotional development (e.g., the use of behavioral health consultants within early childcare settings and screening at well child visits).
2. Coordinate with the Texas Maternal, Infant and Early Childhood Home Visiting Program to support evidenced-informed and promising practices for early childhood social-emotional development that promotes maternal, infant, and early childhood health, safety, and development, and strong parent-child relationships in selected communities.

3. Promote promising system of care practices developed within the Hand-in-Hand initiative or other early childhood system of care communities through social marketing to state early childhood initiatives and support for replication within communities.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 9: Advance program development, financing and workforce training to expand the array of effective services and supports for youth transitioning to adulthood.***

Action Steps:

1. Utilize social media and other technology to increase awareness and engagement in mental health services and support for transition-age youth.
2. Assess and modify policies that allow young people with mental health challenges to improve access to traditionally adult services such as:
  - a. life skills development,
  - b. employment preparation and supported employment,
  - c. supported education,
  - d. supported housing, and
  - e. services for transition-age youth who are parents.
3. Continue to expand or enhance existing promising programs for transition-age youth, such as the Preparation for Adult Living program, Transition Living Centers within the foster care system, the Via Hope “Transition-Age Youth Initiative,” and the Title V Adolescent Health Program.
4. Increase the availability of best practice suicide prevention, screening and intervention for youth with elevated risk.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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## **Support Community Development of System of Care**

### **Goal**

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.

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**Strategy 1: Increase interest and readiness to adopt the system of care framework in communities across the state through social marketing, training, and technical assistance.**

#### **Action Steps:**

1. Cultivate local communities' system of care interest and readiness through ongoing webinars highlighting the value of system of care implementation and identifying best practices both within and outside of Texas on children's mental health.
2. Keep communities up-to-date with the latest news and information about system of care through regular resource emails, including training opportunities, events, webinars, reports and funding opportunities.
3. Utilize social media to create an online dialogue that encourages an exchange of knowledge, an atmosphere of mutual support and peer-to-peer learning networks among communities and state stakeholders.
4. Enhance the "resources" section of the Texas System of Care website to serve as a valuable asset for system of care communities.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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**Strategy 2: Facilitate the development of a strong community infrastructure (e.g., governance, youth and family voice, sustainability) to implement system of care through targeted strategic planning and technical assistance in selected communities.**

#### **Action Steps:**

1. Identify communities interested in implementing the system of care framework through a competitive selection process.

2. Assess community readiness for system of care implementation in top applicants.
3. Establish a memorandum of understanding with selected communities to outline primary goals and technical assistance needs.
4. Conduct community asset-mapping, contingent on readiness, to identify potential strategic partnerships and assist communities in creating alliances, including families and youth, judges, law enforcement, health care providers, and others.
5. Provide technical assistance to selected communities to create or enhance a governance or coordinating body structure, including the identification of necessary members and the development of bylaws and operating procedures.
6. Provide technical assistance to support the development of community strategic plans for the local implementation of system of care principles and practices.
7. Provide opportunities for technical assistance and training in effective national and state system of care promising practices.
8. Support peer-to-peer learning networks among new and experienced system of care communities to share ideas, strategies, lessons learned, and increase accountability.
9. Provide technical assistance to selected communities to identify and implement financing strategies to support and sustain system of care efforts through:
  - a. financial asset mapping,
  - b. integration of local resources to increase the availability of flexible funds,
  - c. volunteer organizations, time banks, and other non-traditional financing strategies, and
  - d. grant writing and fund raising.
10. Provide ongoing coaching and consultation, tailored to the characteristics of the community (e.g., rural or frontier communities, border communities, communities with large refugee populations, communities with many military families, etc.), to ensure community goals are met.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

***Strategy 3: Support community advancement in system of care readiness and development by targeting specific issue areas and special populations.***

Action Steps:

1. Through a special issue subcommittee of the TXSOCC, identify targeted issues or populations (e.g., effective governance, family/youth voice, cultural competence, and LGBTQ youth) with the greatest potential impact on system of care expansion and the greatest community interest for targeting support. Approximately one to two special issues will be selected each year.
2. Create a change plan for each issue, utilizing one or more of the following strategies:
  - a. Develop a toolkit for communities, following review of existing toolkits and resources, to assist communities with planning, making changes, and evaluating progress. The toolkits will include a variety of resources to support the identified changes.
  - b. Sponsor a policy academy, targeting state or local teams, aimed at sharing information on best practices and facilitated planning for making targeted changes.
  - c. Develop local learning collaboratives around a targeted special issue. Learning collaboratives will receive training, technical assistance and support for change management, and opportunities for sharing best practices and peer-to-peer learning across communities.
  - d. Establish a special committee to address changes to policy through the appropriate mechanism (e.g., legislation, contract changes, etc.).
3. Create and implement an evaluation to document the effectiveness of targeted activities and provide feedback to change leaders throughout the process.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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1. Support the inclusion of child and youth mental health issues within the implementation of regional healthcare partnerships under the proposed Texas Medicaid 1115 transformation waiver by providing support and targeted technical assistance to community partners.
2. Explore collaborative financial opportunities to improve child and youth mental health outcomes with entities involved in foster care reform.
3. Identify shared goals and coordinated strategies that could be funded with state block grants.
4. Support changes to Medicaid that increase the availability of intensive home-based services, behavior specialists, early childhood mental health screening, early intervention and wraparound planning.
5. Explore opportunities for unmatched funds that could be utilized to increase (i.e. match) available Medicaid federal funding.
6. Explore financial partnerships with the maternal and child health programs through Title V and programs and services funded through Title IV-E.
7. Examine other options that maximize the use and effectiveness of federal funds.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 3: Support the implementation and expansion of the 1915(c) Medicaid YES waiver, including enhancing the compatibility with other funding resources.***

Action Steps:

1. Conduct an evaluation of the YES waiver program to identify strengths and barriers, service utilization trends and outcomes of the program.
2. Consider changes to the definition of waiver services or the addition of new services that are critical for maintaining youth within the community, thereby offering additional opportunities for sustainable financing.
3. Provide training and coaching to facilitators/case managers to ensure high-fidelity wraparound planning for waiver participants.
4. Coordinate across DSHS, HHSC Medicaid Office, DFPS, TJJ, and participating communities to identify opportunities to integrate the YES waiver program with existing state and local programs and maximize available funding.
5. Support new communities as the YES waiver program expands in the state, to ensure high quality services utilizing system of care principles and practices.

Time frame:                      Short term \_\_\_\_\_                      Long term   X  

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***Strategy 4: Explore opportunities for developing new revenue resources to support system of care implementation, such as health care reform, Medicaid 1915(i), private health insurance, corporate partnerships, foundations, and private philanthropy.***

Action Steps:

1. Establish an ad hoc resource development committee that works in partnership with TXSOCC to create a resource development plan, focused on identifying opportunities to advance elements of the statewide strategic plan with potential partners, such as corporations, private insurance carriers, private foundations, and donors.
2. Prepare proposals, concept papers and presentations to prospective funding sources and establish mutually beneficial partnerships that advance the goals of the system of care initiative.
3. Identify opportunities to inform state implementation of health care reform in support of system of care principles and practices.
4. Explore partnerships and opportunities to develop Home & Community-Based Services for youth at risk for institutional care through a Medicaid 1915(i) option.

Time frame:                      Short term \_\_\_\_\_                      Long term   X  

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***Strategy 5: Establish voluntary community demonstration sites that will coordinate or integrate state and local funding for children with serious mental health challenges and their families.***

Action Steps:

1. Identify one or more communities with appropriate readiness and interest to conduct a demonstration of an integrated financing approach for children and youth with serious emotional challenges (e.g., accountable care entity, health home model).
2. In partnership with the community, identify the preferred financial model and contributing partners.

3. Establish a state-level team with programmatic and financing expertise to provide technical assistance to the community and address state barriers to the care model.
4. Conduct the demonstration project with a limited number of youth and families.
5. Evaluate the demonstration project, including documenting procedures, lessons, outcomes, and cost impact.
6. Consider opportunities for replication in additional communities, including potential Medicaid waivers or other strategies.

Time frame:

Short term \_\_\_\_\_

Long term   X  

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## **Create Accountable Systems**

### **Goal**

**Stakeholders have accessible, reliable, and valid data to make informed decisions, at both individual and systems levels, to improve child and family outcomes.**

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***Strategy 1: 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.***

### **Action Steps:**

1. Through the data subcommittee of TXSOCC, identify or confirm key indicators of system and individual outcomes for children with mental health challenges.
2. Conduct meetings with child-serving agencies and other stakeholders to develop “buy-in” on the relevance and importance of selected indicators and the format of the dashboard.
3. Identify a process and assigned tasks necessary for updating the dashboard.
4. Make the dashboard publicly available through a website.
5. Incorporate links to the data dashboard on key partner websites.
6. Promote the use of the dashboard through presentations and other communication tools.
7. Update the dashboard regularly.
8. Monitor the use of the dashboard by stakeholders through website analytics, use in policy papers, and user feedback.
9. Utilize the data subcommittee to continue to identify potential modifications to the data dashboard to enhance its usefulness.

**Time frame:**

Short term   X  

Long term           

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***Strategy 2: Increase the use of families and youth in developing evaluation plans, gathering and analyzing data and reporting and disseminating results of accountability activities.***

Action Steps:

1. Ensure and support the participation of family members and youth on the data subcommittee as participants in all aspects of the evaluation of the system of care expansion effort.
2. Recruit and train family members and youth as evaluators to recruit families for participation, conduct focus groups, conduct interviews, and participate in interpretation and dissemination of findings.
3. When appropriate for reporting, ensure that outcomes and trends are written in strength-based, family-friendly language with the use of success stories.
4. Facilitate the inclusion of youth and family evaluators in presentations or publications of evaluation findings.
5. Highlight the importance of youth and family participation in evaluation through communication and social marketing strategies.
6. Provide technical assistance and training to agencies or communities interested in increasing the participation of families and youth in evaluation activities.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 3: Create state and local capacity to track and monitor outcomes across child-serving systems to better understand the multi-system impact.***

Action Steps:

1. Review previous efforts to share administrative data across state child-serving systems and identify barriers to success.
2. Explore successful models of cross-system data sharing within other states or geographic areas and identify benefits and risks/resources for each model.
3. After consideration of existing resources and agency support, develop a feasible plan to support data sharing for the purpose of cross-system outcomes monitoring.
4. Implement the plan to develop capacity for cross-system data sharing.
5. Provide technical assistance to state or local agencies to support an understanding of the available data and processes for accessing and utilizing the data.

6. If successful with limited data-sharing experiences, examine potential to further enhance capacity through technology support or inclusion of additional data sources.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 4: Enhance the capacity of local organizations or community coalitions to plan evaluations and utilize data in ongoing quality management activities.***

Action Steps:

1. Survey university faculty for expertise in program evaluation and interest in developing partnerships with local organizations and child-serving agencies.
2. Establish a panel of experts in mental health evaluation with representation from a variety of academic institutions and relevant disciplines from across the state (i.e., the Mental Health Evaluation Panel).
3. Develop a mechanism through existing websites for local organizations and community coalitions to request limited technical assistance from academic experts on conducting an evaluation.
4. Link interested organizations with a member of the Mental Health Evaluation Panel, based on geographic region and shared interest areas, for time-limited technical assistance.
5. Support continued relationship development, such as through opportunities to explore funding for evaluation activities or other research partnerships.
6. Provide brief trainings on evaluation models through webinars or web-based videos.

Time frame:                      Short term \_\_\_\_\_                      Long term   X   \_\_\_\_\_

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***Strategy 5: 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).***

Action Steps:

1. Support training and implementation of the Child and Adolescent Needs (CANS) assessment within the public mental health system.
2. As other child-serving systems revise assessment and screening instruments, support inclusion of culturally appropriate, strength-based measures.
3. Explore opportunities to share training resources for screening or assessment tools across child-serving systems.
4. Revise and pilot test the Recovery Self-Assessment (RSA) for use with children, adolescents, and families.
5. Incorporate the use of the revised RSA to measure perceptions of system of care principles and practices within the public mental health system.

Time frame:                      Short term   X                        Long term                   

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***Strategy 6: Increase the use of technology to support effective data management, information sharing and coordination of services.***

Action Steps:

1. Identify opportunities to reduce policy barriers to information sharing across existing data management and health records systems.
2. Identify opportunities to enhance the use of technology or implement best practices to increase information sharing across existing data management and health records systems.
3. Support local communities in using technology to enhance service coordination and data management.
4. Identify opportunities to incorporate the effective use of technology in service delivery.

Time frame:                      Short term                                         Long term   X  

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## **Building Support for the Plan**

The process leading to the creation of this strategic plan sought from the beginning to involve and engage a broad cross-section of policy makers, leaders of state and local child and youth-serving systems, families, youth, providers of behavioral health services and other stakeholders.

At each stage of goal-setting and strategy development, the planning team sought input through structured focus groups, individual interviews and online surveys. The results of these efforts have been incorporated into the strategic plan.

Moving forward, the Texas System of Care team will utilize a variety of strategies to promote the strategic plan to key stakeholder groups to increase awareness, interest, and buy-in for system of care principles and practices, including:

- Make the plan available on the Texas System of Care website for online viewing and download.
- Create an executive summary of the plan for a quick overview and also make it available online.
- Develop promotional tools that can be mixed and matched to key stakeholder groups. Stakeholder groups to address could include:
  - policymakers and legislators,
  - advocacy organizations,
  - leaders,
  - mental health professionals,
  - community and business leaders, and
  - youth with mental health challenges and their families.

Tools will include, but not be limited to:

- presentations and face-to-face meetings,
- email communications,
- website,
- social media,
- videotaped introductions from key system leaders showing relevance of the plan, and
- webinars.

The strategic plan will evolve based upon the successes and challenges of implementation. Many have contributed time and talent to the effort. Many more will have the opportunity to participate in the implementation of plan, as Texas moves toward the 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.”

**- END -**