



APPENDIX A

Strategic Plan Overview



Texas System of Care
Achieving Well-Being for Children and Youth

**2013 -
2017**

**Strategic Plan to Expand Systems of Care for Children and Youth with
Serious Mental Health Challenges and Their Families**



OVERVIEW

STRATEGIC PLAN OVERVIEW



The Strategic Plan to Expand Systems of Care for Children and Youth with Serious Mental Health Challenges and their Families charts the course to a future in which 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.

The Strategic Plan gives voice to the experience and knowledge of a diverse group of stakeholders, each of whom has contributed a unique perspective to the development of the plan and the strategies and actions that will strengthen the systems and supports available to children, youth and families.

The Plan provides a guide for policy makers, advocates, public child-serving systems, youth, family members and other stakeholders to collaborate toward reaching this shared vision.

The Comprehensive Texas System of Care Strategic Plan is available at
www.txsystemofcare.org/strategic-plan-to-expand-systems-of-care

WHAT ARE THE FACTORS IMPACTING TEXAS CHILDREN AND YOUTH?

GEOGRAPHIC CHALLENGES TO ACCESS SERVICES

Texas is the second largest state in the country in terms of population (approximately 25 million) and geographic size (more than 260,000 square miles). It is divided into 254 counties, more than any other U.S. state.ⁱ It contains several of the country's largest cities (e.g., Houston, Dallas, San Antonio) and some of the nation's largest rural and frontier areas. And in school year 2010-11 there were 1,030 Independent School Districts and 199 charter districts with student enrollment over 4.9 million.^{ii, iii}

While U.S. growth hovered around 9.7%, 2010 Census figures show that Texas has grown by 21% since 2000, adding almost 4.5 million people. Texas led all other states by gaining nearly 1 million children in the 2000s—representing about half of the nation's overall gain in children.^{iv} Many of Texas' rural counties have limited access to mental health care, particularly psychiatric services. In 2011, only 199 child psychiatrists were identified as practicing in Texas,^v and in fiscal year 2010 Texas ranked highest in the nation for Health Professional Shortage Areas for mental health practitioners.^{vi}



CHANGING CULTURAL DEMOGRAPHICS

Texas is now a majority minority state and the Hispanic population will soon be the majority ethnic/cultural group in the state. Hispanics presently account for more than 38% of the population. More than 90 languages are spoken in Texas, according to the Modern Language Association's [Language Map Data Center](#), and approximately 32% of Texans speak a language other than English at home.^{vii} Racial and ethnic minorities are disproportionately represented in the Texas child welfare and juvenile justice systems.^{viii, ix} The needs of a changing population require that strategies to strengthen mental wellness for Texas children, youth and their families be grounded in cultural and linguistic competencies, and that the workforce be diverse, well-trained, accessible and sufficient to meet this rising demand.

RESOURCE LIMITATIONS

Texas's growth has led to increasing numbers of children and youth with potential mental health needs. An estimated 9-13% of Texas children have some type of disability, with the highest growth rates in mental, behavioral, and emotional conditions.^x Although the economic climate following the 2007 recession has been better in Texas than many other states, Texas has experienced some reductions in state revenue along with increasing health care costs.^{xi} State and federal expenditures for children's public mental health services have remained relatively flat, despite increasing need. Despite the exceptional efforts of leaders and front-line professionals to maximize resources and develop new sources of revenue, resource scarcity continues to strain even the most effectively run systems at the state and local levels.

THE NEED FOR INCREASED INTERAGENCY COORDINATION

Services for children and youth with mental health needs are not solely located within the public and private mental health system. Many children and youth access services through schools, pediatricians, child welfare, and juvenile justice. The state and local systems that exist to serve and support children with significant mental health needs face challenges in coordinating services due to policy, regulatory and funding requirements that are system-centric instead of person-centric. As the systems that serve children, youth, and families become more complicated, the need for coordination becomes more evident to reduce duplication of effort, enhance continuity of care, track outcomes across systems, and maximize fiscal and staff resources.

ATTITUDES TOWARD MENTAL ILLNESS

One of the greatest barriers to accessing treatment, mentioned by youth, parents and providers, is the stigma associated with having a mental illness and having others know that you are seeking and/or receiving needed support. Yet, according to the *Surgeon General's Report on Mental Health*, "effective treatments for mental disorders promise to be the most effective antidote to stigma."^{xii}

While there is widespread acceptance for physical health conditions, having a mental health condition is perceived as a weakness, and adolescents, in particular, may experience alienation from their peers if they self-disclose. One youth leader noted, "What youth really want and need is someone who understands and who is willing to listen...by having a public who does not instantly stigmatize or stereotype individuals labeled with mental health issues we can provide a more welcoming and accepting environment."

HOW ARE TEXAS CHILDREN, YOUTH AND THEIR FAMILIES SERVED IN TEXAS?

At the state level, the Texas Department of State Health Services (DSHS) is charged with serving children and youth with serious emotional disorders. However, services are also provided in many other systems, such as education, juvenile justice, and child welfare. Within communities, Local Mental Health Authorities (LMHAs) and nonprofit organizations provide a safety net for children with serious emotional disorders who lack the resources or insurance to access mental health care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines children with a serious emotional disorder as “persons from birth up to age 18, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the [DSM-IV], that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school, or community activities.”^{xiii}

MORE THAN HALF OF TEXAS CHILDREN AND ADOLESCENTS GO WITHOUT NEEDED MENTAL HEALTH SERVICES.

In 2010, DSHS estimated that 5%, or 154,724 Texas children and youth between the ages of 9 and 17 had a mental health disorder so severe that it affected their ability to function at home, in school, or in the community.^{xiv} Twenty-nine percent of these youth received services through DSHS-funded community mental health centers. During this same year, 315 youth were placed on waiting lists for these community-based services and 111 received less intensive services than they needed because resources were limited.^{xv}

According to a 2007 study of children ages 2-17 with emotional, developmental or behavioral problems, only 41.7% of Texas children received mental health care compared to a national average of 60%.^{xvi} When children and youth don’t receive needed treatment this creates additional stress for families. A recent report states, “there continues to be concern for children whose parents relinquish



custody in order to obtain essential mental health services and supports. A lack of access to services sometimes results in parents who, having exhausted other resources, transfer custody of their children to state authorities.”^{xvii}

Mental health treatment works. Timely access to appropriate mental health services and supports can prevent mental health problems in adulthood and reduce the risk of a multitude of negative outcomes. When treated, children and youth with mental health problems have better outcomes in home, school and community settings.^{xviii}

EXPANDING SYSTEM OF CARE IN TEXAS

System of care is a national strategy developed to improve the systems and supports for children with serious emotional disturbances. The system of care framework consists of a set of core values and principles that guides efforts to improve access, quality, and coordination of community service systems. System of care is defined as “a broad array of effective services and supports for children and adolescents with behavioral health disorders and their families that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery, management, and policy levels.”^{xix}

Throughout the country, the system of care framework has been shown to strengthen collaboration among child-serving systems, community organizations, families and youth. The services provided through system of care communities have resulted in reduced symptomatology, improved functioning, reduced caregiver strain, and reduced risk of suicide. The system of care framework has also been shown to reduce placements in psychiatric hospitals, residential treatment facilities, and other out-of-home settings, allowing systems to reinvest savings in community-based services.^{xx}

Texas has successfully implemented systems of care in six communities through federal grants (see sidebar). These communities have shown positive outcomes similar to those found nationally. The Texas System of Care Consortium (TXSOCC), a collaborative representing youth and parents, child-serving state agencies, advocacy organizations, system of care communities, and other key leaders, provides oversight to state efforts to expand systems of care to additional communities through policy changes, training and technical assistance, and leadership.

TEXAS SYSTEM OF CARE COMMUNITIES

The Children’s Partnership (Travis County)

Community Solutions (City of Fort Worth)

County Department of Mental Health Support Services (El Paso County)

Systems of Hope (Harris County)

Rural Children’s Initiative (Plainview and 11 surrounding rural counties)

Hand in Hand (Tarrant County and 4 surrounding counties)

CHARACTERISTICS OF SYSTEMS OF CARE AS SYSTEMS REFORM INITIATIVES^{xxi}

From	To
Fragmented service delivery	Coordinated service delivery
Categorical programs/funding	Multidisciplinary teams and blended resources
Limited service availability	Comprehensive service array
Reactive, crisis-oriented approach	Focus on prevention/early intervention
Focus on “deep-end,” restrictive settings	Least restrictive setting
Children out-of-home	Children within families
Centralized authority	Community-based ownership
Creation of “dependency”	Creation of “self-help” and active participation
Child-only focus	Family as focus
Needs/deficits assessment	Strength-based assessments
Families as “problems”	Families as “partners” and therapeutic allies
Cultural blindness	Cultural competence
Highly professionalized	Coordination with informal and natural supports
Child and family must “fit” services	Individualized/wraparound approach
Input-focused accountability	Outcome/results-oriented accountability
Funding tied to programs	Funding tied to populations

THE FIVE-YEAR STRATEGIC PLAN FOR SYSTEM OF CARE EXPANSION



In October 2011, Texas received a grant from SAMHSA to develop a strategic plan for the statewide expansion of the system of care framework for children and youth with serious emotional disturbances and their families. Overseen by the Texas System of Care Consortium (TXSOCC), Texas embarked on gathering information and input into the goals, strategies, and actions necessary to bring system of care to communities across the state.

The strategic plan development process included a review of existing reports and recommendations, agency strategic plans, and national resources for system of care development. Interviews or focus groups were held with youth, caregivers, agency and community leaders, and communities with experience implementing the system of care framework. Facilitated planning sessions were held with TXSOCC members and other key stakeholders to identify and reach consensus on key components of the strategic plan including vision, mission, and priority strategies. In many instances, specialized workgroups were developed to target planning in key areas such as leadership, social marketing, family and youth voice, training, and accountability.

Texas stakeholders have recognized the need for a two-tier approach to expanding system of care in the state. Systems of care ultimately are developed within communities; therefore, the first tier focuses on developing systems of care in communities with enough flexibility to incorporate each locality's unique strengths and needs. However, communities can be either hampered or supported by state policies, financing, and training opportunities. Therefore, the second tier focuses on developing or enhancing state-level infrastructure to support system of care implementation within all child-serving systems.

VISION

All Texas children 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 services and supports into seamless systems of care for children, youth and their families.

THE ROAD FORWARD

The insights and innovative ideas shared by many dedicated individuals have been woven into the vision and the five broad goals (Figure 1) that frame the Plan. A detailed table of goals, strategies and action steps, including estimated time frames for completing each strategy, can be found at:

www.txsystemofcare.org/strategic-plan-to-expand-systems-of-care

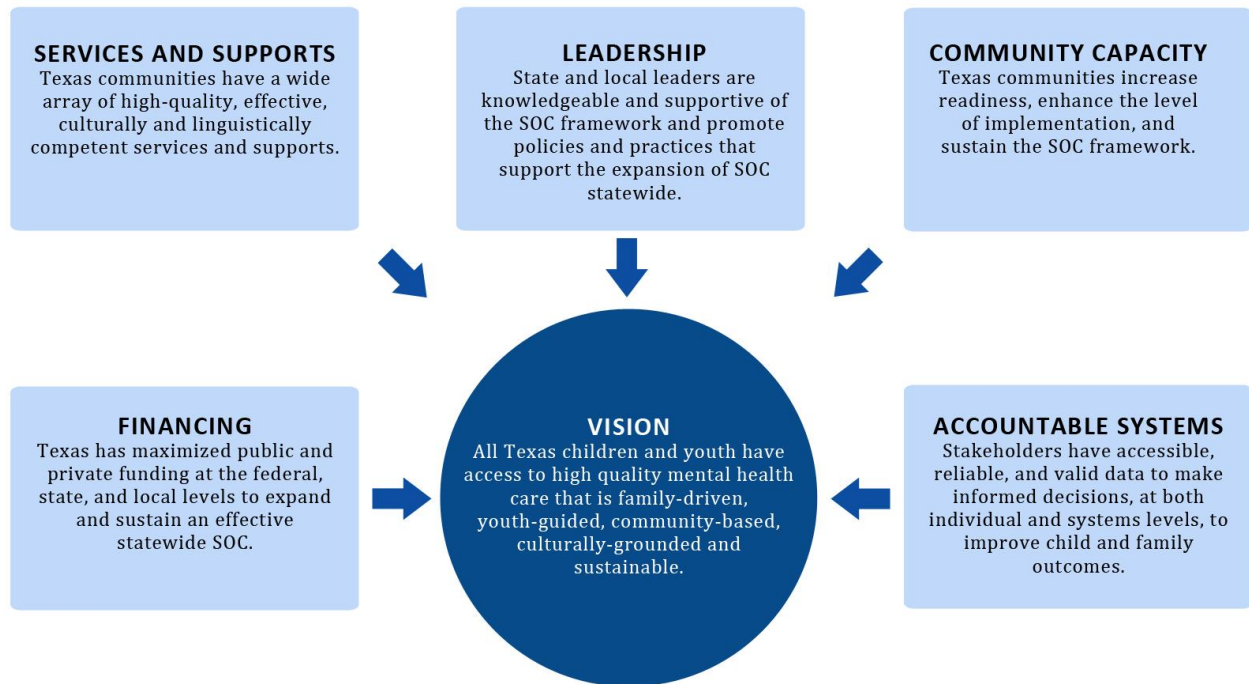


FIGURE 1

STRATEGIC PLAN GOALS AND STRATEGIES

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.

Texas' children's mental health stakeholders recognize the importance of strong leadership and support to advance the system of care framework within the state. This requires broad-based understanding and adoption of the guiding principles and values of system of care, especially by leaders of state and local child-serving agencies, legislators, service providers, and youth and family organizations. To ensure that systems are meeting the needs of children, youth and families with serious emotional disturbances, youth and families should be empowered to participate in policy decisions and serve as leaders within their communities and state. Agencies and organizations should make sure that family and youth perspectives are included in governance and decision-making bodies. This is critical for guaranteeing that policies and practices will truly meet the needs of those being served.

Stakeholders within community organizations have many competing priorities and resource demands. Within a system of care framework, community leaders have confidence in the ability of the system of care to address the needs of their community. To expand systems of care within Texas, a communication plan that provides the opportunity for community stakeholders to identify barriers that require attention from state policymakers can be established. Additionally, a clear, representative state-level body tasked with advancing system of care in the state should be empowered and supported to influence key policies, and most critically, to help reduce the stigma that prevents youth with mental health needs and their families from accessing services and achieving their life goals.

STRATEGIES TO DEVELOP AND STRENGTHEN LEADERSHIP AND SUPPORT

1. Increase the impact and sustainability of the Texas System of Care Consortium by strengthening alignment with existing state governance or advisory boards.
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.
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 capacity of youth leaders to inform policy and practice.

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

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.

To expand the system of care framework in Texas, an array of effective services and supports needs to be present throughout the state. For children with significant mental health challenges, services and supports should be tailored to their individual needs and coordinated across the systems in which they are involved. This requires an effective collaborative planning approach that can incorporate the perspectives of all of the individuals who care about the youth's well-being. The wraparound planning process is one practice that incorporates the principles of system of care into the delivery approach and has led to positive outcomes for many youth and families. However, effective planning is not sufficient; families must also have access to effective treatment approaches and non-traditional services or natural supports that can assist them in keeping their child in the home and achieving their goals.

To achieve this goal, a well-trained and effective workforce is necessary. Service providers should be sensitive to the cultures of the families they serve and able to communicate effectively in the family's primary language. Effective service systems require providers who are skilled in evidence-based treatment approaches and able to partner with youth and families in treatment decisions. When services and supports are provided in the settings in which youth and families are most comfortable, such as homes, schools, and pediatrician's offices, stigma is reduced and interventions can relate to everyday experiences. In addition, effective services and supports are tailored to meet the needs of special populations of youth, such as young children or those transitioning to adulthood. When more children and youth with potential mental health issues are identified early, prevention and early intervention efforts can reduce the toll of mental illness.

STRATEGIES TO ENHANCE ACCESS TO EFFECTIVE SERVICES AND SUPPORTS

1. Create infrastructure to support high fidelity wraparound practice throughout the state.
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.
3. Infuse system of care principles and practices within professional training programs through partnerships with higher education entities and professional organizations.
4. Infuse system of care principles and practices within training curriculum offered by child-serving agencies.
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.
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.
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.
8. Provide training and technical assistance to support the implementation of promising practices within communities addressing the social-emotional development for early childhood populations.
9. Advance program development, financing and workforce training to expand the array of effective services and supports for youth transitioning to adulthood.

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.

Community decision-makers in Texas have varying levels of knowledge, interest, and readiness to implement the system of care framework. To successfully expand the framework statewide, communities at an early stage of readiness need to be informed of the benefits of implementing system of care, knowledgeable about strategies to enhance local collaboration and service systems and prepared to partner with families, youth, and community stakeholders to achieve a shared vision. Communities become interested in beginning this work through an effective communication process

and social marketing strategies. Training, technical assistance, and support from subject matter experts and other communities engaged in a similar effort will provide a fertile environment for implementing a collaborative system of care approach. Experienced communities can advance their system of care through innovative strategies to address gaps or needs and learn effective methods to communicate with state and federal policymakers to eliminate or minimize barriers.

The strategies identified to support community development of the system of care framework follow a three-tier approach based on a community's stage of readiness. For communities unaware of system of care or just beginning to contemplate implementing system of care practices (early adopters), social marketing, communication strategies and training on the core principles of system of care are indicated. Communities ready for active implementation (intermediate) of the system of care framework should have available to them targeted training, technical assistance, and support to create effective governance structures, ensure youth and family voice, enhance service systems and plan for sustainability. Support and mentorship from more advanced communities can be critical. Communities already adopting a system of care framework (advanced) that are focused on specific system changes or populations of youth, should also have targeted technical assistance, training, and available support from subject matter experts for systems change.

STRATEGIES TO SUPPORT COMMUNITY DEVELOPMENT OF SYSTEM OF CARE

1. Increase interest and readiness to adopt the system of care framework in communities across the state through social marketing, training, and technical assistance.
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.
3. Support community advancement in system of care readiness and development by targeting specific issue areas and special populations.

MAXIMIZE EFFICIENT, SUSTAINABLE FINANCING STRATEGIES

GOAL: TEXAS HAS MAXIMIZED PUBLIC AND PRIVATE FUNDING AT THE FEDERAL, STATE, AND LOCAL LEVELS TO EXPAND AND SUSTAIN AN EFFECTIVE STATEWIDE SYSTEM OF CARE.

To expand and sustain the system of care framework statewide, a comprehensive financing strategy must be implemented that supports expansion efforts for both state-level and local infrastructure and for collaborative service systems. To accomplish this, existing federal, state, and local funding targeting this population of youth should be maximized in order to reduce duplication of effort, avoid costly long-term out-of-home placements, and target funding to the most effective community-based services and supports for youth and families. Financing structures, such as the 1915(c) Medicaid Waiver (Youth Empowerment Services or YES), which are already aligned with the system of care framework, can be one strategy to finance effective service systems in additional communities. New funding sources, such as the recent Medicaid 1115 waiver and private philanthropy, are also critical for creating sustainable financing and should be accessed and aligned with the state vision for system of care. In addition, creative financing strategies that blend, pool, or integrate funding and take advantage of cost savings to reinvest in community-based services and supports can lead to improved efficiencies and better outcomes.

STRATEGIES TO MAXIMIZE EFFICIENT, SUSTAINABLE FINANCING

1. 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.
2. 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.
3. Support the implementation and expansion of the 1915(c) Medicaid YES waiver, including enhancing the compatibility with other funding resources.
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.
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.

CREATE ACCOUNTABLE SYSTEMS

GOAL: STAKEHOLDERS HAVE ACCESSIBLE, RELIABLE, AND VALID DATA TO MAKE INFORMED DECISIONS, AT BOTH THE INDIVIDUAL AND SYSTEMS LEVELS, TO IMPROVE CHILD AND FAMILY OUTCOMES.

Effective and accountable systems require relevant, reliable data from which decisions can be made. In such a system, stakeholders at all levels of the system have access to key data elements as well as the capacity to utilize available data to make critical decisions about programs, providers, and resources. The capacity to develop local continuous quality improvement structures may require training, technical assistance and technology supports. Available data should reflect the complex nature of the interactions of children, youth and families with all child-serving systems. Most critically, relevant data and evaluation systems require that families and youth who have been involved in the system are key partners in identifying outcomes, collecting data, interpreting findings, and disseminating information.

STRATEGIES TO CREATE ACCOUNTABLE SYSTEMS

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.
2. Increase the use of families and youth in developing evaluation plans, gathering and analyzing data and reporting and disseminating results of accountability activities.
3. Create state and local capacity to track and monitor outcomes across child-serving systems to better understand the multi-system impact.
4. Enhance the capacity of local organizations or community coalitions to plan evaluations and utilize data in ongoing quality management activities.
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).
6. Increase the use of technology to support effective data management, information sharing and coordination of services.

NEXT STEPS

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. Over time, the Strategic Plan to Expand Systems of Care for Children and Youth with Serious Mental Health Challenges and their Families will evolve based upon the successes and challenges identified during implementation.

Many individuals have contributed time and talent to the development of this plan. Many more will have the opportunity to participate in the implementation of the 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.”

REFERENCES

- ⁱU.S. Department of Commerce. U.S. Census (2010). Retrieved from http://www.census.gov/geo/www/maps/us_2010_st_cou_wallmap/us_stcou_2010_wallmap.html
- ⁱⁱ Texas Education Agency (July, 2012). *Strategic Plan for the Fiscal Years 2013–2017*. Retrieved from <http://www.tea.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147507429&libID=2147507420>
- ⁱⁱⁱ Texas Education Agency (May, 2012). *Snapshot 2011*. Retrieved from <http://ritter.tea.state.tx.us/perfreport/snapshot/2011/state.html>
- ^{iv} Frey, William H. (April 2011). *America's Diverse Future: Initial Glimpses at the U.S. Child Population from the 2010 Census*. Brookings Institute. Retrieved from http://www.brookings.edu/~media/research/files/papers/2011/4/06%20census%20diversity%20frey/0406_census_diversity_frey
- ^v Texas Department of State Health Services (2011). Retrieved from <http://www.dshs.state.tx.us/chs/hprc/tables/Psychiatrists-by-County-of-Practice---September,-2011/>
- ^{vi} Trust for America's Health (2012). Key Health Data About Texas. (Data Set). Retrieved from <http://healthamericans.org/states/?stateid=TX#section=1,year=2011,code=undefined>
- ^{vii} 2010 Texas Census
- ^{viii} Disproportionality in Child Protective Services System (2010). Department of Family and Protective Services, Retrieved from http://www.dfps.state.tx.us/Child_Protection/Disproportionality/default.asp.
- ^{ix} Public Policy Research Institute (July, 2010). Addressing Disproportionate Minority Contact in the Texas Juvenile Justice System. College Station: Texas A&M University. Available at http://ppri.tamu.edu/PublicReports/100724_Final%20Report.pdf.
- ^x Texas Children's Policy Council, Recommendations for Improving Services for Texas Children with Disabilities Statutorily Required by H.B. 1478, 77th Legislature of the State of Texas, 2012.
- ^{xi} Texas Health and Human Services Commission (2012). *Health and Human Services System Strategic Plan 2013-2017*. Retrieved from <http://www.hhs.state.tx.us/StrategicPlans/SP-2013-2017/Volume-I.pdf>
- ^{xii} U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
- ^{xiii} Center for Substance Abuse Treatment (2006). *Definitions and Terms Relating to Co-Occurring Disorders*. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services.
- ^{xiv} Texas Department of State Health Services. *FY 2012-2013 State Plan for Community Mental Health Services Block Grant Application*. <http://www.dshs.state.tx.us/mhsa/blockgrant/>
- ^{xv} Texas Department of State Health Services. *FY 2012-2013 State Plan for Community Mental Health Services Block Grant Application*. Retrieved from <http://www.dshs.state.tx.us/mhsa/blockgrant/>
- ^{xvi} Kaiser Family Foundation (2007). *Percent of Children (2-17) with Emotional, Developmental, or Behavioral Problems that Received Mental Health Care, 2007*. Retrieved from <http://statehealthfacts.org/comparetable.jsp?typ=2&ind=53&cat=2&sub=14&sortc=1&o=a>
- ^{xvii} Texas Department of State Health Services (2012). *FY 2014-2015 Legislative Appropriation Request*. Retrieved from <http://www.dshs.state.tx.us/budget/lar/default.shtm>
- ^{xviii} U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- ^{xix} Pires, S.A. (2002). *Building Systems of Care: A Primer*. Washington, D.C.: Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- ^{xx} Stroul, B.A. & Blau, G.M. (2008). *The System of Care Handbook: Transforming Mental Health Services for Children, Youth and Families*. Baltimore: Paul H. Brookes Publishing.
- ^{xxi} Pires, S (1996). *Characteristics of systems of care as systems reform initiatives*. Washington, DC: Human Service Collaborative.



APPENDIX B

Strategic Plan

The Strategic Plan to Expand Systems of Care for Children and Youth with Serious Mental Health Challenges and their Families: Work Plan

Abbreviations

CCF	Council on Children and Families
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
HHSC	Health and Human Services Commission
TEA	Texas Education Agency
TIEMH	Texas Institute for Excellence in Mental Health
TJJD	Texas Juvenile Justice Department
TXSOC	Texas System of Care
TXSOCC	Texas System of Care Consortium

DEVELOP AND STRENGTHEN LEADERSHIP AND SUPPORT

GOAL 1: STATE AND LOCAL LEADERS ARE KNOWLEDGEABLE AND SUPPORTIVE OF THE SYSTEM OF CARE FRAMEWORK AND PROMOTE POLICIES AND PRACTICES THAT SUPPORT EXPANSION OF SYSTEM OF CARE STATEWIDE.

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

Action Steps	Time Frame ⁱ	Cost ⁱⁱⁱⁱ	Persons/Entities Responsible
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.	10/2012 – 5/2013 Completed	Low	TXSOCC with HHSC as lead
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 system of care principles, values and practices at state/ local levels.	10/2013 – 9/2014	Low	TXSOCC with HHSC as lead
3. 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.	10/2013 and ongoing	Low	TXSOCC members

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	Time Frame	Cost	Persons/Entities Responsible
1. Conduct information-gathering interviews about effective models for family coalitions and solicit input from key family-run organizations.	6/12 – 12/2012 Completed	Low	Hogg Foundation for Mental Health
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.	6/2013 Completed	Low	Via Hope with support by TIEMH
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.	12/2013 – 9/2014	Moderate	TXSOCC Family & Youth Voice Subcommittee
4. Develop curriculum for and implement demonstration training programs to: <ul style="list-style-type: none"> 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. 	10/1/14- 9/30/15	Moderate	TXSOCC Family & Youth Voice Subcommittee

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	Time Frame	Cost	Persons/Entities Responsible
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.	9/2013 - 6/2014	Low	TIEMH & Via Hope

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.	6/2014 – 9/2014	Low	TIEMH & Via Hope
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.	6/2014 – 9/2015	Moderate	TIEMH, Via Hope, DSHS Title V, and other partners
4. Implement a youth-driven social marketing campaign to targeted audiences on the importance of youth engagement and voice 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.	10/14 and ongoing	Moderate	Youth Coalition with support from TXSOCC Youth and Family Voice subcommittee and TIEMH
5. Conduct an assessment of readiness for working with youth with the TXSOCC membership and other interested state interagency stakeholder groups.	6/2014 – 12/2014	Low	TXSOCC Youth and Family Voice Committee
6. 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.	10/2013 – 6/2014	Low	Youth Coalition with support from TIEMH
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	Time Frame	Cost	Persons/Entities Responsible
1. Establish a communication plan that allows barriers to be reported to the state level youth-serving systems for resolution.	6/2014 - 9/2014	Low	TXSOCC
2. Establish strategies for resolving barriers, such as issue-driven workgroups that collaborate on resolutions to barriers, including drafting proposed changes to	9/2014 and ongoing	Low	TXSOCC

policies, rules and regulations.			
3. Establish a feedback loop from local communities or originating sources to evaluate the effectiveness of actions in reducing barriers.	9/2014 and ongoing	Low	TXSOCC with support from TIEMH
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.			
Action Steps	Time Frame	Cost	Persons/Entities Responsible
1. Develop a prospecting and recruitment plan to identify existing and promising leaders or spokespersons for child and youth mental health within the state.	1/2014 – 6/2014	Low	TXSOCC Leadership and Resource Subcommittee with support from TIEMH
2. Ensure the involvement of youth and families and the need for cultural/ethnic diversity representative of the state.	1/2014 – 6/2014	Low	TXSOCC Leadership and Resource Subcommittee with support from TIEMH
3. Implement recruitment plan, utilizing key local and state partners to identify and recruit individuals interested in supporting children's mental health.	6/2014 – 12/2015	Low	TXSOCC and SOC Communities
4. Engage identified leaders in social marketing efforts within the state, building upon their key interests, talents, and respective roles. a) Provide opportunities for identified leaders to participate in targeted system of care social marketing, such as guest blogging on the Texas System of Care blog, editorials or media interviews, video testimonials, presentations to decision-making bodies, etc. b) Regularly share key facts, data, and talking points related to children's mental health and system of care to key leaders to strengthen the message for the system of care framework.	1/2013 and Ongoing	Low	TXSOCC Social Marketing Subcommittee with support from TIEMH
5. Support the continued growth of developing leaders through mentoring from established leaders, training opportunities, and opportunities to participate in	10/1/13 – 9/30/17	Low	TXSOCC Leadership and Resource Subcommittee

leadership roles.			
6. Develop and implement an appreciation plan recognizing key leaders for their efforts on behalf of children's mental health.	6/2013 – 11/2013 Completed	Low	Strengthening Youth and Families Planning Committee
Strategy 6: Increase awareness, interest, and support for system of care principles and practices through the use of effective social marketing and communications activities.			
Action Steps	Time Frame	Cost	Persons/Entities Responsible
1. Form a social marketing subcommittee of TXSOCC, including youth, families, and representatives from system of care communities, to oversee the Texas System of Care social marketing and communication plan.	3/2013 and Ongoing	Low	TIEMH
2. Develop an integrated communication strategy coordinated across several platforms that emphasizes key messages tailored to specific audiences.	3/2013 and Ongoing	Low	TXSOCC Social Marketing Subcommittee and TIEMH
3. Expand the Texas System of Care website (www.txsystemofcare.org) featuring success stories, a blog, archived webinars, video testimonials and resources.	9/2012 and Ongoing	Low	TIEMH
4. Build on e-communications efforts (i.e. resource emails and e-newsletter) and grow database of subscribers.	1/2013 and Ongoing	Low	TIEMH
5. Develop marketing campaigns around specific, key areas of children's mental health. Where possible, link these campaigns to efforts at the state and national level (e.g., National Children's Mental Health Awareness Week). Other campaign ideas include, but are not limited to: <ul style="list-style-type: none"> a. anti-stigma b. trauma c. children's mental health awareness day/week and d. suicide prevention. 	10/2013 and Ongoing	Medium	Social Marketing Subcommittee
6. Develop an evaluation plan that aligns with the system of care social marketing	10/2013 and	Low	TIEMH

and communication activities to ensure continuous quality improvement.	Ongoing		
--	---------	--	--

ENHANCE ACCESS TO EFFECTIVE SERVICES AND SUPPORTS

GOAL 2: TEXAS COMMUNITIES HAVE A WIDE ARRAY OF HIGH-QUALITY, EFFECTIVE, CULTURALLY AND LINGUISTICALLY COMPETENT SERVICES AND SUPPORTS.

Strategy 1: Create infrastructure to support high fidelity wraparound practice throughout the state.			
Action Steps	Time Frame	Cost	Persons/Entities Responsible
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.	4/2013 and Ongoing	Moderate	TIEMH
2. Establish a mechanism to oversee and support on-going high-quality wraparound training to facilitators and supervisors utilizing the NWI model.	4/2014 and Ongoing	Moderate	TIEMH and TXSOCC Training Subcommittee
3. Establish a mechanism to oversee and support on-going coaching and skill development for wraparound facilitators.	9/2013 and Ongoing	Moderate	TIEMH
4. Establish mechanisms for the review of wraparound fidelity, recognizing programs reaching high levels of fidelity.	10/2013 and Ongoing	Moderate	DSHS and TIEMH
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).	10/2013 and Ongoing	Moderate	TIEMH and TXSOCC Training Subcommittee
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	Time Frame	Cost	Persons/Entities Responsible
1. Continue to expand the number of trained and certified family partners providing peer support within child-serving systems.	9/2012 and Ongoing	Moderate	Via Hope
2. Enhance the financial sustainability of youth and parent peer support activities, including exploring changes to the Medicaid state plan.	9/2012 – 8/2014	Moderate	DSHS
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.	9/2012 – 8/2014	Moderate	TIEMH
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.”	9/2014 and Ongoing	Low	Via Hope and TIEMH
5. Conduct research or evaluation studies exploring the impact (including cost-effectiveness) of family peer support services.	9/2014 – 8/2015	Moderate	TIEMH
6. Identify potential local communities or organizations to pilot the development of a youth peer support program.	10/2015 – 8/2017	Moderate to High	TIEMH, DSHS, Via Hope
7. Evaluate the pilot program and provide recommendations for further development of youth peer support within the state.	9/2016 – 8/2017	Moderate	TIEMH

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

Action Steps	Time Frame	Cost	Persons/Entities Responsible
1. Establish a subcommittee of the TXSOCC interested in pre-graduate training collaboration, including representatives from higher education institutions.	10/2014	Low	TXSOCC or TXSOCC Training Subcommittee
2. Adopt, develop, or modify lecture companion materials covering system of care principles and practices, tailored to relevant disciplines.	10/2014 – 8/2015	Moderate	TXSOCC Higher Education Subcommittee with support from TIEMH
3. Pilot test the lecture companion in several programs and modify based on faculty and student feedback.	9/2015-12/2015	Low	University partners
4. Market the lecture companion materials to Texas universities through existing relationships, conference presentations, and professional organizations.	9/2015 and Ongoing	Low	TXSOCC Higher Education Subcommittee
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.	5/2015 – 9/2015	Low	TXSOCC Higher Education Subcommittee

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

Action Steps	Time Frame	Cost	Persons/Entities Responsible
1. Develop a plan to identify the most relevant workforce training curricula offered by child-serving agencies and procedures for review of prioritized curricula.	9/2014	Low	TXSOCC Training Subcommittee with input from TXSOCC
2. Conduct a review of existing curricula within child-serving agencies to identify sections reflecting information about children with mental health needs.	10/2014 – 09/2015	Low	TXSOCC Training Subcommittee
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	10/2015	Low	TXSOCC Training Subcommittee

of care principles and practices.			
4. Provide technical assistance to child-serving systems in the adaptation of training curricula and materials, if desired.	10/2015 – 09/2016	Low	TXSOCC Training Subcommittee
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	Time Frame	Cost	Persons/Entities Responsible
1. Survey current availability and access to services for children and youth with complex mental health challenges and their families within the state.	10/2014 – 6/2015	Low to Moderate	TIEMH
2. Identify barriers to services and supports (e.g., funding, training, workforce, etc.)	10/2014 – 6/2015	Low to Moderate	TIEMH
3. Examine opportunities for cross-system support at state and community levels to enhance access and develop capacity.	10/2014 and Ongoing	Low to Moderate	TXSOCC and TXSOC Communities
4. Provide technical assistance to address barriers through partnerships among child-serving agencies and other stakeholders.	10/2014 and Ongoing	Low	TIEMH
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	Time Frame	Cost	Persons/Entities Responsible
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.	1/2014 and Ongoing	Low	TIEMH
2. Provide regular communication to highlight successful programs, as well as successful strategies for implementation and organizational change.	1/2014 and Ongoing	Low	TIEMH

3. Coordinate or provide training through appropriate mediums (e.g., workshops, online training) on select evidence-based or promising practices.	01/2012 and Ongoing	Moderate to High	TIEMH, DSHS, Cenpatico, TJJD, TEA
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.	10/2013 and Ongoing	Moderate	TIEMH
5. Increase opportunities for cross-system training in select evidence-based or promising practices and shared financing of implementation efforts.	10/2013 and Ongoing	Low	TIEMH, DSHS, Cenpatico, TJJD, TEA
6. Develop and disseminate online and offline materials to families, youth, and advocates highlighting effective programs and services.	10/2014 – 09/2015	Low	TIEMH
7. 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.	10/2014 and Ongoing	Low to Moderate	TIEMH
8. Conduct evaluations, including cost-benefit analyses, of evidence-based or promising practices implementation efforts.	10/2014 – 09/2017	Moderate	TIEMH
9. Continue to identify and apply for grant opportunities supporting evidence-based or promising practices implementation and evaluation across child-serving systems.	9/2012 and Ongoing	Low to Moderate	HHSC, TIEMH, DSHS, TEA, TJJD, DFPS
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	Time Frame	Cost	Persons/Entities Responsible
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.	10/2013 – 09/2014	Moderate	CEDD, TIEMH

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).	10/2013 – 09/2015	Moderate	TXSOCC Cultural & Linguistic Subcommittee
3. Develop an evaluation plan that aligns with the implementation of recommendations to ensure continuous quality improvement.	10/2013 – 09/2015	Low to Moderate	TXSOCC Cultural & Linguistic Subcommittee and TXSOCC Data Subcommittee
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	Time Frame	Cost	Persons/Entities Responsible
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).	10/2015 – 9/2017	Moderate	To Be Decided
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.	9/2014 – 8/2017	Moderate	HHSC and TXSOCC
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.	10/2014 – 8/2017	Low	TIEMH and Hand-in-Hand

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	Time Frame	Cost	Persons/Entities Responsible
1. Utilize social media and other technology to increase awareness and engagement in mental health services and support for transition-age youth.	10/2014 and Ongoing	Low to Moderate	TIEMH
2. Assess and modify policies that allow young people with mental health challenges to improve access to traditionally adult services such as: <ul style="list-style-type: none"> 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. 	1/2014 – 8/2016	Moderate	DSHS, DFPS, TJJD, DARS, TEA, HHSC
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.	1/2014 and Ongoing	Moderate	Via Hope, Hogg

SUPPORT COMMUNITY DEVELOPMENT OF SYSTEM OF CARE

GOAL 3: 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.

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	Time Frame	Cost	Persons/Entities Responsible
1. Cultivate local communities' system of care interest and readiness through webinars highlighting the value of system of care implementation and identifying best practices both within and outside of Texas on children's mental health.	1/2013 – 8/2017	Low	TIEMH
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.	9/2012 – 8/2017	Low	TIEMH
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.	6/2014 and Ongoing	Low	TIEMH
4. Enhance the "resources" section of the Texas System of Care website to serve as a valuable asset for system of care communities.	1/2014 and Ongoing	Low	TIEMH

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	Time Frame	Cost	Persons/Entities Responsible
1. Identify communities interested in implementing the system of care framework through a competitive selection process.	1/2012 and Ongoing	Low	TIEMH
2. Assess community readiness for system of care implementation in top applicants.	1/2012 and Ongoing	Low	TIEMH
3. Establish a memorandum of understanding with selected communities to outline primary goals and technical assistance needs.	1/2012 and Ongoing	Low	TIEMH
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.	3/2013 and Ongoing	Low	TIEMH
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.	3/2013 and Ongoing	Moderate	TIEMH and TXSOC Communities
6. Provide technical assistance to support the development of community strategic plans for the local implementation of system of care principles and practices.	3/2013 and Ongoing	Moderate	TIEMH and TXSOC Communities
7. Provide opportunities for technical assistance and training in effective national and state system of care promising practices.	3/2013 and Ongoing	Low	TIEMH

8. Support peer-to-peer learning networks among new and experienced system of care communities to share ideas, strategies, lessons learned, and increase accountability.	3/2014 and Ongoing	Low	TIEMH and TXSOC Communities
9. Provide technical assistance to selected communities to identify and implement financing strategies to support and sustain system of care efforts through: <ul style="list-style-type: none"> 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. 	10/2013 and Ongoing	Medium	TXSOCC Leadership and Resources Subcommittee with support from TIEMH
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.	3/2013 and Ongoing	Medium	TIEMH and TXSOC Communities
Strategy 3: Support community advancement in system of care readiness and development by targeting specific issue areas and special populations.			
Action Steps	Time Frame	Cost	Persons/Entities Responsible
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.	10/2013 and Ongoing	Low	TXSOCC Leadership & Resource Subcommittee with support from TIEMH
2. Create a change plan for each issue, utilizing one or more of the following strategies: <ul style="list-style-type: none"> a. Develop a toolkit for communities, following review of existing toolkits and resources, to assist communities with planning, 	12/2013 and Ongoing	Low to Moderate	TIEMH with support from TXSOCC Leadership & Resource Subcommittee

<p>making changes, and evaluating progress. The toolkits will include a variety of resources to support the identified changes.</p> <ul style="list-style-type: none"> 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.). 			
<p>3. Create and implement an evaluation to document the effectiveness of targeted activities and provide feedback to change leaders throughout the process.</p>	<p>12/2013 and Ongoing</p>	<p>Moderate</p>	<p>TIEMH</p>

MAXIMIZE EFFICIENT, SUSTAINABLE FINANCING STRATEGIES

GOAL 4: TEXAS HAS MAXIMIZED PUBLIC AND PRIVATE FUNDING AT THE FEDERAL, STATE, AND LOCAL LEVELS TO EXPAND AND SUSTAIN AN EFFECTIVE STATEWIDE SYSTEM OF CARE.

Strategy 1: 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.			
Action Steps	Time Frame	Cost	Persons/Entities Responsible
1. Document financial support needed to support key infrastructure elements to continue system of care expansion within the state.	10/2013 – 8/2014	Low	TXSOCC Leadership & Resource Subcommittee with support from TIEMH
2. Assess and map current sources of financial support at state and local levels.	10/2013 – 8/2014	Low	TXSOCC Leadership & Resource Subcommittee with support from TIEMH
3. Review opportunities to integrate relevant recommendations from the Senate interim study (Rider 71) related to financing support for infrastructure for the children’s mental health system into planning.	10/2013 – 8/2015	Low	TXSOCC Leadership & Resource Subcommittee
4. Identify opportunities for long-term sustainable support of infrastructure, including general revenue, block grants, project-specific grants, foundations, local funds, and fund raising.	10/2013 and Ongoing	Moderate	TXSOCC Leadership & Resource Subcommittee
5. Establish commitments from key funding partners when possible.	10/2013 and Ongoing	Moderate to High	TXSOCC Leadership & Resource Subcommittee
6. Pursue potential financing opportunities to support selected strategies.	10/2013 and	Low to Moderate	TXSOCC Leadership & Resource Subcommittee and all partners

	Ongoing		
7. Utilize outcome data and evidence of cost savings or avoidance to promote investment in the expansion of the system of care framework.	10/2014 – 8/2017	Low to Moderate	TIEMH
Strategy 2: 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, state block grants.			
Action Steps	Time Frame	Cost	Persons/Entities Responsible
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.	4/2013 – 8/2017	Moderate	DSHS, HHSC, TIEMH
2. Explore collaborative financial opportunities to improve child and youth mental health outcomes with entities involved in foster care reform.	12/2013 – 8/2017	Low to Moderate	TIEMH, DSHS, DFPS
3. Identify shared goals and coordinated strategies that could be funded with state block grants.	9/2014 – 8/2017	Low	DSHS, DFPS, TJJD
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.	9/2013 – 8/2017	Low to High	HHSC, DSHS, TXSOCC Leadership & Resource Subcommittee
5. Explore opportunities for unmatched funds that could be utilized to increase (i.e. match) available Medicaid federal funding.	9/2013 – 8/2015	Low	HHSC, DSHS, TJJD, DFPS, TXSOCC and TXSOC Communities
6. Explore financial partnerships with the maternal and child health programs through Title V and programs and services funded through Title IV-E.	9/2014 – 8/2016	Low	DSHS, DFPS, TJJD
7. Examine other options that maximize the use and effectiveness of federal funds.	10/2013 – 8/2015	Low	TXSOCC Leadership & Resource Subcommittee

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

Action Steps	Time Frame	Cost	Persons/Entities Responsible
1. Conduct an evaluation of the YES waiver program to identify strengths and barriers, service utilization trends and outcomes of the program.	6/2012 – 1/2013 Completed	Moderate	TIEMH
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.	1/2013 – 6/2015	Low to Moderate	DSHS, HHSC
3. Provide training and coaching to facilitators/case managers to ensure high-fidelity wraparound planning for waiver participants.	5/2013 and Ongoing	Moderate	DSHS, TIEMH
4. Coordinate across DSHS, HHSC Medicaid Office, DFPS, TJJD, and participating communities to identify opportunities to integrate the YES waiver program with existing state and local programs and maximize available funding.	9/2012 – 8/2016	Low	DSHS, TIEMH, TXSOCC Leadership & Resource Subcommittee
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.	1/2014 and Ongoing	Moderate	DSHS, TIEMH

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	Time Frame	Cost	Persons/Entities Responsible
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.	9/2014 – 10/2014	Low	TXSOCC
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.	10/2014 – 8/2017	Low to Moderate	TXSOCC Resource Development Subcommittee with support from TIEMH
3. Identify opportunities to inform state implementation of health care reform in support of system of care principles and practices	9/2013 – 8/2015	Low	HHSC, DSHS, TXSOCC
4. Explore partnerships and opportunities to develop Home & Community-Based Services for youth at risk for institutional care through a Medicaid 1915(i) option.	9/2014 – 8/2015	Low	DSHS, HHSC

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	Time Frame	Cost	Persons/Entities Responsible
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).	1/2014 – 6/2014	Low	TIEMH
2. In partnership with the community, identify the preferred financial model and contributing partners.	6/2014 – 12/2014	Low	Pilot Community, TIEMH, DSHS, HHSC, DFPS, TJJD, TEA

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.	6/2014 – 8/2016	Low to Moderate	TIEMH, Participating Agencies
4. Conduct the demonstration project with a limited number of youth and families.	6/2014 – 8/2016	Moderate	Selected Community
5. Evaluate the demonstration project, including documenting procedures, lessons, outcomes, and cost impact.	6/2014 – 10/2016	Moderate	To Be Decided
6. Consider opportunities for replication in additional communities, including potential Medicaid waivers or other strategies.	8/2016 – 12/2016	Low	Participating Agencies

CREATE ACCOUNTABLE SYSTEMS

GOAL 5: STAKEHOLDERS HAVE ACCESSIBLE, RELIABLE, AND VALID DATA TO MAKE INFORMED DECISIONS, AT BOTH THE INDIVIDUAL AND SYSTEMS LEVELS, TO IMPROVE CHILD AND FAMILY OUTCOMES.

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	Time Frame	Cost	Persons/Entities Responsible
1. Through the data subcommittee of TXSOCC, identify or confirm key indicators of system and individual outcomes for children with mental health challenges.	9/2013 – 6/2014	Low	TXSOCC Data & Evaluation Subcommittee with support from TIEMH
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.	6/2014 – 8/2014	Low	TIEMH

3. Identify a process and assigned tasks necessary for updating the dashboard.	6/2014 – 9/2014	Low	TIEMH
4. Make the dashboard publicly available through a website.	9/2014	Low	TIEMH
5. Incorporate links to the data dashboard on key partner websites.	9/2014 – 12/2014	Low	TXSOCC
6. Promote the use of the dashboard through presentations and other communication tools.	10/2014 and Ongoing	Low	TIEMH, TXSOCC
7. Update the dashboard regularly.	10/2014 and Ongoing	Low	TIEMH
8. Monitor the use of the dashboard by stakeholders through website analytics, use in policy papers, and user feedback.	10/2014 and Ongoing	Low	TIEMH
9. Utilize the data subcommittee to continue to identify potential modifications to the data dashboard to enhance its usefulness.	10/2014 and Ongoing	Low	TIEMH, TXSOCC Data & Evaluation Committee
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	Time Frame	Cost	Persons/Entities Responsible
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.	10/2013 and Ongoing	Low	TXSOCC Data & Evaluation Subcommittee

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.	1/2014 and Ongoing	Low to Moderate	TIEMH, TXSOCC Data & Evaluation Subcommittee
3. When appropriate for reporting, ensure that outcomes and trends are written in strength-based, family-friendly language with the use of success stories.	10/2014 and Ongoing	Low	TIEMH, TXSOCC Data & Evaluation Subcommittee, TXSOCC Social Marketing Subcommittee
4. Facilitate the inclusion of youth and family evaluators in presentations or publications of evaluation findings.	10/2014 and Ongoing	Low	TIEMH, TXSOCC Data & Evaluation Subcommittee
5. Highlight the importance of youth and family participation in evaluation through communication and social marketing strategies.	10/2014 and Ongoing	Low	TIEMH, TXSOCC Data & Evaluation Subcommittee, TXSOCC Social Marketing Subcommittee
6. Provide technical assistance and training to agencies or communities interested in increasing the participation of families and youth in evaluation activities.	10/2014 and Ongoing	Low	TIEMH & TXSOCC Data & Evaluation Subcommittee
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	Time Frame	Cost	Persons/Entities Responsible
1. Review previous efforts to share administrative data across state child-serving systems and identify barriers to success.	10/2014 – 3/2015	Low	TXSOCC Data & Evaluation Subcommittee with support from TIEMH
2. Explore successful models of cross-system data sharing within other states or geographic areas and identify benefits and risks/resources for each model.	10/2014 – 5/2015	Low	TXSOCC Data & Evaluation Subcommittee with support from TIEMH

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.	5/2015 – 8/2015	Low	TXSOCC Data & Evaluation Subcommittee with support from TIEMH
4. Implement the plan to develop capacity for cross-system data sharing.	9/2015 – 8/2017	Low to High	TXSOCC Data & Evaluation Subcommittee and participating agencies
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.	9/2015 – 8/2017	Low to Moderate	To be determined
6. If successful with limited data-sharing experiences, examine potential to further enhance capacity through technology support or inclusion of additional data sources.	9/2016 – 8/2017	Low to High	To be determined
Strategy 4: Enhance the capacity of local organizations or community coalitions to plan evaluations and utilize data in ongoing quality management activities.			
Action Steps	Time Frame	Cost	Persons/Entities Responsible
1. Survey university faculty for expertise in program evaluation and interest in developing partnerships with local organizations and child-serving agencies.	9/2014 – 8/2015	Low	TXSOCC Data & Evaluation Subcommittee with support from TIEMH
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).	9/2015	Low	TXSOCC Data & Evaluation Subcommittee with support from TIEMH
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.	7/2015 – 9/2015	Low	TXSOCC Data & Evaluation Subcommittee with support from TIEMH

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.	9/2015 and Ongoing	Low	To be determined
5. Support continued relationship development, such as through opportunities to explore funding for evaluation activities or other research partnerships.	9/2015 and Ongoing	Low	To be determined
6. Provide brief trainings on evaluation models through webinars or web-based videos.	6/2014 – 8/2016	Low	TIEMH and/or participating agencies
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	Time Frame	Cost	Persons/Entities Responsible
1. Support training and implementation of the Child and Adolescent Needs (CANS) assessment within the public mental health system.	1/2013 – 9/2013 Completed	Low	DSHS
2. As other child-serving systems revise assessment and screening instruments, support inclusion of culturally appropriate, strength-based measures.	1/2013 – 8/2016	Moderate	DSHS, TIEMH, participating agencies
3. Explore opportunities to share training resources for screening or assessment tools across child-serving systems.	1/2013 and Ongoing	Low	TXSOCC with support from TIEMH
4. Revise and pilot test the Recovery Self-Assessment (RSA) for use with children, adolescents, and families.	1/2013 – 9/2013 Completed	Low	TIEMH, DSHS
4. Incorporate the use of the revised RSA to measure perceptions of system of care principles and practices within the public mental health system.	1/2014 and Ongoing	Low to Moderate	DSHS, TIEMH

Strategy 6: Increase the use of technology to support effective data management, information sharing and coordination of services.			
Action Steps	Time Frame	Cost	Persons/Entities Responsible
1. Identify opportunities to reduce policy barriers to information sharing across existing data management and health records systems.	9/2014 – 8/2016	Low to Moderate	TXSOCC, TXSOCC Data & Evaluation Subcommittee
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.	9/2014 – 8/2016	Low to Moderate	TXSOCC Data & Evaluation Subcommittee
3. Support local communities in using technology to enhance service coordination and data management.	1/2013 and Ongoing	Low to High	HHSC, DSHS, DFPS, TJJD
4. Identify opportunities to incorporate the effective use of technology in service delivery.	1/2013 – Ongoing	Low to High	HHSC, DSHS, DFPS, TJJD

ⁱ Time frames are estimates. Implementation of some of the strategies and actions began as early as early 2012. Therefore, activities could have a start date as early as January 2012 and an end date as late as September 2017.

ⁱⁱ Costs are estimates and can be a reallocation of existing resources or new funding.

ⁱⁱⁱ Low: Moderate amounts of funding would be needed, including staff time to implement the strategy, with estimates of \$25,000 to \$100,000 to implement.

Medium: A large investment of funds would be necessary, including implementation costs and staff time resulting in \$100,000 to \$250,000 or above.

High: A very large investment of funds would be necessary, including implementation costs and staff time resulting in costs of \$250,000 or above.



APPENDIX C

Social Marketing Plan

Texas System of Care Social Marketing Plan

Overview

Texas made an early commitment to the system of care approach and has made steady progress over the past 15 years. In the communities where system of care has been implemented, the state has demonstrated a successful approach for building readiness and program outcomes have been positive. However, much work needs to be done to apply the approach across Texas and maximize the benefit to the state's children and youth. Awareness of the system of care approach, its benefits and availability is still low.

Moving forward, Texas System of Care will look for opportunities to increase awareness and motivate behavior through creative communications. The methods of effectively communicating are constantly changing. Innovative, new methods to foster an ongoing conversation with key audiences are being used. Messages and strategies have been tailored to specific audiences to increase the likelihood they will be acted upon and that system of care will be embraced. Messages will be integrated across platforms, building upon one another and designed to build toward common objectives.

Social Marketing Goals

Texas System of Care has a distinct set of social marketing goals developed to support and work in unison with the overall program goals outlined in the system of care strategic plan.

1. Increase awareness and understanding among key audiences about the system of care approach and its benefits.
2. Use social marketing to engage youth and families from diverse backgrounds. Then empower them to play a pivotal role in future social marketing planning decisions so the resulting strategies are family-driven, youth-guided and culturally and linguistically competent.
3. Provide social marketing support, consulting and materials to system of care communities.

Goal 1

Increase awareness and understanding among key audiences about the system of care approach and its benefits.

Messages

- System of care is an effective, proven approach that needs to be widely implemented to create a better future for children, youth and their families.
- Today, many Texas children and youth with mental health concerns lack access to the care they need. If not helped, children and youth have a much higher risk of several negative outcomes.
- System of care is culturally informed and linguistically sensitive and flexible.
- Children and youth who use the system of care approach function better at home, in school, in the community and throughout life.
- Statewide implementation of the system of care approach will benefit all Texans, regardless of whether mental health challenges are part of their daily lives.

Strategy: Identity Development

Develop a simple, unique, memorable identity for the initiative that can be used on all communications. The hope would be that the mark would eventually become instantly recognizable as Texas System of Care and would help nonverbally communicate the mission.

Audiences:

State and local leaders, advocates, service providers

Action Steps:

- Rename the ASSET (Achieving Successful Systems Enriching Texas) initiative to something more meaningful for stakeholders. Texas System of Care was chosen after obtaining input from stakeholders. Many of these stakeholders were familiar with system of care and it instantly meant something to them. A separate brand and identity will be considered for children, youth and families (see Goal #2).
- Develop a tagline for the initiative that provides a concise and clear understanding of the initiative's purpose. Options were presented to the steering team and other stakeholders and "Achieving Well-Being for Children and Youth" was selected.
- Develop a logo that communicates who the initiative is serving, provides symbolic meaning about the initiative's purpose, can be instantly recognizable and easily reproduced on a wide range of materials and sets a youthful tone for the endeavor. The Texas System of Care team worked with a designer at a partner agency to develop the ascending kite logo. The kite communicates the initiative's focus on children and youth and its upward movement denotes efforts to expand and advance system of care.
- Continue to enhance brand identity through all communications.

Strategy: Champion Led Marketing

Provide opportunities for identified leaders to become champions of the system of care approach and to participate in targeted social marketing.

Audiences:

Public, legislators, state and local leaders

Action Steps:

- Recruit and empower others to raise awareness of Texas System of Care.
- Talking points: Develop talking points with key messages for champions to use to help raise awareness of Texas System of Care and children's mental health.
- Champion Videos: Record and produce an ongoing series of short, engaging videos with children's mental health leaders or champions endorsing the importance of system of care and its expansion. The videos could be extensively leveraged across the Texas System of Care website, blog, email communications and social media.
- Written Content: Work with identified system of care champions to produce written content supporting the system of care approach and emphasizing key messages for dissemination. Outlets for the work could include the Texas System of Care blog, articles and op-eds. Pitch story ideas to newspapers, magazines and websites.

- Presentations: Identify speaking opportunities to decision-making bodies or to other key audiences. Work with champions on presentation content and slides. Also encourage champions to include some information about system of care that is on message even during presentations and speaking engagements where it is not the focus.
- Media interviews: Help arrange media interviews and help champions prepare.
- Recognition: Develop and implement an appreciation plan recognizing key leaders for their efforts on behalf of children's mental health.

Strategy: Expand the Texas System of Care Website

Expand the Texas System of Care website (www.txsystemofcare.org) featuring success stories, a blog, archived webinars, video testimonials and resources. A Texas System of Care website has already been designed and developed. It will serve as a home base for all Texas System of Care online activities and is a platform that can incorporate many exciting technologies, including blogging, social media initiatives and video.

Audiences:

State and local leaders, advocates, service providers, families, public

Action Steps:

- Increase traffic: Drive as much traffic as possible given limited resources (likely will not be able to use advertising to drive traffic). Among other tactics, Texas System of Care will optimize the website for search engines, reinforce efforts to include a web address on all materials and will work with partners to incorporate the web address on their sites and materials where appropriate.
- Usability: Design the site so that each key audience will easily be able to navigate to content and materials of interest to them.
- Success Stories: Profile success stories from system of care communities around Texas and feature them on the home page as well as in their own area (or incorporate into the blog with an appropriate category designation).
- Blog: The website will prominently feature a blog that will be updated regularly with content of interest to the various key audiences. While the Texas System of Care team will likely write much of the content, it could be opened up to guest contributors. These writers could be children's mental health experts, advocates, leaders and champions or affected youth and/or their families.
- Integration with Email communications: The Texas System of Care e-newsletter and email updates can link to full stories and blog posts on the website.
- Video: Add champion video testimonials and other video to the website.
- Resources: Build out and organize the resources area of the site to make it of true value to stakeholders, advocates, champions and partners.
- Social Media: Fully connect the website with Texas System of Care outposts.
- Make the strategic plan available on the Texas System of Care website for online viewing and download.

Strategy: Develop a Robust E-communications Program

Leverage email as an efficient and effective marketing medium with various offerings and grow the database of subscribers. At a time when social media continues to rise in popularity, just about everyone still uses email. And, while many people are opinionated and play favorites with this social

media site or that sharing app, email is a consistent way to reach almost all of them. Email communications are also relatively low cost. With that in mind, Texas System of Care plans to develop a robust e-communications program.

Audiences:

State and local leaders, service providers, advocates

Action Steps:

- Resource Updates: Refine Texas System of Care resource email updates and continue to grow its subscriber list. Texas System of Care has already launched a resource/informational email that goes out frequently and is targeted to members of the steering team, system of care community organizations, system of care advocates and others who are interested in children's mental health and system of care. These updates include the latest news about Texas System of Care, as well as ways to get involved and support children's mental health; event, training, webinar and funding opportunities and additional state and national resources.
- E-newsletter: Develop and disseminate an engaging, visual, magazine-style e-newsletter. When launched, it will profile system of care communities and success stories, as well as giving updates about the initiative. The email will provide overview/teaser content encouraging users to click-through and read full length articles and see videos on the website. Partners will be engaged to help provide content.

Strategy: Embrace Social Media

Embrace social media to communicate key messages, raise awareness of the system of care approach and children's mental health issues and to strengthen existing relationships. Texas System of Care has established a presence on Facebook, Twitter and Pinterest and will continue to explore additional online outlets. These tools will help extend the conversation with key audiences to areas on the web they are already spending time.

Audiences:

State and local leaders, advocates, service providers, families

Action Steps:

- Post compelling content to social media sites that helps educate key audiences about system of care issues, reinforces key messages or provides updates to news and events regarding the Texas System of Care initiative.
- Use marketing tactics appropriate for each social media site to increase traffic. Examples include engaging Facebook fans with questions to drive dialogue or running contests.
- Establish a YouTube channel and produce videos to post. Being part of the site will allow Texas System of Care videos to be searchable and accessible to an extremely large audience. It will also enable embedding of the videos on other websites, so users will not have to leave the Texas System of Care site to view the videos. Texas System of Care can also cross-promote affiliated pages, such as those from system of care communities and highlight videos. The initiative will also consider using Vimeo as a supplemental video site.
- Explore the possibility of adding more social media sites to the portfolio, while taking resource constraints into consideration.
- Research and explore the possibility of advertising within one or more of the social media sites.

- Design and build infographics about system of care and children's mental health and post on social media sites.

Strategy: Events, Speaking Engagements and Special Awareness Days

Use events, speaking engagements and special awareness days to promote the system of care approach. Events can be used strategically to communicate key messages to targeted audiences and to develop and strengthen relationships. They are an opportunity to increase awareness and shape opinion with highly-targeted groups. The definition of an event can range to a small dinner with opinion leaders to representing the organization with a booth and materials at a conference with thousands of attendees.

Audiences:

Varies by event – public, families, youth, service providers, state and local leaders

Action Steps:

- Look for opportunities to partner with organizations with aligned missions who are hosting events.
- The Texas System of Care logo will be used on all materials associated with the initiative's involvement in events to help build awareness and establish identity recognition.
- Identify speaking opportunities that put Texas System of Care in front of one or more key audiences. Create talking points/speeches for speaking engagements. Identify new audiences (such as law enforcement, school health, child welfare, professional association conferences and faith-based meetings). During each speaking event, attendees will have the opportunity to sign up for future communications.
- Plan a series of social marketing activities and align partnerships to maximize the impact of efforts around National Children's Mental Health Awareness Day. Explore the opportunity to incorporate mental health awareness activities within schools across Texas.
- Research and identify additional special recognition events around topics that align with children's mental health. Examples include suicide prevention, stigma and trauma. Plan activities around these time periods and look for mutually beneficial partnerships.
- Provide opportunities for attendees to sign-up for future communications, such as email communications, at events.

Strategy: Media Outreach and Public Relations

Implement and sustain a media outreach and public relations plan to build awareness and positive perception of the system of care approach and the leadership role of Texas System of Care in the state. This will be resource-intensive and may require some additional assistance.

Audiences:

Public, families, youth

Action Steps:

- Actively pitch feature stories and news releases. Pitch ideas to reporters in anticipation of key dates (Children's Mental Health Day; Suicide Prevention Month, etc.; Back to School/need to address students' mental health).
- Assist key leaders in developing articles for placement in local media outlets.

- Scan media stories for opportunities to respond to events/articles related to children's mental health.
- Identify and place Texas System of Care content in partner or other communications that reach one or more target audiences.
- Look at existing websites, blogs, newsletters and social media websites for placement opportunities.

Goal 2

Use social marketing to engage youth and families from diverse backgrounds. Then empower them to play a pivotal role in system changes so the resulting activities are family-driven, youth-guided, culturally and linguistically competent.

Messages

- System of care is an effective, proven approach that needs to be widely implemented to create a better future for children, youth and their families.
- System of care is culturally informed and linguistically sensitive and flexible.
- Children and youth who use the system of care approach function better at home, in school, in the community and throughout life.
- Texas System of Care is committed to creating a system of mental health care that is easy for families to navigate and find the services they need.
- Family and youth voice are central to shaping the system of care approach and to all decision making.
- System of care is a collaborative approach with families and youth working in partnership with the various youth-serving systems.

Strategy: Develop Distinct Brand for Children and Youth or Partner with Existing Youth-Focused Organization

While children and youth are certainly welcome to use materials and communications under the Texas System of Care brand, there's a good chance it will not be compelling to them. They need a brand tailored to their needs, interests and style.

Audience:

Children, Youth and their Families

Action Steps:

- Evaluate existing organizations and brands in Texas that address the mental health needs of youth before embarking on building a new identity. Consider partnering with and supporting an existing organization instead (such as a state-level youth organization).
- If an appropriate partner is not found, develop a name, identity, vision, mission and content for the new brand. Involve youth heavily in this process and get their feedback at every step.

Once a new brand is established, build a website, setup an email communications program and launch social media sites - all with the assistance of youth.

- On new communications platforms, provide children, youth and their families with information about available system of care services and supports, success stories and opportunities for involvement.

Strategy: Conduct an Anti-Stigma Campaign

Conduct an anti-stigma campaign targeted to youth and families.

Audiences:

Public, children, youth and families

Action Steps:

- Review existing anti-stigma programs for replication in the state, especially those developed by Texas system of care communities and as developed by Substance Abuse and Mental Health Services Administration.
- Educate children, youth and their family members about the importance of mental health, the effectiveness of interventions, and how to combat stigmatizing messages.
- Work with the subcommittee to determine the most effective tools to reach these audiences. Some initial ideas include a creativity contest, social media engagement and contest, posters for schools and videos targeted to children and youth.

Strategy: Develop Culturally and Linguistically Competent Marketing Materials

Develop culturally and linguistically competent marketing materials. Focus on promoting social inclusion of children and youth with mental health conditions and their families.

Audiences:

Children, youth and families from diverse backgrounds, public

Action Steps:

- Work with the subcommittee to determine creative ways to infuse cultural competence in all marketing endeavors.
- Whenever possible, provide versions of marketing materials and web pages in Spanish. Consider other languages as well.
- Provide Spanish captions to videos and record other videos where Spanish is the language used. Consider other languages as well.
- When requests are made for other language translations, Texas System of Care will strive to provide them.

Goal 3

Fully support social marketing efforts at the system of care communities.

Messages

- Texas System of Care provides statewide training in system of care values, principles and best practices.
- Texas System of Care is prepared to help and support any community that would like to establish or expand system of care services.

Strategy: Provide social marketing support, consultation and materials to system of care communities.

Audience:

Local leaders, service providers, community stakeholders

Action Steps:

- Have a high degree of availability for consulting and support in a variety of areas including marketing, web services, design, media relations and communications strategy.
- If requested, work with community staff to develop messaging and content to help frame issues.
- Texas System of Care will also stay informed of best practices in communication and will develop fact sheets with tips on effective communication, inclusion of communication tips and resources in email digests, and building and maintaining an archive of communication resources on the initiative's website.
- Keep communities up-to-date with the latest news and information about system of care through regular emails that provide resources including training opportunities, events, webinars, reports and funding opportunities.
- Utilize social media to create an online dialogue that encourages an exchange of knowledge, an atmosphere of mutual support and peer-to-peer learning environments/networks among communities and state stakeholders.
- Enhance the "resources" section of the Texas System of Care website to serve as a valuable asset for system of care communities.
- Provide toolkits for communities.

-END-



APPENDIX D

ASSET Steering Team Roster

ASSET Steering Team

April 2013

Candace Aylor Family/Parent Representative PH: 512-999-4569 or 512-537-3314 Candace.aylor@gmail.com	Terry Beattie Health and Human Services Commission 4900 North Lamar, BH 1542 Austin, TX 78751 PH: 512-424-6528 Terry.beattie@hhsc.state.tx.us	Emilie Becker , Mental Health Medical Director, Texas Medicaid and CHIP Program Office of Health Policy and Clinical Services Health and Human Services Commission 6330 Hwy 290, Suite 350 Austin, Texas 78723 Ph 512-380-4345 Emilie.Becker@hhsc.state.tx.us
Terrie Breeden Texas Education Agency PH: 512-463-9414 Terrie.Breeden@tea.state.tx.us	Stephany Bryan DFPS Family Representative HOGG Foundation 3001 Lake Austin Blvd. Austin, TX 78703 PH: 512-471-5041 stephany.bryan@austin.utexas.edu	Belinda Carlton Texas Council for Developmental Disabilities (TCDD) PH: 512-437-5414 Belinda.carlton@tcdd.state.tx.us
Lauren Cohen , Youth Coordinator Via Hope PH: 512 -471-5242 Blackberry: 512-787 – 6561 lcohen@namitexas.org	Patti Derr , Executive Director Texas Federation of Families for Children's Mental Health (TXFFCMH) SAMHSA Funded Family Network PH: 512-944-9972 pderr@chcsbc.org	Amy Felker Department of State Health Services PH: 512-206-5200 amy.felker@dshs.state.tx.us
Ivy Goldstein Purchased Health Services Department of State Health Services PH: 512-776-3406 ivy.goldstein@dshs.state.tx.us	Barbara Granger , Family Coordinator viaHope PH: 361-318-3014 coastalplainsfamsup@gmail.com	Carol Harvey Department of State Health Services 1100 West 49th Street Austin, TX 78756 PH: 512-776-2133 carol.harvey@dshs.state.tx.us
Regenia Hicks Technical Assistance Partnership PH: 713-729-3827 rehicks@air.org	Angela Hobbs-Lopez Community Mental Health & Substance Abuse Department of State Health Services (DSHS) MC 2018 Austin, TX 78756 PH: 512-776-6146 angela.hobbs-lopez@dshs.state.tx.us	Calvin Holloway Department of State Health Services (DSHS) 1100 W 49 th , Suite T608.10 Austin, 78751 PH : 512-776-3472 Calvin.holloway@dshs.state.tx.us

Angie Jackson Community Mental Health & Substance Abuse Department of State Health Services (DSHS) MC 2018 Austin, TX 78756 PH: 512-206-4817 Angie.jackson@dshs.state.tx.us	Katherine Keenan Child Protective Services Medical Division, Department of Family and Protective Services (DFPS) 701 West 51 st St MC – 157 Austin, TX 78751 PH: 512-488-5509 Katherine.Keenan@dfps.state.tx.us	Tracy Levins Texas Juvenile Justice Department (TJJD) P.O. Box 12757 Austin, TX 78711-2757 PH: 512-424-6033 Tracy.levins@tjjd.texas.gov
Linda Meigs Child & Mental Health Advocate 409 Innwood Circle Georgetown, TX 78628 PH: 512-863-4140 lindameigs@aol.com	Sharon Newcomb-Kase Department of State Health Services PH: 512-206-5717 Sharon.Newcomb-Kase@dshs.state.tx.us	Mary Ellen Nudd Mental Health America of Texas PH: 512-454-3706 X206 menudd@mhatexas.org
Joanne Pierce Center for the Elimination of Disproportionally and Disparities Health and Human Services Commission PH: 512-424-6642 Joanne.Pierce@hhsc.state.tx.us	Josette Saxton Texans Care for Children PH: 512-473-2274 jsaxton@txchildren.org	Pamela Thomas TJPC Family Representative PO BOX 1748 Austin, TX 78767 PH: 512-854-3723 pamela.thomas@co.travis.tx.us
Ashley Thornton Youth Representative 10043 Paloma El Paso, TX 79924 PH: 979-583-7889 Angelashley04@hotmail.com	Linda Thune DSHS Family Representative 7407 Potters Trail Austin, TX 78729 PH: 512-335-8014 Lpthune@sbcglobal.net	Monica Thyssen Long-Term Care Policy – Medicaid/Chip Health and Human Services Commission PH: 512-491-1404 Monica.thyssen@hhsc.state.tx.us
Gyl Wadge Mental Health America of Texas PH: 512-454-3706 ext. 203 Cell: 512-903-4186 gyl@mhatexas.org	Shanique Walker TYC Youth Representative 10000 N. Eldridge Pkwy, Apt. 826 Houston, TX 77065 PH: 832- 353-8248 walkershanique@yahoo.com	

Substance Abuse Mental Health Services Administration (SAMHSA) ~ Systems of Care Communities

Travis County “The Children's Partnership”

Sonia Hartman, System of Care Manager
PO Box 1748
Austin, TX 78767
PH: 512-854-5022
Sonia.Hartman@co.travis.tx.us

Andrea Colunga
PH: 512-854-4102
Andrea.colunga@co.travis.tx.us

Christina Kuehn
PH: 512-854-3724
Christinia.kuehn@co.travis.tx.us

Laura Peveto
PH: 512-854-7874
Laura.peveto@co.travis.tx.us

John Reynolds
PH: 512- 804-3163
John.Reynolds@atcic.org

County of El Paso Mental Health Support Services

Rita Ruelas, Director
500 E. San Antonio, Room 311
El Paso, TX 79901
PH: 915-546-2275 ext 8205
rruelas@epcounty.com

Rebecca Melendez, Mental Health Consultant
rmelendez@epcounty.com

Linda Wiley, Mental Health Consultant
lwiley@epcounty.com

Harris County “Systems of Hope”

Pam Schaffer, Project Director
6300 Chimney Rock Rd.
Houston, TX 77081
PH: 713-295-2520
pam.schaffer@cps.hctx.net

Llano Estacado Alliance for Families

Serves: Lamb, Floyd, Hale, Briscoe, Motley, Dickens, Bailey, Palmer, Castro, Swisher, and Crosby County

Kay Brotherton, Director
Central Plains Center
2700 Yonkers
Plainview, TX 79072
PH: 806-293-2636 / 806-983-4929 / 806-292-7283 (cell)
kaybro@sbcglobal.net

Jere Newton, Family Partner
jere_newton@hotmail.com

Michael Cox, Technical Assistance Coordinator
PH: 806-291-0388 or 806-392-4569
peloncox@yahoo.com

Hand in Hand: Planting Seeds for Healthy Families

Serves: Hood, Johnson, Palo Pinto, Parker, and Tarrant counties
(Previous SAMHSA initiative served City of Fort Worth, “Community Solutions”)

Charles Hoffman, Project Director
MHMR of Tarrant County
3880 Hulen St., Fort Worth, TX 76107
PH: 817-569-5722
Charles.HoffmanJr@mhmrct.org

Allison Giles, Community Liaison
Allison.Giles@cookchildrens.org

Stephanie Norton, Clinical Director
stephanie.norton@mhmrct.org

Kay Barkin
PH: 817-569-5326
Kay.Barkin@mhmrct.org

<u>ASSET Communities</u>		
Bexar County		
Melissa Tijerina Center for Health Care Services 711 E. Josephine San Antonio, TX 78208 PH: 210-299-8139 Mtijerina@chcsbc.org	F. Leanne Lindsey , TIFI Project Director Center for Health Care Services 711 East Josephine San Antonio, Texas 78208 flindsey@chcsbc.org PH: 210-299-8139 X289 Cell: 210-849-3213	
Travis County	Panhandle	
Sonia Hartman , System of Care Manager Travis County Health and Human Services and Veteran Services PO Box 1748 Austin, TX 78767 PH: 512-854-5022 Sonia.Hartman@co.travis.tx.us	Jim Womack , Director of Planning and Public Information Texas Panhandle Centers, Behavioral and Developmental Health PO Box 3250 Amarillo TX 79116 PH: 806-351-3326 Jim.Womack@txpan.org	Bud Schertler , Executive Director PH: 806-351-3313 Bud.schertler@txpan.org Melynn Huntley PH: 806-326-1339 Melynn.huntley@amaisd.org Amy Hord PH: 806-326-1355 Amy.hord@amaisd.org
<u>ASSET Steering Team Staff Support</u>		
Sherri Hammack , Project Director ASSET Initiative Health and Human Services Commission 1106 Clayton Lane, Suite 225E, MC1214 Austin, TX 78723 PH: 512-420-2858 Sherri.hammack@hhsc.state.tx.us	Molly Lopez Texas Institute for the Excellence in Mental Health, University of Texas, Center for Social Work Research (TIEMH) PH: 512-232-0614 mlopez@mail.ut.edu Rich Edwards TIEMH PH: 512-232-0636 richedwards@austin.utexas.edu	Erin Espinosa TIEMH PH: 512-232-0606 erin.espinosa@austin.utexas.edu Steve McKee TIEMH PH: 512-232-0641 sdmckee@austin.utexas.edu



APPENDIX E

Communication Products



Texas System of Care

Achieving Well-Being for Children and Youth



Fewer than one-third of Texas children and youth receive the mental health services they need.¹

Roughly ten percent, or an estimated 4.5 to 6.3 million, of children and youth in the United States experience a serious mental health condition² and 20 percent have a diagnosable mental disorder.³ All too frequently, they do not get the help they need. In fact, approximately 65 to 80 percent of these children do not receive mental health treatment due to expense, stigma or the inaccessibility of appropriate services and supports.⁴

Without proper treatment, children and youth with mental health concerns can experience a variety of problems including school failure, trouble with the law and suicide. The long-term outcomes can be life-changing, such as increased risk of dropping out of school, unemployment, substance abuse, early pregnancy and being arrested or homeless. The expense to Texas is compounded when children and youth must be placed in high cost, intensive settings, such as hospitals, residential treatment centers and juvenile correctional settings.

But mental health treatment can improve the outcomes for children, youth and families. For children with serious mental health concerns, a comprehensive and coordinated network of services and supports is needed to meet these challenges.

A Proven Solution: System of Care

Fortunately, an effective solution exists. Called system of care, the approach recognizes the importance of collaboration between child and youth-serving systems, such as child welfare, juvenile justice, education and mental health. Under a system of care framework, these organizations work collaboratively with a shared vision for their community. But it doesn't stop there. The approach brings everyone involved in the child or youth's life together to develop an individualized plan of care.

The system of care framework is family-driven and youth-guided, and the child or youth and their family are always at the center of planning and decision-making. Strong support teams are formed that can include parents, grandparents, teachers, coaches, neighbors, religious leaders or others who are connected and might help. This team focuses on the child and family's strengths, not weaknesses, as they craft a single plan of care, accessing the unique array of community-based supports and services the family needs.

Communities implementing the system of care approach share key values that guide their work, ensuring that systems are family-driven and youth-guided, culturally-competent and have a focus on keeping children and youth in their communities.

Undeniable Results

When a system of care approach is implemented and sustained, research and evaluation results show that children, youth and families experience both short and long-term benefits. For the children and youth, these can include improvements in school attendance and performance, decreased interactions with law enforcement, reduced reliance on inpatient mental health care and a reduction in suicide attempts.⁵ And, by providing needed resources and the right approach, system of care reduces the strain and stress placed on families and helps keep children in their communities.⁵

SYSTEM OF CARE DEFINED

A system of care is an organizational philosophy and framework that is designed to create a network of effective community-based services and supports to improve the lives of children and youth with or at risk of serious mental health conditions. Systems of care build meaningful partnerships with families and youth, address cultural and linguistic needs and use evidence-based practices to help children, youth and families function better at home, in school, in the community and throughout life.

A TEXAS SYSTEM OF CARE

The goal in Texas is to use system of care statewide as an approach to plan and deliver services and supports to children and youth with serious mental health concerns, as well as their families. And it's already working in communities across the state, both urban and rural, from the Rural Children's Initiative in northwest Texas, to Ft. Worth and its surrounding counties, to Houston, to the far west edge of the state in El Paso and to Central Texas. The objective is to spread system of care practice to more Texas children and youth in need — providing them with access to a coordinated, effective service delivery system.

That's what Texas System of Care is all about. Partners are coming together across the state to identify ways to help local communities address the needs of children and youth with serious mental health concerns using a system of care approach.

Texas System of Care will create a system of care roadmap for the state by:

- ✓ Building upon existing community assets and supporting communities interested in improving outcomes and costs through a system of care framework.
- ✓ Identifying and strengthening policies and practices to support a strong system of care infrastructure.
- ✓ Establishing select community system of care projects to inform long-range planning and aid in a statewide rollout.
- ✓ Strengthening service delivery systems to children and families.
- ✓ Providing services that are culturally-informed.
- ✓ Increasing family and youth voice in decision making at all levels.
- ✓ Providing statewide training in system of care values, principles and best practices.
- ✓ Building awareness and a strong voice for children's mental health in Texas.

A Shared Vision for Texas

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.

Partners

Texas Health and Human Services Commission (lead agency)
Family and Youth Representatives
Hogg Foundation for Mental Health
Texans Care for Children
Texas Department of Family and Protective Services
Texas Department of State Health Services
Texas Education Agency
Texas Federation of Families for Children's Mental Health
Texas Juvenile Justice Department
The University of Texas at Austin, Center for Social Work Research
Via Hope
Texas System of Care Communities
Texas ASSET Expansion Communities

CONNECT WITH US



facebook.com/txsystemofcare



[@txsystemofcare](https://twitter.com/txsystemofcare)



pinterest.com/txsystemofcare

www.txsystemofcare.org

¹ Texas Department of State Health Services (2011). *Mental Health and Substance Abuse 2012-2013 Block Grant Plan*.

² Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2003). *Children & Families, Comprehensive Community Mental Health Services for Children and their Families Program*. SAMHSA Portfolio of Programs and Activities.

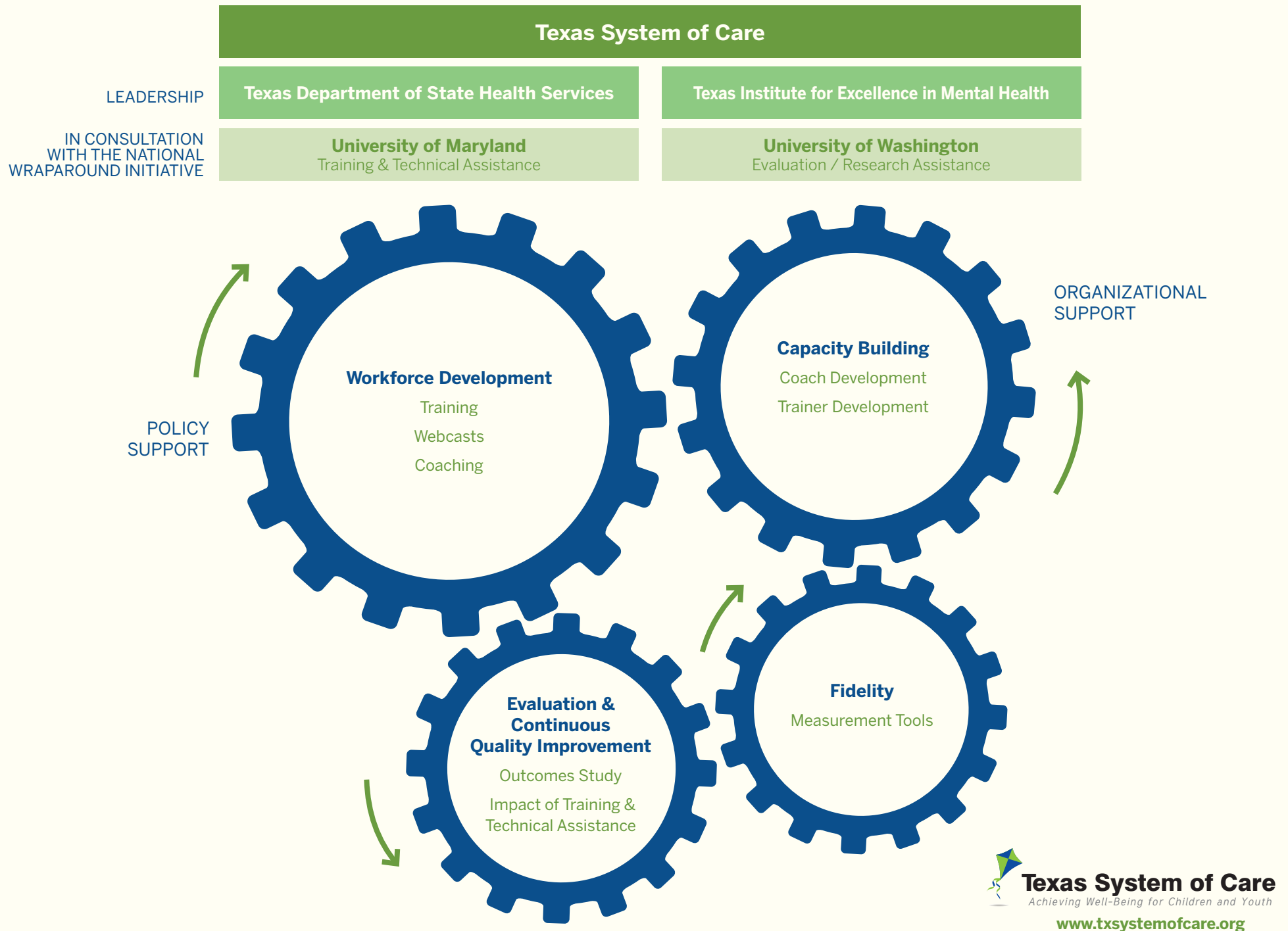
³ Costello, E. J., Angold, A., Bums, B. J., Erkanli, A., Strangl, D. K., & Tweed, D. L. (1996). *The Great Smoky Mountains study of youth: Functional impairment and serious emotional disturbance*. *Archives of General Psychiatry*, 53, 1137-1143.

⁴ President's New Freedom Commission on Mental Health. (2003). *Subcommittee on Children and Families Summary Report*. U.S. Public Health Service. (2000). *Report of the Surgeon General conference on children's mental health: A national action agenda*. Washington DC: Author.

⁵ Stroul, B. A., & Blau, G. M. (2008). *The system of care handbook: Transforming mental health services for children, youth, and families*. Baltimore, MD: Paul H Brookes Publishing.

Wraparound in Texas: A Powerful Engine

Infrastructure for Statewide Implementation



Wraparound Defined: The wraparound practice model is a promising approach targeting children, youth, and families with severe emotional or behavioral needs. Based in an ecological model, wraparound draws upon the strengths and resources of a committed group of family, friends, professionals, and community members. Wraparound mobilizes resources and talents from a variety of sources resulting in the creation of a plan of care that is the best fit between the family vision and story, team mission, strengths, needs, and strategies. The team meets over time to implement this plan, monitor its effectiveness and work towards success.

Workforce Development

The goal of the workforce development effort is to help enhance the state's wraparound efforts through standardized training and targeted coaching. The workforce development initiative utilizes the curriculum developed by the Institute for Innovation and Implementation at the University of Maryland through the National Wraparound Initiative (NWI).

Training:

Introduction to Wraparound (3 days), Engagement in Wraparound (1 day) and Intermediate Wraparound (2 days) are all targeted to wraparound facilitators and their supervisors. Additional course: Advanced Training for Supervisors (2 days).

Coaching:

Onsite and virtual coaching on the wraparound process is provided using tools developed by NWI. Coaching is targeted to supervisors of wraparound facilitators and assists in ensuring skill attainment toward high fidelity wraparound.

Wraparound Learning Collaborative:

Monthly web-based meetings are held with wraparound facilitators and supervisors to share ideas, discuss barriers, and honor best practices.

Online Training:

Three web-based training modules are available that provide an overview of wraparound, discuss wraparound team member roles and provide an overview of the YES 1915(c) Medicaid waiver.

Capacity Building

In-state Coach and Trainer Development:

The goal of this effort is to develop a pool of local (in-state) coaches and/or trainers certified by NWI to provide ongoing training, coaching and technical assistance to facilitators and supervisors of wraparound throughout Texas. The development of certified coaches/trainers includes participation in didactic and experiential workshops, technical assistance and feedback on skills development and graduated responsibility for the coaching role. Currently, eight coaching/training candidates, with ethnic and geographic diversity, have been selected from across the state and have begun advanced training and coaching with NWI to become certified coaches.

Evaluation and Continuous Quality Improvement

The goal is to develop infrastructure to evaluate the outcomes of children, youth, and families who participate in wraparound planning and provide regular information for quality improvement and data-informed decision making.

Outcomes Study:

In collaboration with the University of Washington, a wraparound outcomes study is evaluating the initial implementation of wraparound training and coaching. Seven local mental health authorities (LMHAs) are participating, with three sites receiving coaching in addition to training in wraparound. The study will examine differences in outcomes of youth served prior to training and coaching and those served one year after implementation. Additionally, differences in outcomes between families served in LMHAs receiving training alone and those participating in both training and coaching will be compared.

Impact of Training & Technical Assistance:

Ongoing evaluation of the training and technical assistance provided in consultation with NWI is being conducted.

Fidelity

Texas aims to establish infrastructure for ongoing fidelity review of wraparound. Currently, measures are being considered and piloted in select locations. Instruments under consideration include the Team Observation Measure (TOM), Wraparound Fidelity Index (WFI) and a shortened version of the Wraparound Fidelity Index (WFI-EZ).

Learn More

To learn more about wraparound efforts in Texas, please visit the Texas System of Care website at www.txsystemofcare.org.



Texas System of Care
Achieving Well-Being for Children and Youth

A Better Future for Texas Children

The Impact of System of Care



Children's Mental Health Matters

One in five children and youth in the United States have a diagnosable mental disorder and an estimated 4.5 to 6.3 million children and youth suffer from a serious mental health condition (about 10 percent).ⁱ In Texas, this represents over 600,000 children, youth, and families impacted by mental health needs before age 18. The majority of these children (58 percent) do not receive mental health services,ⁱⁱ and many of the children and youth who do access services do

so through the education, child welfare, or juvenile justice systems.ⁱⁱⁱ What is the consequence of failing to meet the needs of children, youth, and families with serious mental health challenges? Children with unmet mental health needs are at increased risk of

failing academically, becoming unemployed or homeless, abusing alcohol and drugs, and having chronic health and mental health conditions in adulthood. When families lack access to intensive, effective, community-based services, they are faced with seeking services in high-cost, restrictive settings, such as ERs and hospitals, residential treatment centers, and correctional facilities, sometimes by turning to the child welfare or juvenile justice systems. But effective community-based systems can be created to meet the needs of children and families.

1 in 5

children and youth in the United States have a diagnosable mental disorder

A Framework for Community-Based Care

The system of care framework was designed to provide effective services and supports that enable children and youth with mental health challenges and their families to function well in their homes and communities and to lead productive lives. The concept is based on a philosophy that emphasizes services that are community-based, family-driven, youth-guided, individualized, coordinated, and culturally and linguistically competent. In 1992, the Substance Abuse and Mental Health Services Administration (SAMHSA) launched a competitive grant program, known as the Children's Mental Health Initiative, to translate this framework into system transformation and concrete services for children, youth, and families.

To date, SAMHSA has invested more than \$1.6 billion to 173 communities in all 50 states.^{iv} Texas has received six community grants amounting to more than \$20 million invested in system of care. Over the past decade, the system of care approach has increasingly been adopted by behavioral health, child welfare, education, juvenile justice, and health systems serving young children, youth, and families.

58%

of Texas children and youth who need mental health services do not receive them

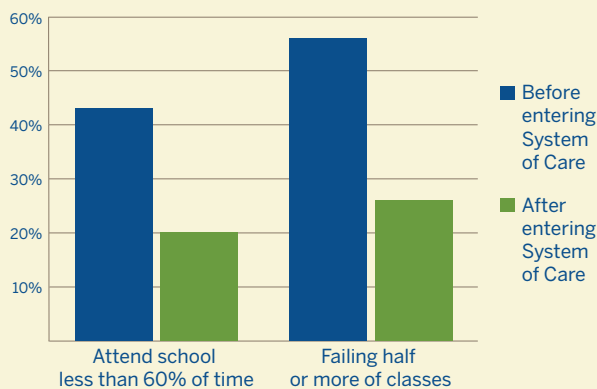
System of Care Gets Results

A national, multi-site evaluation of the over 113,000 children served in the Children's Mental Health Initiative has demonstrated that the system of care framework is effective.^v

System of care has been shown to:

- » Increase the behavioral and emotional strengths of children and youth;
- » Reduce behavioral and emotional problems;
- » Increase child and youth functioning;
- » Reduce anxiety in children and depression in adolescents;
- » Increase school attendance and school performance;
- » Reduce violent crimes, property crimes, and status offenses;
- » Reduce the use of alcohol and cigarettes in adolescent participants;
- » Reduce strain and stress for caregivers;
- » Reduce the number of children with multiple out-of-home placements; and
- » Avoid costs across child-serving systems by reducing inpatient services, residential treatment, and out-of-home placements.

Impact on School Performance^{vi}



Many of these outcomes have been achieved through key reforms to the mental health system.

The Children's Mental Health Initiative has led to:

- » Stronger family and youth voice in system planning, oversight, and quality improvement;
- » Greater access to intensive, community-based services and essential supports, such as respite, therapeutic behavioral supports, and parent and youth peer supports;
- » Better access to culture-specific services and linguistically competent systems;
- » Increased use of evidence-based mental health services and supports; and
- » Redeployment of resources from high-cost, restrictive services to community-based and preventative services.

States that have adopted the system of care framework statewide have demonstrated:

- » Increased access to mental health services for children and youth;
- » Reduced use of residential care for children and youth;
- » Maximization of the effective use of state and federal resources; and
- » Reductions in the average annual cost for mental health services (New Jersey).

The comprehensive Texas System of Care strategic plan is available at www.txsystemofcare.org/strategic-plan-to-expand-systems-of-care

System of Care is Improving Lives in Texas

Six Texas communities have received cooperative agreements to implement the system of care framework. Some key findings from local evaluations follow.

The Children's Partnership in Travis County demonstrated:

- » Sustainability for more than 10 years after grant funding;
- » Fifty-five percent of the expenditures in Fiscal Year 2011 were flexible, blended funding;^{vii}
- » In 2012, 71 percent of children and youth decreased their participation in delinquent behavior; and
- » Ninety-three percent of children and youth were able to remain in their community with no out-of-home placements.^{viii}

Fort Worth Community Solutions found:^{ix}

- » High-fidelity wraparound facilitation was provided to 86 percent of families;
- » Children and youth had fewer delinquent or self-harmful behaviors as a result of participation; and
- » Caregivers reported significantly less worry, anger, resentment, lost work time and financial hardship.

Harris County's System of Hope showed:^x

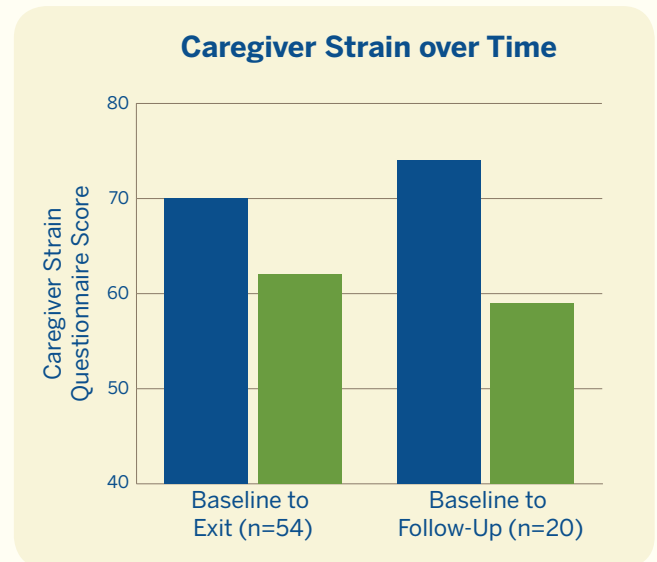
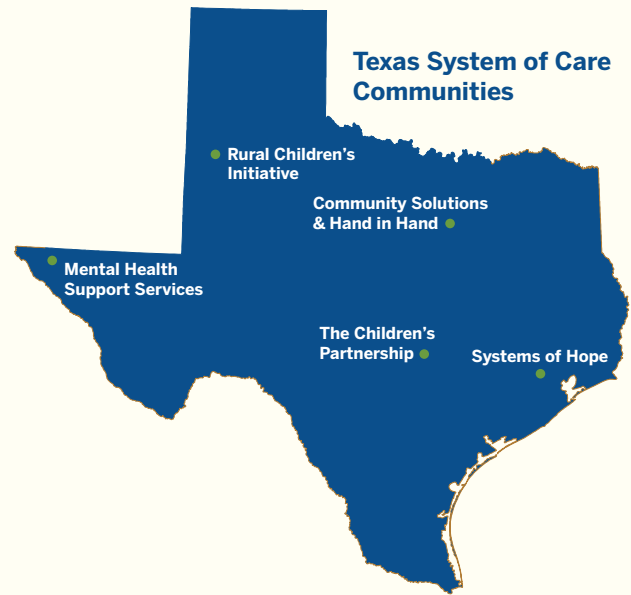
- » Caregivers and youth rated services and service providers as culturally and linguistically competent;
- » Individualized service planning (wraparound planning) can be done with high fidelity;
- » Caregivers report less strain related to the youth's behavioral health needs.

Tarrant and surrounding counties' Hand in Hand found:^{xi}

- » Young children participating had increases in protective factors;
- » Young children had improvements in behavioral and emotional strengths;
- » Ninety-five percent of respondents felt that the service provider attended to the family's cultural needs.

“ I never thought the way to fix a problem like ours would be to bring in extra people for a team, but it is working well. ”

Hand in Hand Participant



A Statewide Approach in Texas

Based on the results shown across the country, SAMHSA launched a competitive grant program for state systems interested in expanding the system of care framework. With a grant to the Texas Health and Human Services Commission, Texas has worked with families, youth, and system stakeholders to develop a sustainable strategic plan to expand this promising practice across the state. Texas is exploring strategies to foster champions for children's mental health, develop infrastructure for workforce training, expand the use of evidence-based and promising practices, maximize service financing strategies, and support communities in system reform. Learn more about Texas System of Care at www.txsystemofcare.org.



Texas System of Care: A Shared Vision for Texas

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.

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.

Partners

Texas Health and Human Services Commission
(lead agency)

Family and Youth Representatives

Hogg Foundation for Mental Health

Texans Care for Children

Texas Department of Family and Protective Services

Texas Department of State Health Services

Texas Education Agency

Texas Federation of Families for Children's Mental Health

Texas Juvenile Justice Department

The University of Texas at Austin, Center for Social Work Research

Via Hope

Texas System of Care Communities

Texas ASSET Expansion Communities

Connect with Us

Website: www.txsystemofcare.org



facebook.com/txsystemofcare



twitter.com/txsystemofcare



pinterest.com/txsystemofcare

Subscribe to email updates at
www.txsystemofcare.org/subscribe



Texas System of Care

Achieving Well-Being for Children and Youth

- ⁱ Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2003). *Children & Families, Comprehensive Community Mental Health Services for Children and their Families Program. SAMHSA Portfolio of Programs and Activities.*
- ⁱⁱ Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health website. Retrieved from www.nschdata.org.
- ⁱⁱⁱ Farmer, E.M.Z., Burns, B.J., Phillips, S.D., Angold, A., & Costello, J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services*, 54(4), 60-66.
- ^{iv} U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (). Fiscal Year 2013: Justification of Estimates for Appropriations Committees. Available at <http://www.samhsa.gov/Budget/FY2013/SAMHSAFY2013CJ.pdf>.
- ^v Stroul, B., Goldman, S., Pires, S., & Manteuffel, B. (2012). *Expanding systems of care: Improving the lives of children, youth, and families.* Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.
- ^{vi} Working Together to Help Youth Thrive in Schools and Communities: Systems of Care, National Children's Mental Health Awareness Day - May 7, 2009, Pub id: SMA10-4546, <http://store.samhsa.gov/product/Working-Together-to-Help-Youth-Thrive-in-Schools-and-Communities-Systems-of-Care/SMA10-4546>.
- ^{vii} Austin Travis County Integral Care (2011). *The Children's Partnership Quarterly MSO Report for the Board of Directors.*
- ^{viii} The Children's Partnership (May, 2012). *The Children's Partnership Update.* Unpublished newsletter.
- ^{ix} MHMR of Tarrant County (n.d.). *Community Solutions Results on Wraparound.* Available at <http://www.mentalhealthconnection.org/pdfs/cs-wraparound-outcomes.pdf>.
- ^x Harris County System of Hope Evaluation Report 2005-2011.
- ^{xi} Painter, K., Patterson, C., Perry, B., Brown, K., & Hoft, W. (n.d.). *Hand in Hand: Planting Seeds for Health Families Year Three Evaluation Report.* Available at <http://www.mentalhealthconnection.org/pdfs/hh-year-three-eval-report.pdf>.

Funding for this work was made possible in part by the Substance Abuse and Mental Health Services Administration, SAMHSA grant number 1 H79 SM060659-01. 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 U.S. Government.



Texas System of Care

Achieving Well-Being for Children and Youth

Social Marketing Plan Overview

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.

Program Goal: Texas' goal is to use system of care as the means to plan and deliver services and supports statewide to children and youth with mental health concerns and their families.

Social Marketing Goal: Increase awareness and understanding among key audiences about what system of care is, as well as its benefits. Develop communications that are culturally sensitive and tailored to different groups.

Audiences (not all inclusive):

1. Stakeholders and supporters.
2. Community, business and mental health leaders
3. Children, youth and families
4. Legislators and policy makers
5. Media and mental health publications and websites

Messages (not all inclusive):

- Many Texas children and youth lack access to the care they need.
- They have a much higher risk of several negative outcomes.
- System of care is an effective, efficient, proven approach that needs to be widely implemented.

Channels:

- Website
- Email
- Social Media / Video
- Face-to-Face
- Direct Mail
- Schools and Daycares
- Events / Presentations
- PR / Article placement

Tactics:

Website / blog
Brochures / Leave behinds
E-newsletter and email resource updates
Facebook, Twitter, YouTube, Pinterest, LinkedIn, etc.
Video endorsements from leaders and champions
Media Outreach / Grassroots PR

Leverage partnerships
National Children's Mental Health Awareness Day
Success Stories / Profiles
Materials for events / speaking engagements
Support ASSET Communities
Online Idea / Knowledge sharing / Expert Database