



Comprehensive Community Mental Health Services
For Children and Their Families Program
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

System of Care Expansion Planning Grantee Final Report
Submitted December 30, 2013

Grant Number: 1H79SM060659-01
Grant Name: Achieving Successful Systems Enriching Texas (ASSET)
Reporting Period: 09/30/2011 – 09/29/2013

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-TABLE OF CONTENTS-

| <u>Section</u> | <u>Page</u> |
|---------------------------------------|--------------------|
| I. Introduction | 1 |
| a. Approach | 1 |
| b. Purpose and Goal | 1 |
| c. Population of Focus | 2 |
| d. Key Partnerships in System of Care | 3 |
| II. Accomplishments | 5 |
| a. Strategic Planning | 5 |
| b. Leadership and Partnership | 9 |
| c. Services and Supports | 17 |
| d. Community Capacity | 22 |
| e. Financing | 26 |
| f. Evaluation and Accountability | 28 |
| III. Summary and Next Steps | 35 |
| IV. Appendices | |
| a. Strategic Plan Overview | |
| b. Strategic Plan | |
| c. Communication Plan | |
| d. ASSET Steering Team Roster | |
| e. Communication Products | |

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INTRODUCTION

Texas envisions a future where “*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.*” This vision has set the stage for launching a comprehensive strategic approach to achieving statewide implementation of the system of care framework in Texas. In late 2011, the Texas Health and Human Services Commission (HHSC) received a system of care statewide expansion planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant, entitled *Achieving Successful Systems Enriching Texas* (ASSET), was awarded to Texas HHSC in strong partnership with the state’s mental health authority and an academic research and policy institute. The initiative is overseen by a legislatively mandated statewide steering team (ASSET Steering Team – AST), inclusive of family and youth representatives, state child-serving agencies and local system of care communities. This has been a collaborative undertaking involving many dedicated individuals and organizations and a significant commitment of time and hard work. The outcomes reflect the best thinking of many diverse, creative stakeholders including the leadership and direction provided by the youth and families who contributed to this effort. Together, these partnerships have set the stage for the initial implementation of a robust strategic plan and the expansion of system of care within Texas.

In September 2012, upon completing the goals, strategies and action steps for the comprehensive *Strategic Plan*, SAMHSA approved a request for a no-cost one-year extension of the grant allowing for continued refinement of the strategic plan and opportunities for distribution, marketing and continued support of communities as identified in the original proposal, thereby making the planning a two-year effort.

Approach

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 has focused on developing systems of care in communities with enough flexibility and accountability to incorporate each locality’s unique strengths and needs. However, since communities can be either hampered or supported by state policies, financing and training opportunities, the second tier has focused on developing or enhancing state-level infrastructure to support system of care implementation within all child-serving systems. The resulting model recognizes the need to embed and foster systems of care values and principles within all levels of the systems that interact with children and families.

Purpose and Goals

The ASSET Initiative has focused on three major goals, each having associated objectives and activities:

1) *Identify and address barriers to system of care*

The initial phase of the planning grant period was devoted to a comprehensive examination of state and local financial, regulatory, policy and contractual barriers to expanding system

of care in Texas. Community partners have served as key informants in these areas, with current and sustained systems of care communities providing invaluable information related to struggles with workforce capacity, financing and other barriers to this work. These barriers informed the creation of specific planning strategies in the areas of leadership development, family and youth involvement, financing alternatives and communications.

2) *Broaden the use of system of care in communities throughout the state*

The implementation framework developed in Texas recognizes the varying readiness for change within each community and across organizations. Some communities and/or agencies are unaware of system of care, while others have devoted significant resources to developing and sustaining a system of care, and are focused on enhancing elements that are not fully embedded. The implementation framework focuses on targeting efforts to a community's stage of readiness, focusing on awareness and social marketing to communities/organizations at initial levels of readiness, broad level training and technical assistance to support those communities ready to develop initial system of care infrastructure, and targeted evaluation and technical assistance to those communities enhancing specific aspects of their system of care (e.g., youth engagement).

This framework was utilized during the planning grant period to identify and evaluate specific activities to support increasing readiness across Texas communities. Beginner sites, those at initial stages of readiness, were engaged through webinars, social marketing and presentations. Communities at the initial stages of change were engaged through workforce training in system of care practices, facilitated community planning and technical assistance around system of care infrastructure, such as governance bodies and communication strategies. Social marketing strategies were used to broaden the engagement from key community leaders to families, youth and providers. Advanced system of care communities received targeted technical assistance to address specific aspects of their system that were less well developed.

3) *Build greater support for system of care through social marketing, increased family and youth voice, influential champions, and the use of data-driven accountability tools.*

Broad-based support of system of care was seen as critical to the success of the planning year. Several strategies were used to build support, including engaging key partners in the oversight of the initiative, encouraging shared resources, developing an array of leaders advocating for system of care, and developing tools to guide current and future work. Significant progress was made during the grant period, but additional plans to build support throughout the state were documented in a communications plan as well as incorporated into the System of Care Strategic Plan.

Population of Focus

The planning initiative has focused on state systems and local communities serving children and youth ages 0 to 21 with serious mental health challenges and their parents. Through a comprehensive and coordinated planning approach, knowledge has increased about capacities

as well as limitations of systems that serve our most vulnerable children and youth.

Texas is the second largest state in the country in terms of population and geographic size with more than 260,000 square miles. 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 as well. The population, now approximately 25 million, has grown and changed dramatically over the past decade. The 2010 Census figures show that Texas has grown by 21% since 2000, adding almost 4.5 million people, while U.S. growth was only 9.7%. In fact, Texas accounted for more than half of the U.S. child population growth between 2000 and 2010.[1] The Texas population is young, with more than 67% of the child population under age 12. African-American youth represent 13% of the child population, and Hispanic youth comprise 48%, making Texas a minority majority state. Asian-American youth represent 3.5% of the population. Language diversity is common with 34% of Texas households speaking a language other than English, significantly higher than the 20% reported nationally. Texas also has a growing refugee population, with the largest number of refugees (n=5,923) of any state in 2012, primarily from Burma (36%), Iraq (16%) and Bhutan (22%).[2]

Texas' 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.[3] 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.[4] 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 due to limited resources.[4]

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%.[5] 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."[6]

Texas is also unique in the number of military families residing in the state. Slightly less than 14% of the nation's veterans reside in Texas. With 15 military bases located in the state, Texas is home to the second largest contingent of military personnel available for deployment. By mid-2010, three out of every four military member residing in Texas had deployed, and many had multiple deployments. These families represented more than 26,000 children, a significant percentage of whom experience mental health challenges.

Key Partnerships in System of Care

The development of this strategic plan and the implementation of some strategies at both state and local levels requires commitment by many individuals and organizations. Setting a

statewide management team structure in place at the onset was an effective strategy to engage the right systems and to gain support and insight throughout the planning process. The leadership and direction provided by the youth and families who contributed to this effort have significantly enhanced the planning process and the final product.

Key Partners:

- ASSET Steering Team
- Texas System of Care Communities
- Texas Health and Human Services Commission (HHSC)
- Texas Department of State Health Services (DSHS)
- Texas Department of Family and Protective Services (DFPS)
- Texas Department of Assistive and Rehabilitative Services (DARS)
- Texas Department of Aging and Disability Services (DADS)
- The Texas Institute for Excellence in Mental Health (TIEMH)
- Via Hope
- Hogg Foundation for Mental Health
- Texans Care for Children
- Texas Federation of Families for Children's Mental Health (TxFFCMH)
- Alamo Area Youth M.O.V.E.
- Center for the Elimination of Disproportionality and Disparity (CEDD)
- Texas Council on Children and Families
- Task Force for Children with Special Needs
- Mental Health America of Texas (MHAT)
- National Alliance on Mental Illness Texas (NAMI)
- Texas Education Agency (TEA)
- Texas Juvenile Justice Department (TJJD)

The composition of the expansion planning team, called the ASSET Steering Team, has built upon the composition of the past Texas Integrated Funding Initiative (TIFI) Consortium. The TIFI Consortium statutorily requires 50% family and youth representation with the other half representing state child-serving agencies. Through the representation of state agency partners of the public mental health and physical health system, the juvenile justice system, the child welfare system and the educational system, a variety of opportunities were identified to increase collaboration.

A partner organizational body, called the System of Care Community Network, was created with representatives from system of care communities. This body included community leaders and family representatives from each of the existing system of care communities and new communities engaged in implementation. This body provided invaluable input into the strategic plan, engaged in peer learning and mentoring, and provided an invaluable opportunity for support, validation and shared voice.

ACCOMPLISHMENTS

Strategic Planning

Process and Strategies for Input

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

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 ASSET steering team 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. The strategic plan was also informed by initial efforts at building readiness for system of care implementation and opportunities in the state and national landscape.

Document review

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

A sample of key documents include:

- Texas Health and Human Service System Strategic Plan FY2011-2015
- Texas Council on Children and Families 2012 Report: Strong Families, Health Communities, and Successful Youth
- Texas Task Force for Children with Special Needs. *Five-Year Plan for Children with Special Needs*. Texas Health and Human Services Commission.
- Texas Department of State Health Services. Mental Health Block Grant Application FFY2011-2-12.
- Stroul, B. A., & Friedman, R. M. (2011). *Effective strategies for expanding the system of care approach. A report on the study of strategies for expanding systems of care*. Atlanta, GA: ICF Macro.

Stakeholder information gathering

The ASSET team has utilized multiple strategies for gathering information from stakeholders on key needs, barriers and opportunities throughout the state. The team has conducted an assessment of state-level readiness for system of care expansion through a written survey of stakeholders within state agencies, advocacy organizations, parents and youth. Key informant interviews have been conducted with leadership at child-serving agencies and with key partners in select areas, such as Medicaid and adolescent health. Interviews have also been conducted with leaders at consumer advocacy groups, such as Alamo Area Youth M.O.V.E., the Texas Federation of Families for Children's Mental Health, the National Alliance on Mental Illness of Texas, Mental Health America-Texas and Texans Care for Children. The team has also drawn from other concurrent stakeholder input opportunities, including regional youth meetings conducted by Via Hope and public meetings to gather input for Rider 71, a legislatively-mandated study of the public behavioral health system. Team members attended these public meetings when possible, and reviewed summaries of public input. One creative strategy to gather input from youth has been to facilitate focus groups of youth in residential placements. Youth with lived experience were trained to lead information gathering sessions from youth residing in either a residential treatment facility or a juvenile correctional facility.

Another approach to information gathering and strategy identification has been to utilize the experience of three ASSET expansion communities interested in developing or enhancing their local systems of care. These communities, at various stages of system of care implementation, were selected through a competitive process. The lessons learned through each community's experience with system of care expansion have contributed to identifying local needs and effective strategies for supporting system of care expansion to additional communities. Input from additional communities was gathered through focus groups held in each region of the state, primarily focusing on experienced system of care communities.

Facilitated planning

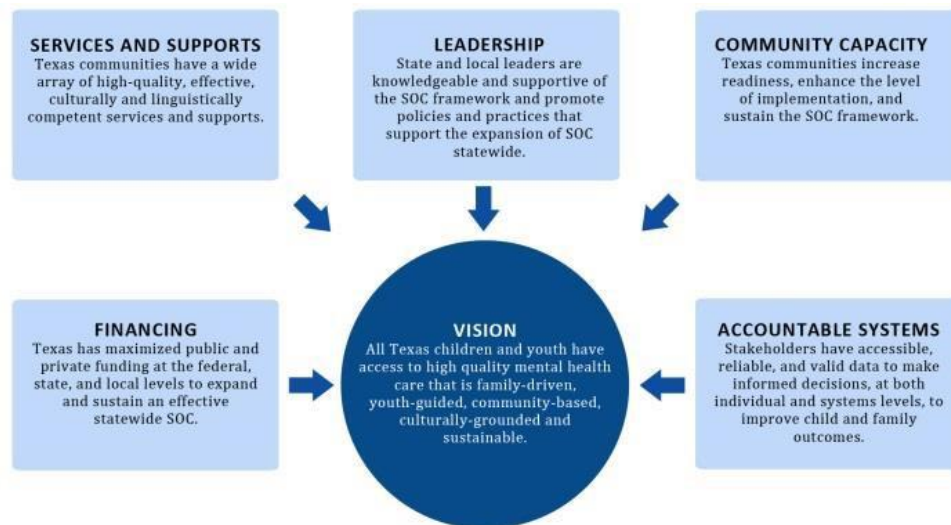
Throughout the process, the strategic plan has been developed through facilitated planning with the ASSET Steering Team and other key stakeholders. ASSET staff has utilized a number of tools and strategies to reach consensus on mission, vision, goals and strategies within the plan. These tools have included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

Strategic Plan Goals and Outcomes

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. The full strategic plan, including a detailed table of goals, strategies, action steps and estimated time frames for completing each strategy, can be found in Appendix B and at:

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

Figure 1: Vision and Goals



Raising Awareness and Support

Following completion of the strategic plan, the team progressed to building awareness of the plan and gaining additional support for resources targeting implementation. The project has used a number of strategies to raise awareness of children’s mental health issues and the statewide strategic plan to expand systems of care.

Marketing the Strategic Plan to Target Audiences

During the final stages of strategic plan completion the ASSET team members developed a marketing plan to raise awareness and generate support from key constituents. Specific tactics included:

- The Strategic Plan was prominently featured on the Texas System of Care website at <http://www.txsystemofcare.org/>.
- A Strategic Plan Overview was created (Appendix A), which provides a narrative description of the assets and gaps in the children’s mental health system and a review of goals and strategies for system of care expansion. Both published documents and electronic versions were produced. This is available [to view or download on the website](#).
- Brochures were developed that provide an overview of the vision and mission of the Texas System of Care, key partners in the effort and key strategies to advance system of care efforts.
- ASSET team members held meetings with state agency leadership to obtain support for specific aspects of the strategic plan. Team members also presented at state conferences

and meetings to gain further support and engagement of stakeholders, especially families, youth and community agencies.

Legislative buy-in for system of care expansion

The planning activities have included working with partners to advance changes in state-level policies impacting children's mental health. Of special significance, a system of care partner, Texans Care for Children, helped draft a bill modifying the existing Texas Integrated Funding Initiative statute. This was Senate Bill 421 passed from the 83rd regular Texas Legislature. The proposed modification included the following key changes: (a) renaming the governance body from the Texas Integrated Funding Initiative to the Texas System of Care Consortium; (b) adding mandated participation from the state Medicaid office and the Texas Council on Offenders with Mental and Medical Impairments, which is housed within the adult correctional agency; (c) shifting focus from developing and implementing pilots to aligning state policies and practices to support statewide expansion of system of care; and, (d) requiring a biannual report with recommendations to be submitted to both the Texas Legislature and the Council on Children and Families. The bill was passed and became effective September 1, 2013. This legislation confirmed the state's commitment to system of care expansion and strengthened the state infrastructure to coordinate, oversee and evaluate this initiative.

Application for a community mental health initiative cooperative agreement

To seek additional resources and support for the Texas System of Care expansion, the team developed a proposal to SAMHSA for a state implementation grant. The grant application was not initially funded, and the team progressed to planning infrastructure to continue implementation with fewer targeted resources. In July 2013, Texas HHSC was notified that Texas System of Care received an "off-the-shelf" award, which means SAMHSA selected the next high-ranking proposals from a previous solicitation which provided support for implementation for four years.

Designing the Structure for Implementation of Strategic Plan Priority Strategies

Prior to the award in July, in March 2013, the ASSET Steering Team members began identifying and prioritizing strategies that could be implemented through existing resources. The ASSET Steering Team then organized itself into committees with broad cross-system representation and developed one- year action plans aligned to specific strategic plan goals and strategies. In many cases, multiple agencies are represented within each committee to assist in product development. Each committee is charged with addressing cultural and linguistic competency within the content area, and ensuring that youth and family involvement is incorporated.

All ASSET Steering Team members have been engaged in some level of committee work, with committee support provided by the ASSET staff. Staff support includes member recruitment, communication updates and meeting coordination and facilitation. Through their participation in ASSET committees, state partners, community partners and advocacy organizations are providing meaningful input to the implementation of the strategic plan.

Leadership and Partnership

Communication and Awareness Raising

A primary goal of the planning initiative was to increase awareness, interest and support for system of care principles and practices through the use of effective social marketing and communications activities. The initial aim of the communications efforts was to create branding, engage participants in strategic planning activities, and engage state and community partners in efforts to improve child-serving systems. With these initial aims in mind, social marketing and communications were targeted to state and community decision makers, advocacy groups, mental health providers and interested stakeholders. A communication plan was developed that focused on additional communication strategies and audiences, including the engagement of youth and families who were not already involved in leadership roles.

Branding

The team sought to create a name and associated branding for the initiative. Although Achieving Successful Systems Enriching Texas (ASSET) was used to reference the planning initiative, stakeholders decided to name the larger state expansion initiative Texas System of Care. This name was used when developing an array of communication tools and began to have meaning across the state in association with project activities. In addition, the team developed a logo, a kite, to represent the focus on children and youth and reflect the flight and freedom associated with the kite. In addition, the team chose the colors blue and green for branding purposes. These colors are used in the logo and on print and electronic publications to enhance recognition of the project.

Website

A website for the Texas System of Care Initiative was developed and regularly updated (<http://www.txsystemofcare.org/>). The website provides information on system of care principles and values, describes key partners, and houses other communication materials. The website was used to share information about community activities, in addition to state-level efforts. A calendar was developed for the website to inform stakeholders about opportunities to participate in planning activities or other project events. The website was housed on an independent server with links provided on child-serving agency websites. This allowed for the website to be perceived as a collaborative of all partners, rather than owned by any one partner.

Social Media

Texas System of Care utilized several social media tools in the communications efforts. A Facebook page was developed and used to disseminate messages, raising awareness of the importance of mental health, as well as celebrating accomplishments of the initiative (www.facebook.com/txsystemofcare). Twitter was used to engage in conversations with a broader array of organizations, increase awareness beyond traditional partners, and provide research-based information on children's mental health (www.twitter.com/txsystemofcare). Twitter was a key tool in participation in national activities, such as tweeting on national

awareness days, during state and national conferences and during targeted Twitter events. Twitter was also used to engage audiences in conversation during webinars. Texas System of Care engaged in the use of Pinterest, primarily focused on examples of creativity in local communities and the sharing of relevant infographics (www.pinterest.com/txsystemofcare). Texas System of Care also used YouTube to cross promote the campaign Voices for Children's Mental Health (www.youtube.com/user/txsystemofcare).

Electronic and print materials

A primary communication tool has been a bi-weekly email communication providing stakeholders and advocates updates and system of care resources such as upcoming events, training opportunities, webinars, reports, grant opportunities and ways to get involved. This tool has been critical to providing regular, timely information to stakeholders. The distribution list has grown to more than 600 individuals.

Print materials were also developed to raise awareness of system of care values and principles and project activities (Appendix E). These included:

- An overview of the Achieving Successful Systems Enriching Texas (ASSET) initiative;
- A brochure highlighting outcomes of system of care nationally and within Texas;
- A handout highlighting key successes and challenges from each system of care community; and
- A brochure highlighting wraparound implementation within Texas.

The planning team has also worked closely with strategic partner Texans Care for Children on the report: *A Check-Up on Children's Mental Health in Texas*. This report premiered on Children's Mental Health Awareness Day (CMHAD), provided electronically and in a booklet, and supported oral testimony provided by Texans Care for Children at Texas legislative hearings. ASSET and system of care communities are highlighted as a best practice in the report. The report also resulted in coverage in the Lubbock Avalanche-Journal.

Children's Mental Health Awareness Day (CMHAD)

The team participated in national CMHAD to increase state recognition of the value of investing in child wellness. In 2012, the team partnered with DSHS to sponsor a statewide creativity contest for elementary, middle school and high school students. Winners received gift cards and were highlighted on both the DSHS and Texas System of Care websites, and their art was displayed at the Texas State Capitol Building. The team also encouraged and promoted activities in eight communities in support of CMHAD and engaged in awareness building through Facebook and 19 tweets using the #HeroesofHope hashtag.

In 2013, the team again collaborated on the DSHS creativity contest and promoted events occurring throughout the state. In addition, the ASSET team launched a photo contest through Facebook. Participants were asked to take a picture of themselves in front of a local landmark holding a sign. The theme of the contest was "Shine a Light on Children's Mental Health." Participants were encouraged to hold objects that fit within the theme, such as a flashlight or

candle. Individuals could vote on their favorite pictures daily and the winners were highlighted in a [video montage](#) set to the song “I’ve Been Everywhere in Texas.”

Voices for Children’s Mental Health

In March 2013, Texas System of Care launched an awareness campaign named “Voices for Children’s Mental Health.” The campaign aimed to increase the public’s awareness of the importance of addressing children’s mental health from a variety of perspectives. In addition, the campaign was intended to garner support from key leaders across the state through their participation in the video series. An interviewer asked each participant to identify why children’s mental health was important to them, along with other questions. Three videos were filmed, edited and posted during the planning grant period. The following leaders were highlighted in a video:

- Mike Griffiths, Executive Director of the Texas Juvenile Justice Department;
- Linda Thune, a mother and advocate for children’s mental health; and
- Roger Martinez, a county Juvenile Probation Chief and leader in a local system of care community (El Paso).

Additional videos have been planned with the goal of releasing one video every six to eight weeks. The videos have been viewed an average of 124 times to date and continue to be marketed on the website and during events.

Presentations

In addition to numerous presentations to local or state groups regarding the system of care framework and the goals of the ASSET initiative, ASSET staff presented on several webinars and conferences in support of the system of care framework. These presentations include:

- Co-presented workshop on *Developing the Workforce Needed for Implementing EBPs* at the Blueprints for Violence Prevention Conference (April 2012);
- Participated on a panel entitled *The Role of Implementation Science in Building Evidence-Based Systems for Children, Youth, and Families* at the Texas Juvenile Crime Prevention Conference (May 2012);
- Presented a workshop on Strategies to Address Child Trauma in Systems at the Texas Juvenile Crime Prevention Conference (May 2012);
- Participated in webinar by the Technical Assistance Partnership on *Developing a Social Marketing Plan* (July 2012);
- Presented poster on *Building Resilience: Can We Come Back Stronger* at the Georgetown Training Institutes (July 2012);
- Participated on panel presentation on Implementing Trauma Informed Care in Texas at the Texas Behavioral Health Institute (July 2012);
- Presented workshop on Impact of Childhood Trauma on the School Environment at the Williamson County Mental Health in Schools Conference (October, 2012);

- Co-presented on *Implementing Juvenile Diversion Programs* at the Justice and Mental Health Collaborative Conference (February, 2013);
- Presented workshop on *Impact of Childhood Trauma: Considerations for Students and the After School Environment* to contractors with the Texas Education Agency;
- Served as panel discussant for *Trauma Informed Systems* at the Juvenile Support Conference (February 2013);
- Presented workshop on *Coordinated Children's Mental Health Approaches* at the Southwest Texas Family Support Conference (May 2013);
- Presented on a Technical Assistance Partnership (TAP) webinar called "From Herding Cats to Changing Behaviors: Social Marketing for Children's Mental Health" (June 2013);
- Presented *Building Statewide Infrastructure for Wraparound in Texas* at the Global Implementation Conference (August, 2013).

ECCO Awards

Texas System of Care became eligible for the SAMHSA's Excellence in Community Communication and Outreach (ECCO) awards in the second year of the initiative. The team submitted four nominations for communication activities and was awarded three awards in recognition of outstanding achievement, including:

- Gold Award - System of Care Webinar Series – Professional Outreach Category
- Gold Award – Social Marketing Plan – Social Marketing/Communications Planning
- Honorable Mention – Online Presence – Internal Communications

Strategic Partnerships

Leadership Committee

Project leaders reached out to state leaders over time to strategize opportunities to increase the impact and reach of leaders who advocate for system of care expansion. These meetings were an opportunity to educate leaders when needed, learn about opportunities for collaboration, and enhance leaders commitment to system of care. Project leaders met regularly with some individuals, such as Dr. King Davis, professor within the School of Social Work at the University of Texas at Austin, Dr. Angela Hobbs Lopez, children's mental health director at DSHS, and Ms. Luanne Southern, formerly the deputy commissioner at DSHS. Other leaders were engaged occasionally, such as Dr. Camille Miller, director of the Texas Health Institute, Dr. Emilie Becker, Mental Health Medical Director with Medicaid/CHIP, and Dr. Nancy Speck, a national and state leader in mental health. Texas System of Care supported two key leaders to attend the *Primer Hands On: Training for Leaders in Building Effective Systems of Care*. Dr. Emilie Becker, who had recently been employed as the Behavioral Health Medical Director within the Medicaid Division of HHSC, and Amy Felker, who is the project lead for the Youth Empowerment Services (YES) 1915(c) Medicaid Waiver, both attended the training and participated in debriefing meetings with ASSET staff.

Opportunities to Impact Initiatives

The Texas System of Care staff has made it a priority to establish collaborations with other initiatives that can promote, increase buy-in for and otherwise enhance system of care development. For example, the Council on Children and Families is required to submit a biannual legislative report with recommendations. Staff collaborated in the development of the report, which included recommendations that would enhance the implementation of system of care values and principles. The Task Force for Children with Special Health Care Needs focused on two primary areas – increasing information available to parents and prevention and intervention in crisis. ASSET staff strived to support system of care values being incorporated in this work and the alignment of the results with the Texas System of Care strategic plan. In addition, the Department of Family and Protective Services (DFPS) was initiating the Foster Care Redesign initiative. This initiative realigns payment structures with an incentive for youth to remain in the least restrictive placement. System of Care staff met with DFPS to explore opportunities for collaboration and identified partnering with the child placing agencies that receive contracts for redesign as an important opportunity. Staff also participated on multi-stakeholder planning committees to enhance the implementation of positive behavioral interventions and supports (PBIS) within Texas schools. The Texas System of Care staff also reached out to state agencies when several grant opportunities arose and offered assistance and coordination.

Establishment of Academic Institute

As a result of planning through the child and adolescent workgroup of the Mental Health Transformation State Incentive Grant, a proposal was advanced to create a mental health center of excellence connected to an institution of higher education. The Council on Children and Families included support for this recommendation in their last legislative report, and the proposal was included on the 2011 policy agenda from the advocacy organization, Texans Care for Children. Recognizing this as an effective strategy in many states for supporting statewide system of care expansion, the University of Texas at Austin, Center for Social Work Research actively pursued the establishment of such an institute, and in May 2012 the School of Social Work approved the Institute. This state infrastructure has been used to support many of the activities highlighted in this report.

Strengthening of Family Voice

One goal established in the Texas System of Care strategic plan was to create a sustainable, family-driven infrastructure to increase opportunities for statewide family leadership and voice. The ASSET team attempted to provide additional support for this effort through the submission of a grant proposal to the Hogg Foundation for Mental Health. This proposal would have supported facilitated meetings of family members across the state to identify a shared vision for state infrastructure. Possible structures could include a state coalition, an informal membership group of individuals interested in advocacy or a listserv. The proposal also included the development of state curriculum to train both child-serving organizations and family members in family voice.

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Although the proposal to the Hogg Foundation did not receive funding, staff began initial efforts for planning. A policy fellow at the Hogg Foundation surveyed many family leaders and representatives from advocacy organizations to gauge their interest and willingness to participate in planning efforts. Due to a very positive response, System of Care staff brought leaders across the state together for an initial planning meeting on June 6, 2013. Frank Ryder and Teresa King with the Technical Assistance Partnership were present through web-based conferencing, and presented information about the infrastructures other states have developed and the process by which they developed these entities. A facilitator led the group in brainstorming ideas about how to strengthen family voice in the state. Following this meeting, participants were surveyed to identify state assets and needs related to family voice. This information was used to begin development of a logic model. A second facilitated stakeholder meeting was held on September 10, 2013. During this meeting, participants identified the outcomes they would like to see from enhanced family voice, which fell into three categories focused on enhanced state-level policy, increasing coordination across organizations, and enhancing information for families. Texas System of Care will continue to provide support for these leaders to meet and plan strategies to enhance family voice in Texas.

During the ASSET planning grant, Angie Jackson with Via Hope provided staff support for family voice. Via Hope conducts statewide training and certification for family peer support through a contract with DSHS and the Hogg Foundation. Due to the substantial alignment of the missions of Via Hope and the Texas Institute for Excellence in Mental Health (TIEMH), during the Spring of 2013 the agencies funding Via Hope asked TIEMH leadership to bring Via Hope staff to the University of Texas, and to provide support for the administration of program activities. TIEMH will support Via Hope as it transitions to an independent, non-profit organization in the next five years. This collaboration will strengthen efforts to coordinate state efforts to enhance family (and youth) involvement in child-serving systems.

Strengthening of Youth Voice

Staff at Via Hope served as the lead for youth voice activities. This work was supported by funding from the Hogg Foundation for Mental Health and the DSHS. A small state network of youth and young adults interested in collaborating to enhance youth voice was established prior to the grant period. This youth organization, named Youth ACT (Youth Advocates Changing Texas), continued to meet regularly and advise the youth engagement specialist on activities to enhance youth voice in the state. The group included youth from across Texas, many of them involved in existing or sustained system of care communities. This group created a [video](#) explaining what mental wellness meant to them, and it is housed on YouTube. In addition to supporting Youth ACT, the youth engagement specialist supported various activities to involve youth in leadership activities.

Enhancing Regulatory Support

Many changes have been made to state regulations to better align services and supports with systems of care values and principles. DSHS decided to endorse one model for wraparound planning, where previously many varied models had been used. DSHS endorsed training through the National Wraparound Initiative required that all wraparound facilitators receive

training in the model. In addition, DSHS placed in contract the requirement that all providers of wraparound assess fidelity using the Wraparound Fidelity Index – Short Version (WFI-EZ). DSHS is working with TIEMH to formalize this process. DSHS has also strengthened standards related to assessment and planning through the implementation of the Child and Adolescent Needs and Strengths (CANS) assessment statewide. Contracts with providers require training and annual certification of reliability in the use of the CANS. The training began in the summer of 2012, and statewide use of the CANS began September 1, 2013.

Enhancing Policy Support

The Texas Legislature meets for approximately six months every two years to determine the state budget for the biennium and pass legislation. System of Care stakeholders had various opportunities to impact state policy, varying depending on their role. An opportunity for improving services and supports came through a Senate legislative interim charge to study and make recommendations about the public behavioral health system. An independent organization, Public Consulting Group (PCG), conducted regional public hearings across the state to gain public stakeholder input and met with agency leaders. System of Care partners participated in these activities to inform the [PCG report](#) to the legislature. The Council on Children and Families, representing child-serving state agencies, conducted public hearings and surveys and prepared a [legislative report](#) that made recommendations for enhanced collaboration, efforts for transition-age youth, improved data sharing and a better trained workforce. System of care advocate partners also published reports for the legislature. Texans Care for Children produced [Solutions for Texas Children](#), which included a specific recommendation to use the systems of care approach along with several recommendations aligned with the systems of care framework.

In addition to these reports and others, state agencies published requests for exceptional items to their state budget and provided impact statements to all proposed legislation. Individuals provided testimony at legislative hearings and served as resource witnesses.

Legislation to Support System of Care Expansion and Children's Mental Health Services

Children's mental health services were a significant focus of the 83rd Texas Legislature. A selection of some bills that are likely to impact children with mental health needs and their families is provided below. The first bill listed specifically addresses the charge to implement system of care in Texas.

- Senate Bill 421: Amends legislation related to the Texas Integrated Funding Initiative (TIFI) Consortium into the Texas System of Care Consortium, charging it with overseeing implementation of the system of care expansion strategic plan, adding members to the consortium and requiring a legislative report.
- DSHS Budget Base Funding: The budget line item for community mental health services for children was increased by \$47,510,886 over the biennium. Funding was also increased for crisis services and substance abuse prevention and treatment.
- DSHS Exceptional Item 6C: \$2,095,600 over the biennium provided to remove children from the waitlist for community mental health services.

- DSHS Exceptional Item 7C: \$10,136,707 over the biennium to provide additional capacity to serve individuals referred from DFPS for substance abuse services.
- DSHS Exceptional Item 8B: Funding for 10 residential treatment beds for children or youth identified by the DFPS as being at-risk for parental relinquishment due to unmet mental health needs at \$2,056,262.
- DSHS Public Awareness Campaign: \$1,600,000 over the biennium to raise awareness of mental health conditions and the need for early identification and treatment.
- DSHS Prevention and Early Identification: \$5,000,000 to support efforts to provide early identification and prevention-focused treatment.
- DSHS Youth Empowerment Services (YES) Waiver Expansion: \$58,611,348 over the biennium to fund statewide expansion of the 1915(c) Medicaid Waiver to provide intensive community-based services for children at risk of hospitalization.
- DSHS Underserved: \$17,000,000 over the biennium to support community mental health centers with underserved populations.
- DSHS Rider 58: Directs DSHS to improve the measurement, collection and reporting of outcome data for individuals receiving publically funded behavioral health services.
- DSHS Rider 78: Requires DSHS to withhold 10% of quarterly allocations for community mental health centers to be used for performance-based incentive payments.
- DSHS Rider 84: Directs DSHS to distribute funds to educate school staff and community members in an evidence-based curriculum focused on awareness of risk factors leading to emotional disturbance (Mental Health First Aid).
- House Bill 915 and DFPS Rider 38: Implements enhanced consent requirements and monitoring for psychotropic medications provided to foster children; appropriates \$500,000 for implementation.
- HHSC Budget Rider 78: Provides funding for staff support for Community Resource Coordination Groups (CRCGs) and gives HHSC the authority to coordinate grants and resources and to make grants available to local CRCGs.
- HHSC Budget Rider 82: Directs HHSC to dedicate one staff who will report directly to the Executive Commissioner to coordinate mental health services across agencies for both children and adults.
- HHSC Budget Rider 87: Allocates funds to the Center for Elimination of Disproportionality and Disparities to advise each agency on the implementation of cultural competency trainings and development of community partnerships.
- TJJD Budget Rider 36: Appropriates \$25 million to fund mental health services provided by local juvenile probation departments to juvenile offenders.
- Senate Bill 1356: Requires juvenile justice direct care staff to receive training in trauma informed care.
- Senate Bill 44: Requires DFPS to track the number of children voluntarily relinquished to the department solely for the purpose of accessing mental health treatment and directs DFPS and DSHS to make recommendations for alternatives to relinquishment.
- Senate Bill 50: Extends the charge of the Children's Policy Council, a family advisory body that provides inter-agency guidance on policies for children with disabilities, to include mental health and mental health family representation.

Grant Number: 1H79SM060659-01
 Grant Name: Achieving Successful Systems Enriching Texas (ASSET)
 Reporting Period: 09/30/2011 – 09/30/2013

- Senate Bill 7: Requires HHSC to provide all Medicaid services through a capitated managed care program; creates a STAR Kids Medicaid managed care program for children with disabilities; expands the definition of the adult priority population.
- Senate Bill 58: Requires HHSC to integrate intensive case management and rehabilitation services into managed care by September 1, 2014; directs HHSC and DSHS to establish and maintain a public reporting system providing performance and outcome measures for behavioral health services.
- House Bill 1023: Requires HHSC to use existing available data to make recommendations to alleviate the mental health workforce shortage in Texas.
- Senate Bill 718: Makes 16 the age of consent for the provision of outpatient mental health services; allows parents and guardians to consent to outpatient or inpatient mental health treatment for youths between the ages of 16 and 18.
- House Bill 642: Requires a percentage of continuing education training credits for teachers and principals to include instruction on how to educate diverse populations, including those with mental health needs.
- House Bill 1952: Requires principals and other administrators to undergo professional development training related to alternative settings for behavior management at least once every three years.
- Senate Bill 460: Requires school districts to provide mental health training for current junior high and high school teachers, counselors, principals and other appropriate administrators.
- House Bill 144: Authorizes a juvenile court to order the evaluation of a child for a substance use disorder and requires a referral to a local provider if the child is determined to have a substance use disorder.

Services and Supports

There were significant changes to the services and supports available to children with mental health needs and their families during the grant period. Texas is a large state, and statewide implementation of practices is challenging; however, the state made significant progress in establishing sustainable infrastructure to support statewide implementation of evidence-based and best practices.

Texas Resilience and Recovery (TRR) Model

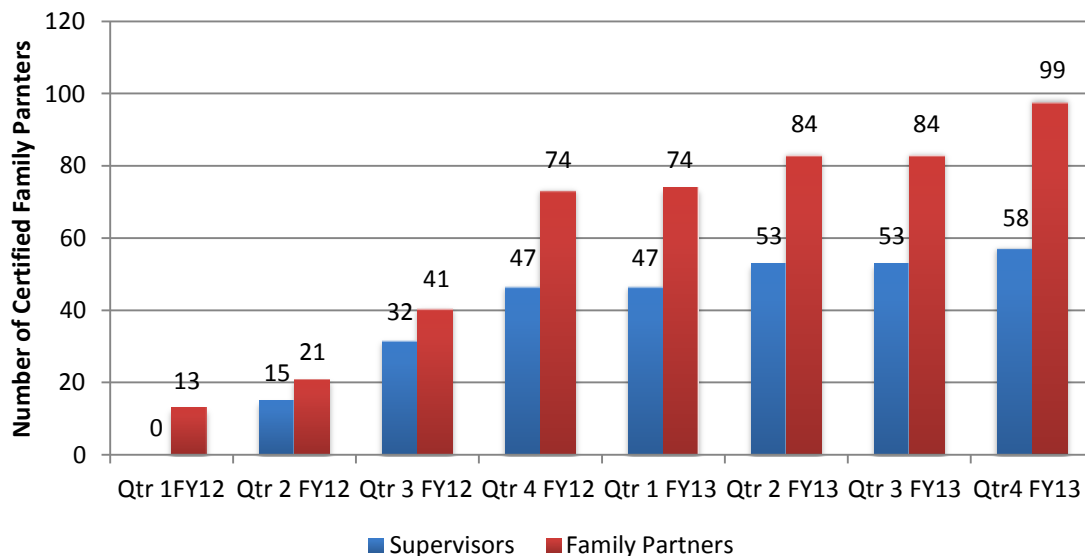
During the two years of the planning ASSET grant, DSHS planned for a comprehensive redesign of the children's mental health service system. The former system, named Resiliency and Disease Management (RDM), included an assessment-driven classification of youth, evidence-based service packages, and performance measures targeted to service intensity. The revision to RDM was initiated to shift from a diagnostically-driven classification system, include a more strength-based assessment, and incorporate additional evidence-based practices in the system. The new system, called Texas Resilience and Recovery (TRR), centers on the Child and Adolescent Needs and Strengths (CANS) assessment. New services that will be provided under TRR include Parent Child Interaction Therapy, Nurturing Parenting, Aggression Replacement Training, Seeking Safety and Preparing Adolescents for Young Adulthood. Changes to policies allow adolescents to receive select services from the adult system, including supported

employment. To support the extensive training needs resulting from the expansion of the evidence-based practices, DSHS contracted with the University of Texas Health Sciences Center at San Antonio to coordinate regional trainings provided by treatment developers or certified trainers. Providers participated in a large number of trainings during Spring and Summer 2013 to prepare for the changes. DSHS also defined protocols for fidelity monitoring of the various treatment models, relying on validated instruments whenever available. TRR became effective on September 1, 2013 and was required through contract with all mental health contractors.

Family Partner Services

The public mental health system has invested in the training and certification of family partners who provide peer support services to parents accessing services within the community mental health centers. Via Hope developed the training program just prior to the start of the ASSET grant, and it was led by the ASSET Family Lead. The table below illustrates the number of family partners certified during the grant period. A separate training for supervisors of family partners was developed in the first year, and the number of trained supervisors is also illustrated in Figure 2. In FY13, Via Hope contracted with a psychometrician to further enhance the certification exam for family partners, and the results of this work will go into effect in FY14.

Figure 2. Cumulative Total of Certified Family Partners and Supervisors



Wraparound Planning

Much of the planning grant period was used to establish the infrastructure for statewide [wraparound](#) implementation. Recognizing that many elements need to be in place, the ASSET team facilitated the process of setting up the state's approach.

Standardized Model and Expert Consultation

The wraparound planning process had been supported by the DSHS system prior to the grant period, but no model was specified, and there was no infrastructure for training. Most communities provided training internally based on a curriculum developed by the state in 2005. Some communities received 2-day training from The Children's Partnership. Subsequently, community leaders identified the need for a standard model of wraparound to be used throughout the state. DSHS formally adopted the National Wraparound Initiative's (NWI) model as the state endorsed approach toward wraparound implementation. The ASSET team developed a contract with the NWI and the Institute for Innovation and Implementation at the University of Maryland. The contract with NWI included regional state trainings, the development of local wraparound coaches and trainers and evaluation through a subcontract with the University of Washington.

State Coaches and Trainers

To identify individuals who could become local wraparound coaches, Texas System of Care developed a Request for Applications that was distributed to system of care communities and local mental health agencies. A team of reviewers used a standardized scoring tool to rank applicants, and then met to reach consensus on discrepant ratings. Interviews were conducted with lead applicants and their executive sponsors to determine commitment to the training and coaching process. Six coach candidates were selected through this competitive process. Candidates represented different regions of the state and reflected the mental health, child welfare, juvenile justice and health and human service systems. Five of the six selected candidates had participated in wraparound previously through a system of care grant. Two additional coach candidates were identified from TIEMH in order to support and coordinate training in the state.

Coach candidates attended wraparound trainings in their region, and all candidates attended a second round of training to observe as a potential trainer. Coach candidates attended two face-to-face trainings on the wraparound practice improvement tools and received NWI training and coaching manuals. Most coaches co-trained at least one Introduction to Wraparound workshop, with several coaches co-training multiple times. In addition, all coaches were assigned to a volunteer mental health agency to support the development of wraparound supervisors and facilitators. Two coaches participated with the NWI coach in monthly coaching experiences with each of the local sites. Coaches completed a Coaching Observation Measure for Effective Teams (COMET) after each coaching opportunity with the goal of reaching 85% reliability with the national expert on at least 12 COMETs.

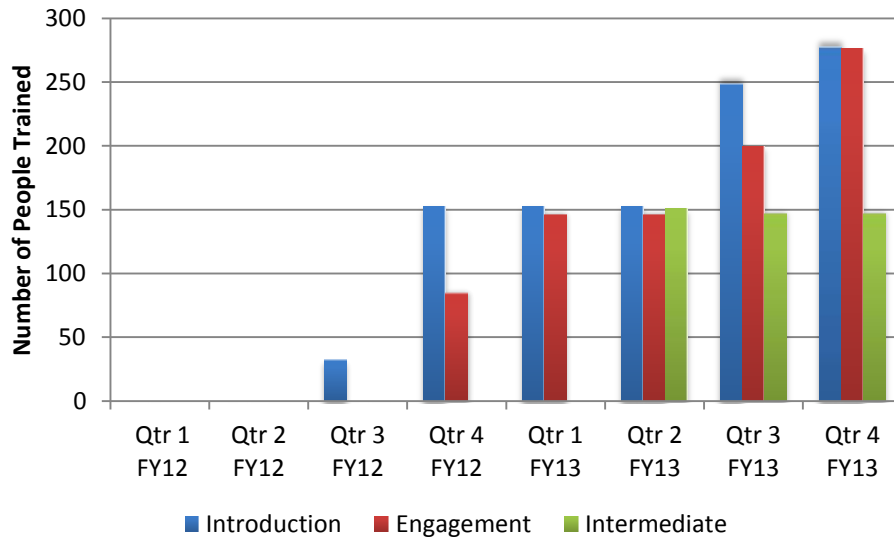
Statewide Training

A standard training series was implemented, consisting of Introduction to Wraparound (3-days), Engagement in Wraparound (1-day) and Intermediate Wraparound (2-days). In addition, supervisors were required to attend the Advanced Wraparound training (2-days). During the grant period, six training cohorts were initiated between May 2012 and September 2013. A total of 285 wraparound staff received the Introduction to Wraparound training. Ninety-seven percent (279) attended the second training in the series, Engagement in Wraparound. Fifty-three

Grant Number: 1H79SM060659-01
Grant Name: Achieving Successful Systems Enriching Texas (ASSET)
Reporting Period: 09/30/2011 – 09/30/2013

percent (151) have also received the third training in the series, Intermediate Wraparound. Intermediate wraparound occurs approximately six months following Introduction and two of the six intermediate workshops were held after the grant period. Lastly, 54 wraparound supervisors received the Advanced Wraparound training. Figure 3 illustrates the growth in trained facilitators each quarter of the grant period.

Figure 3. Cumulative Growth in Trained Wraparound Facilitators



Statewide Coaching

In order for coach candidates to receive practice in coaching wraparound supervisors, volunteer organizations were asked to participate in coaching. Coaching was initially targeted to The Children's Partnership in Travis County, as an expansion site, and Tropical Texas Behavioral Health, in the Rio Grande Valley, which employs one of the coaching candidates. DSHS also contracted with TIEMH to provide coaching support to the three YES Waiver communities, Austin Travis County Integral Care, Center for Health Care Services in Bexar County and Tarrant County MHMR. This support allowed Texas System of Care to support the coach candidates to travel to on-site coaching events. Coaching events were scheduled monthly with one event a quarter on site and the rest virtual. Coaching events consisted of a review of wraparound documentation (e.g., family story, crisis plan, wraparound plan), supervision of one or more facilitators, or observation of a team meeting. Coaches also assisted the agency to address organizational barriers to implementation.

To provide support to the organizations not directly involved in wraparound coaching, ASSET team members held a monthly Wraparound Learning Collaborative web-based meeting. The monthly meeting engaged wraparound facilitators and supervisors in discussing challenges to implementation, strategies for addressing barriers, creative activities to engage team members and wraparound success stories. Facilitators were able to share difficulties and receive feedback from peers on the call. In addition, a "Creativity in Wraparound" contest was held in

which nominees with creative wraparound activities shared information and participants voted on the best idea. Winners of the creativity contest were highlighted on the website and received a small award.

Financing and Policy Support

Early in the grant period, the ASSET team developed a proposal and met with DSHS leadership to discuss co-funding the development of in-state infrastructure to train and support wraparound planning. DSHS agreed to provide \$45,000 to support wraparound training during the grant period. The service is funded through Intensive Case Management, with the DSHS contract with mental health providers requiring wraparound under Intensive Case Management. The team assisted DSHS in identifying and modifying policies that did not align with the wraparound model and educating providers about these changes. Contracts were modified during the grant period to require training in wraparound by all facilitators and supervisors. DSHS has also contract with TIEMH to provide training and coaching to the YES Waiver communities to develop high quality and high fidelity wraparound within this program.

Fidelity and Outcomes Measurement

The ASSET team supported DSHS in exploring options for ongoing measurement of wraparound fidelity. Staff arranged for a webinar, presented by Dr. Eric Bruns, on wraparound fidelity tools, aimed at informing state agency leadership, program staff and quality assurance staff. As a result of this webinar, DSHS chose to require agencies to utilize the WFI-EZ annually to measure fidelity. If agencies have substandard fidelity scores for two years, they will have the option of purchasing wraparound coaching support or assessing fidelity with the Team Observation Measure (TOM). The ASSET team then arranged a two-day workshop on fidelity measurement, led by Dr. Bruns and Kimberly Estep with NWI. Twenty-seven participants attended the workshop to learn about the WFI-EZ, TOM and COMET measures, and to discuss how to incorporate both fidelity and outcome measures to monitor service quality and effectiveness.

Community Resources and Coordination

Following the successful collaboration between Texas System of Care and DSHS, additional organizations expressed an interest in wraparound planning. One series of trainings was specifically held to support non-public mental health organizations in gaining skills in wraparound. The ASSET team encouraged interested staff from juvenile justice agencies, foster care placement organizations, and system of care communities to attend. The Texas Council on Offenders with Medical or Mental Illness (TCOOMMI), a state agency responsible for coordinating care for juvenile offenders with mental illness, was approached to assist with coordination of local providers using wraparound. Providers had indicated some barriers to implementation due to program policies. Staff from TCOOMMI attended a wraparound training to gain a better understanding of the new model and potential policy barriers and the agency proceeded to clarify policies to support full wraparound implementation.

Community Capacity

Texas has six funded or sustained system of care communities. Those include: The Children's Partnership in Travis county; Community Solutions in the city of Fort Worth, Mental Health Support Services in El Paso county; System of Care in Harris county; Hand-In-Hand of Tarrant County and four surrounding counties; and the Rural Children's Initiative in Hale county and ten surrounding counties. Other communities have engaged in state efforts to implement system of care and sustained components of these efforts. The ASSET team recognized that Texas communities vary significantly in the extent to which they understand and embrace system of care values and principles, and community capacity development should be targeted to communities' readiness and level of interest. The aim of some community capacity activities was to enhance the readiness and motivation of communities to adopt the system of care approach.

Webinars or Web-based Training on System of Care

The ASSET team created a series of webinars to build community capacity for system of care expansion. Content for the webinars was decided based on a survey of stakeholders and under the direction of a training committee. The webinars generally provided some educational content and highlighted community examples of best practices and lessons learned. Some topics were better addressed in a web-based training format, providing content that could be utilized with multiple audiences. Table 1 summarizes the webinars and web-based training conducted during the grant period.

Table 1. Webinars and Web-based Training

| Title | Content | Date Released |
|---|---|-------------------|
| System of Care 101 | Provides an overview of the core principles and values of the system of care approach, and provides examples from Texas community best practices. | May 3, 2012 |
| Not About Us Without Us | Provides an overview of the role of family and youth voice in child-serving systems, including the impact as shared by youth and parents. | June 7, 2012 |
| Daring Dialogues: Cultural and Linguistic Competency | Explores the roles that data, leadership development, training and community engagement play in ensuring cultural and linguistic competency. | August 21, 2012 |
| Trauma Informed Care | Explores the role that trauma plays in the lives of children and families; explains the concepts of trauma informed care, and outlines state and local initiatives. | November 15, 2012 |
| What's This Thing Called Wraparound? | Provides an overview of the wraparound model, the core components of wraparound and the four phases. | January 11, 2013 |
| Team Roles in Wraparound | Describes the roles that team members play in wraparound, and what to expect when attending a wraparound team meeting. | January 11, 2013 |

Grant Number: 1H79SM060659-01
Grant Name: Achieving Successful Systems Enriching Texas (ASSET)
Reporting Period: 09/30/2011 – 09/30/2013

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|---|---|------------------|
| Youth Empowerment Services | Provides an overview of the Youth Empowerment Services (YES) Waiver, including the role of Wraparound and the services and supports provided in the program | January 11, 2013 |
| Wraparound Fidelity Assessment: Overview for Texas | Provides an overview of the various fidelity measures for wraparound, and discusses the pros and cons of each strategy | June 4, 2013 |

Grant Number: 1H79SM060659-01
Grant Name: Achieving Successful Systems Enriching Texas (ASSET)
Reporting Period: 09/30/2011 – 09/30/2013

Expansion Communities

The ASSET team elected to begin implementation or enhancement of system of care with three communities to utilize the lessons learned in the strategic planning process. The model for this effort was to identify communities at different levels of readiness so that technical assistance could be targeted to each community.

Selection Process

The ASSET team developed a Request for Interest procurement application (See Appendix C), and invited communities to apply. The application required respondents to identify the proposed community service area, specify the target population, and propose goals, objectives and strategies of the initiative. A team of reviewers completed initial scoring on each application, and the team gathered to review discrepant scores. The communities were stratified into three levels of readiness – Novice, Moderate, and Advanced – and the top two communities in each level of readiness were chosen for the next phase. Each identified community completed a survey regarding their community’s level of system of care implementation (See Evaluation section for results), and a team held on-site meetings with community stakeholders to better understand community needs. The top community in each level of readiness was selected as an expansion site:

- Novice – Amarillo area, including 21 counties in the top of the Texas Panhandle;
- Moderate – Bexar County (San Antonio); and
- Advanced – Travis County (Austin).

A cooperative agreement was developed with each expansion community outlining the areas in which the community would advance system of care and the areas for technical assistance. The three communities not selected continued to be involved in opportunities to build readiness (e.g., webinars, wraparound training).

Texas Panhandle

Activities in the Texas Panhandle focused on the establishment of a governance body and the inclusion of family voice within the system. Members of the ASSET team conducted a day-long strategic planning process with 26 community stakeholders representing children’s mental health, juvenile justice, education, child welfare and other interests. The outcomes of the session included a mission statement, a comprehensive mapping of community assets, an action plan to develop a governance structure for the system of care, an action plan to develop financing for the SOC and a data and evaluation plan. Two family partners with significant experience in developing family voice provided technical assistance to the Texas Panhandle, including on-site meetings with organizational leaders and family members.

Bexar County

Activities in Bexar County focused on strengthening the local governance body, enhancing communication across programmatic areas, and exploring opportunities for shared financing. The ASSET team provided technical assistance on financing with the Bexar County team members, including bringing in consultation from another system of care site with a successful history of developing a braided funding pool, and provided technical assistance related to system of care governance structures, bylaws and data reports. The team also conducted a community needs assessment, and designed and facilitated a day-long strategic planning session with approximately 20 community team members and stakeholders to establish the vision, mission, goals and strategies that will guide the Bexar County system of care in the future.

Travis County

The Travis County efforts were coordinated by The Children's Partnership, a sustained system of care community. Although the community incorporates a number of best practices in terms of system of care, leaders identified concern regarding drift from wraparound fidelity and lack of youth voice in the system. The Children's Partnership received technical assistance from several youth engagement experts in the state to help identify opportunities for youth voice and leadership. In addition, providers within The Children's Partnership received training in wraparound facilitation. State coaches and the NWI consultant provided coaching and organizational support to the Partnership to enhance fidelity. TIEMH staff has developed processes for The Children's Partnership to survey parents, youth and staff using the Wraparound Fidelity Index – Short Version. Staff working with the families will ask families to complete the instrument through a web portal, and provide de-identified but linked surveys to TIEMH. TIEMH staff will analyze and address the fidelity results through coaching and technical assistance.

Via Hope Support for Youth Engagement

Following a round of youth forums to gather input, Via Hope decided to develop a learning collaborative to prepare the public mental health system to engage with youth and value youth voice. A survey of public mental health clinics was conducted to determine the extent to which agency leadership understood the concept of youth voice, had thought about strategies to involve youth, and recognized the benefit of supporting youth involvement in the system. This information was utilized in planning a year-long intervention targeted to community organizations that provide behavioral health services. Dr. Richard Shepler, with the Center for Innovative Practice at Case Western Reserve University, provided expert consultation for the organizational intervention.

A competitive application process was used to select community mental health clinics and state hospitals interested in enhancing their system for transition-age youth. Three community

agencies and one state hospital were selected to participate. A kick-off event was held in August 2012, and allowed participants to learn core concepts of youth development and resiliency, organize as local teams, and hear from a panel of youth about their hopes for the system. The kick-off event was followed by monthly conference calls in which experts presented information about various aspects of youth engagement, youth development, or youth voice. Local teams were then challenged to identify strategies to begin to incorporate these concepts within their organizations. Each local team had opportunities to get technical assistance and support in incorporating these strategies. Some accomplishments included surveying youth consumers on their perceptions of the organization, making changes to areas of the building to be more youth friendly, and planning for the development of a youth advisory council.

Financing

Significant advances were made over the planning grant period to identify new opportunities for financing system of care expansion. Although financing changes are generally slow to implement, this two-year period resulted in much change. It will be critical to ensure that these changes include strong regulatory guidance to ensure best practices are maintained and access, quality and outcomes continue to improve.

Coordinated Funding Initiative

In March 2011, the Texas Mental Health Transformation Adolescent Workgroup/Children's Coordinated Funding Committee published a report *Coordinated Funding for Children with Serious Emotional Disturbance: Current Funding, Services and Recommendations*. Program and financing staff at state child-serving agencies and national experts examined how services are currently funded to determine if opportunities are available to better coordinate across agencies. The report recommends piloting local models with state support for removing fiscal barriers to coordination. This proposed implementation would include piloting one or more Local Care Coordination Entities (LCCE) to manage a pool of local and state funds (as well as Medicaid) in a coordinated system within selected communities that evidence a high degree of readiness. During the project period, this model was shared with state agency leaders and community leaders. Although there was significant interest by several communities, the roll-out of the 1115 Medicaid Waiver took extensive attention by both state agencies and community health care providers. Pilot testing of the LCCE model is included in the strategic plan, but the timing was shifted to avoid competing with other financing reform efforts.

Medicaid State Plan

As Medicaid is a primary funding support for systems of care in all states, ASSET staff had regular discussions with HHSC as the state Medicaid office and DSHS about opportunities to better utilize the Medicaid State Plan to support services and supports that would enhance system of care. A representative from the state Medicaid office was brought onto the governance board to further support this partnership. Although changes in the Medicaid State Plan do not happen quickly, one achievement was made to incorporate certified family partners as providers within the State Plan for select rehabilitative services. This created the opportunity

for mental health agencies to bill Medicaid for the services of certified family partners. Additional changes are likely as the state rolls out all State Plan services within managed care.

Youth Empowerment Services (YES) 1915(c) Medicaid Waiver

Texas has a Home and Community-based Services (HCS) Medicaid waiver targeted to children and youth meeting clinical eligibility for psychiatric hospitalization. The YES waiver was developed to support an effective system of care to prevent out-of-home placement when possible. The YES Waiver was implemented initially in Travis and Bexar counties, and was rolled out to Tarrant County during the planning grant period. ASSET staff focused significant resources to support the YES Waiver, including targeting training in wraparound and conducting an [evaluation](#) of the YES Waiver to guide further expansion, and identify recommendations for potential amendments to the waiver. DSHS invested in this support by contracting with TIEMH to provide additional training and on-site and virtual coaching in wraparound. As mentioned previously, DSHS received an exceptional item of \$58 million through the 83rd Legislature to expand the YES Waiver to additional counties, and has requested an amendment to expand to Harris County and several neighboring counties. The YES Waiver program has benefited by the infrastructure that has been developed in these communities through federal system of care cooperative agreements and state funds for system of care development.

1115 Medicaid Transformation Waiver

In September 2013, HHSC applied for and received a 1115 Medicaid Transformation Waiver. This waiver allowed regions within the state to partner in identifying local health care needs and proposing projects to enhance the quality of services, expand access to health care services, and reduce the use of health care within inappropriate settings (e.g. emergency rooms, jails, hospitals). A total of 403 proposals initially submitted addressed behavioral health needs, and all but one local mental health clinic proposed a transformation project. Many of the projects included children with severe emotional disturbances, and proposed creative solutions to critical local needs. Examples of 1115 Transformation projects are the creation of additional child psychiatry fellow positions within medical schools, developing telehealth capacity in rural areas, integrating physical and behavioral health services, and developing school-based mental health clinics. Local agencies have utilized the 1115 Medicaid Transformation Waiver to support many aspects of their local systems of care, such as expanding access to wraparound planning, hiring family partners, and implementing new evidence based practice.

Other Financing Options

The ASSET team continued to explore opportunities to utilize other financing strategies to support system of care expansion. Several decisions related to health care reform were made in the 2013 Legislative session. Although Texas has decided not to expand Medicaid, decisions were made to place all Medicaid services under a capitated managed care model and to create a new managed care plan for children with disabilities. The Legislature also provided authority to DSHS to explore both the 1915i and health home options. DSHS has opted to use federal block grant funding to continue to support the development of wraparound training

infrastructure, and has contracted with TIEMH to develop training for Family-Driven Service Planning, an adaptation to person-centered planning.

Evaluation and Accountability

Summary of the Evaluation

The evaluation of the ASSET grant was intended to provide information to inform the strategic planning process, evaluate the impact of early implementation strategies utilized during the planning phase, and establish infrastructure for measuring the outcomes of future expansion efforts.

The evaluation addressed the following key questions:

- To what extent has the State of Texas developed a comprehensive strategic plan likely to result in statewide implementation of system of care for children with severe emotional disturbances?
- To what extent has the State of Texas implemented what it proposes in the strategic plan?
 - What short-term goals have been met during the project year?
 - What progress has been made toward the achievement of long-term goals?
- How much have the implemented changes affected the way services are delivered?
- How much have the implemented changes affected the perspectives and the satisfaction levels of stakeholders?
- What differences have the implemented changes made at the system level?

This section describes the methodology and results of several key evaluation activities.

State and Community Readiness

State Readiness

At the beginning of the project (December 2011), state level readiness for implementation of system of care was assessed utilizing the *Self-Assessment of Strategies for Expanding the SOC Approach* (Georgetown University, 2011), identifying the degree of implementation of the various state-level strategies shown to be effective in large-scale implementation efforts (Stroul & Friedman, 2011). Members of the state-level governance body were asked to complete the instrument, reflecting various perspectives from state child-serving agencies and family members/advocates. This tool was used in state-level strategic planning activities. Results from this instrument indicated that key stakeholders believed overall progress in expanding the system of care approach fell between “some” and “moderate” ($m=1.5$ on 0 to 5 scale). The strategies that were identified as having the most progress in the state were “linking with and building on other system change initiatives” ($m=1.5$), “increasing the use of Medicaid” ($m=1.5$) and “providing training, technical assistance and coaching on the system of care approach” ($m=1.6$). These ratings fell between “some” and “moderate” progress. The expansion strategies that had the least progress at this point in time included “incorporating the system of care approach in monitoring protocols” ($m=0.3$), “implementing case rates or risk-based financing

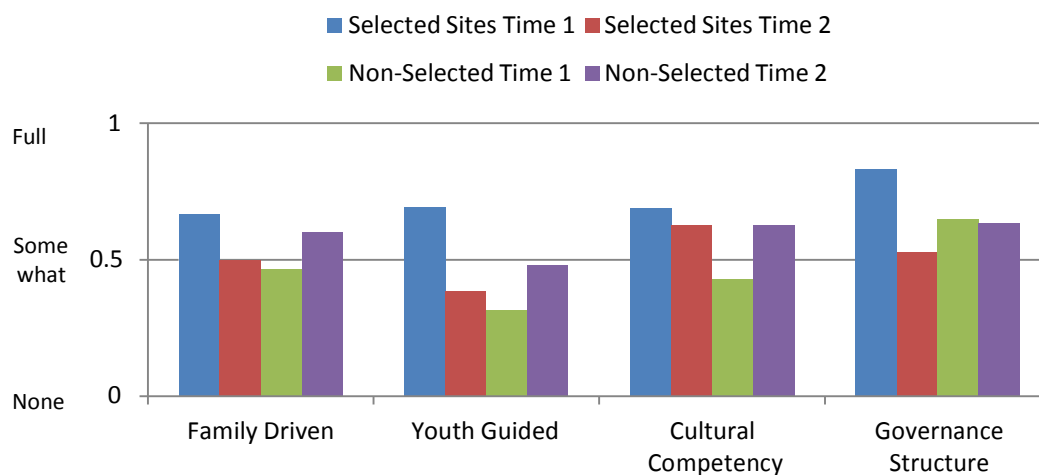
approaches” ($m=0.2$), and “obtaining new or increased state substance abuse funds to support system of care” ($m=0.2$).

Information about state-level readiness was also assessed through the use of the Interagency Collaborative Activities Scale (IACAS) and a social network measurement tool developed for this effort. Members of the governance board were asked to complete both measures at several quarterly meetings. Results illustrated that cross-system collaborations overall were moderate, with the strongest collaboration for Programmatic and Evaluation activities ($m=3.5$) and less well-developed in Financing and Physical aspects of agencies ($m=2.7$). Social networking analysis was used to map both the types and strength of the relationships between child-serving state agencies, advocacy groups, universities and other relevant organization in terms of collaboration around children’s mental health issues. Results were shared with the governance body and used in planning for opportunities to enhance collaborations and strengthen coordination at a state level.

Community Readiness for Expansion Sites

The six highest rated communities who applied to be a system of care expansion site were asked to complete a survey measuring readiness to implement the system of care framework or extent of implementation. Survey questions were adapted from the *System of Care Implementation Survey* developed by the Technical Assistance Partnership. Communities were asked to reach a consensus rating across several identified stakeholders. After 9 months, all communities were asked to complete the questionnaire again to assess the extent of change that had occurred within the selected expansion sites and those that did not receive technical assistance. Ratings of the implementation of select items at time 1 and time 2 are presented in Figure 4.

Figure 4. Changes to Community Implementation Over Time



Although unexpected, results suggested that expansion communities demonstrated less implementation at the second time period than originally rated. Although it is possible that communities regressed in the extent of their implementation, other possible reasons for this finding can be hypothesized. It is possible that the technical assistance provided around system of care increased the depth of stakeholders' understanding of the values and principles, and this increased understanding made stakeholders aware that they had implemented less than originally judged. In addition, since communities were asked for their initial ratings during the selection process, it is possible that stakeholders presented a favorable view of their community at the baseline assessment. There were no such motivators at the follow-up assessment. Non-selected sites showed increases in their implementation across three of the four domains.

Community Readiness Estimates

Since the six communities that applied to be Expansion sites were likely more aware and ready for implementation than other areas of Texas, a brief survey was conducted of all participants in system of care webinars. Readiness for expansion statewide was estimated through a survey conducted in conjunction with state webinar sponsored by the ASSET initiative. Although it was recognized that participants on the webinar may not reflect a representative sample of all communities in the state, this was determined to be a low-cost strategy to survey the opinions of a large group of stakeholders. Community readiness was framed around the Stages of Change model, with participants asked to indicate at what stage they believed their community or organization to be at with regards to implementation of the system of care framework or principle discussed. Results are presented in Table 2.

Table 2. Community or Organizational Stages of Change for System of Care Values

| | SOC 101 N (%) | Family and Youth Voice N (%) | Cultural Competence N (%) | Trauma Informed Care N (%) |
|--------------------------|------------------|------------------------------------|---------------------------------|-------------------------------------|
| Pre-Contemplation | 4 (6.9%) | 3 (10.3%) | 1 (2.0%) | 3 (10.0%) |
| Contemplation | 21 (36.2%) | 7 (24.1%) | 21 (38.0%) | 6 (19.0%) |
| Early Change | 15 (25.9%) | 11 (37.9%) | 17 (30.0%) | 8 (26.0%) |
| Active Change | 11 (19.0%) | 5 (17.2%) | 11 (20.0%) | 12 (39.0%) |
| Maintenance | 7 (12.1%) | 3 (10.3%) | 6 (11.0%) | 2 (6.0%) |

Training and Technical Assistance

System of Care Webinars and Web-based Trainings

The ASSET team organized four webinars with the goal of increasing awareness of the system of care principles, values and practices. Reach of the four webinars is described in Table 3.

Table 3. System of Care Webinar Reach

| Webinar | Registered | Estimated Attendance |
|---|------------|----------------------|
| System of Care 101 | 261 | 100 |
| Family and Youth Voice | 109 | 56 |
| Daring Dialogues | 130 | 67 |
| Creating Trauma Informed Systems of Care | 113 | 63 |

Participants in each webinar completed a web-based survey following the webinar. The response rate tended to under-represent the number of webinar participants, and several strategies for directing participants to the survey were tried to improve the representativeness of the sample. However, responses still provided valuable information. The System of Care 101 included individuals from at least 26 counties. The most common participants were mental health providers (22.4%), followed by advocates (15.5%), state administrators, community administrators and child welfare (10.3% each). A large majority of participants indicated that the webinar helped them learn to incorporate the system of care principles within their agency or community (93.1% reporting somewhat to very true). Responses were similar for other webinars, although participants felt somewhat less prepared to incorporate principles of family and youth voice (84.6% reporting somewhat to very true) into their organization.

The web-based trainings were evaluated with YouTube analytics and a brief web-based survey at the end of the training. Results of this evaluation are presented in Table 4.

Table 4. Impact of Web-based Training Activities

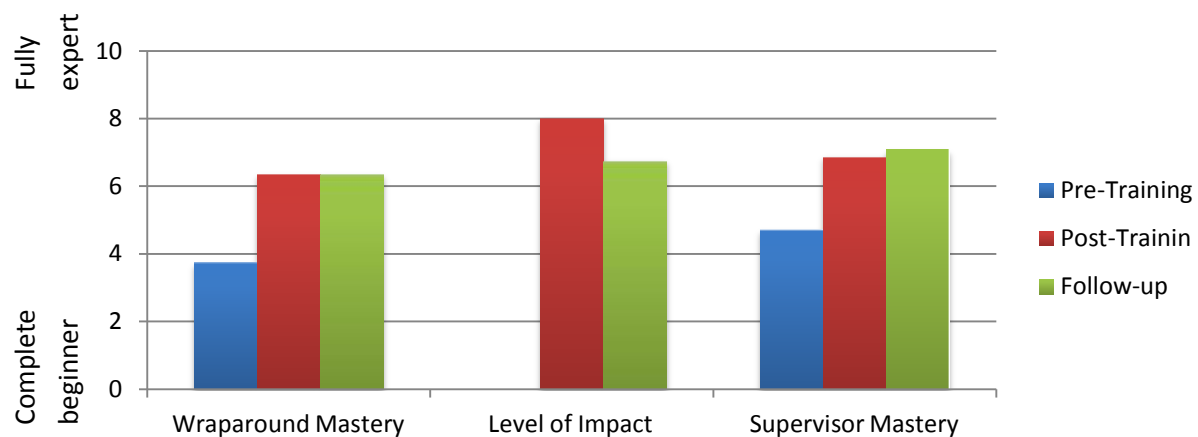
| | What is this Thing Called Wraparound? | Team Roles in Wraparound | Overview of YES Waiver |
|--|---------------------------------------|----------------------------|----------------------------|
| Number of Views | 329 | 205 | 78 |
| | % Mostly True or Very True | % Mostly True or Very True | % Mostly True or Very True |
| The training was informative and increased my knowledge... | 82.0% | 92.9% | 100% |
| The training included information that will help me be an agent of change in my organization... | 85.0% | 92.9% | N/A |
| | % Likely or Very Likely | % Likely or Very Likely | % Likely or Very Likely |
| How likely will you use what you learned to share with colleagues... | 92.9% | 100% | 100% |

Qualitative comments also reflected that participants found the training to be useful, with individuals suggesting that the “training did an excellent job of breaking down the process, and explaining in detail terms and procedures.”

Impact of Wraparound Training

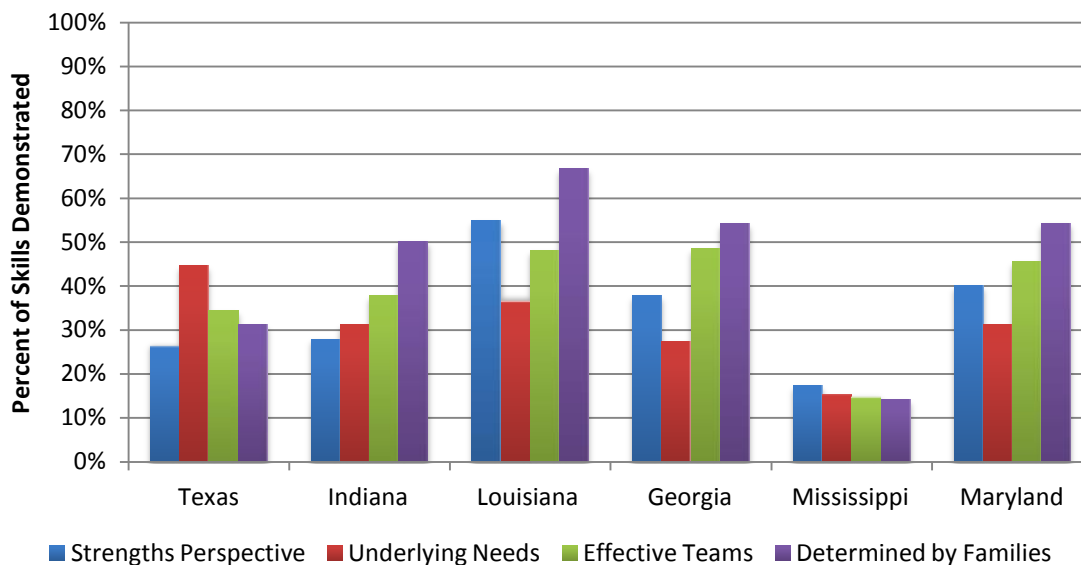
The evaluation of wraparound trainings consisted of the number of trainings and attendance counts (see Services section). In addition, participants completed the Inventory of Training and Technical Assistance (IOTTA) immediately following the trainings and in a follow-up survey completed two months after the training event. The IOTTAs were initially completed based on trainings provided by the national training consultant, but were later based on the reaction to trainings primarily provided by state coach/trainer candidates. The IOTTAs demonstrated that participants found the trainings important to their work, well-organized and provided by expert trainers. Participant ratings of their mastery prior to training, immediately following training and at the follow-up are provided below. In addition, participant ratings of the impact of the training on their work after the training and at follow-up are included.

Figure 5. Results of the IOTTA Survey of Wraparound Training



The eight coach candidates provided coaching to four local communities who volunteered to implement wraparound. Coaching began in May 2013 and coaches completed the Coaching Observation Measure for Effective Teams (COMET) at each coaching event. The COMET is a coaching and management tool that assesses the demonstration of various wraparound facilitation skills, occurring in each phase of the wraparound process. The COMET was completed, in part, to develop reliability between coach candidates and the national consultant. However, data from the collected COMETs that were rated by the consultant also provide information on the initial skill competency of participating facilitators. Although data is limited at this time ($n=10$ COMETs), preliminary data is included in Figure 6. The partnership with NWI allows for comparison to other states that are utilizing the COMET to measure facilitator skills. This information will continue to be monitored to ensure supervisors and facilitators are continuing to advance in skill acquisition.

Figure 6. Comparison of Texas COMET Results with Other States



Wraparound Study

As the ASSET team began coaching with select providers, staff decided to take advantage of the opportunity to conduct a small study. The primary research aim of the study is to conduct an evaluation of the implementation of targeted training and coaching of wraparound.

The following research questions were proposed in the evaluation:

- Do sites receiving coaching in wraparound have greater improvement in fidelity than those receiving workshop training alone?
- Do youth served after workshop training have greater decreases in symptomatology and/or increases in functioning than those served before training?
- Do sites receiving coaching in wraparound have greater improvement in youth symptoms and functioning than those receiving workshop training alone?
- Is higher fidelity wraparound associated with greater improvement in youth symptomatology and functioning?

The proposed evaluation targeted a sample of communities implementing wraparound. Seven community agencies providing behavioral health services agreed to provide administrative support to wraparound implementation and expressed willingness to participate in the evaluation study. The study consists of a quasi-experimental within group and between group comparison. Within group comparisons will explore the impact of training or training and coaching at each site, using the reported fidelity and outcomes from youth served prior to training and those served following training. Between group comparisons will consist of analyses comparing sites receiving workshop training alone (Training) and those receiving training and coaching (Coaching) on both fidelity and outcomes. Baseline assessments were

conducted in March and April 2013; however many facilitators indicated that they did not have youth who were receiving wraparound and could complete the fidelity assessment. Only 14 fidelity assessments were completed. Follow-up assessments are still planned, with the study modified to focus on questions related to outcomes and fidelity at following training and/or coaching. The results of this study will be used to guide development of a second study.

Social Marketing and Communication

Written Materials

The number of individuals reached through print materials can be estimated based on the number ordered and distributed. The overview of the System of Care approach had the greatest number distributed (estimated at 500) but was also the first one created. A brochure describing the national and local outcomes from system of care was distributed to an estimated 250 people. The strategic plan overview was distributed to approximately 175 people, and a brochure describing the plan for statewide wraparound implementation has been distributed to an estimated 250 people. All printed documents are available on the Texas System of Care website as well.

Website

The System of Care site has had 3,772 online visits during the grant period and 12,494 page views. An online visit means a user visited the site while a page view means a user clicked through the site's links. Thirty-eight percent of visitors are regular site users, while 61.8% are new to the site. The bounce rate is approximately 45%, meaning that 45% of visitors enter the site and leave before viewing other pages. Visitors also spend approximately 3 minutes and 40 seconds on the site. Forty-five percent of site visitors reside in Austin, Texas. While a majority of the other site visitors are within Texas, there is a small percentage of site visitors from Washington, D.C. Fifty-four percent of our site visitors are male, and 45% are female. The site has the best reach for 25 – 34 year olds. The Facebook page has directed 103 people to the site, and Twitter has directed 22 users.

Social Media

System of Care created a YouTube channel in June 2012. The YouTube channel has been used to provide educational content related to system of care principles, as well as engage the public through a video campaign. We have uploaded 8 videos to the YouTube channel for a total of 2,004 views. Viewers have watched 7,365 minutes of our content. Facebook began March 2012 and the page currently has 268 fans. Facebook is primarily utilized to communicate with state stakeholders, especially frontline staff within child-serving systems. From June 1, 2012 to September 30, 2013 our reach was 21,320. The Twitter account was created on February 2, 2012. Twitter is primarily utilized to engage in a broader conversation related to children's mental health and system of care, and raise awareness of these issues. Texas System of Care has 120 followers, but many of our followers have shared our content with their followers. Often these users have hundreds or thousands of followers. Using an analytics tool, TweetReach, we have a reach of 54,394. We also have a business account set up on Pinterest.

We have 22 followers with 60% engagement among our followers. We have approximately 50 repins per week, which indicates the number of times other users share our content with their followers.

Children's Mental Health Awareness Day

Texas System of Care created a campaign for Children's Mental Health Awareness Day 2013 called "Shine a Light on Children's Mental Health." The campaign's photo contest increased the number of Texas System of Care Facebook fans from 98 to 220. It also resulted in 31 entries. The video montage was promoted through a variety of communications, and has been watched 757 times. Through Facebook we shared an image of a green ribbon, and asked that people change their profile picture to the ribbon in support of children's mental health. This image was shared 43 times, reaching approximately 800 users. A combination of additional social media posts reached approximately 289 users. We also released a special edition of our e-broadcast to 623 subscribers.

Children's Mental Health Data Dashboard

The ASSET team set out to establish a web-based data dashboard, capturing indicators of children's mental health from a variety of perspectives. The goal of the data dashboard was to have key information available in one place for use by advocates, state agencies and local communities. Staff reviewed national datasets and surveys, state agency reports or documentation of data elements and dashboards from other state agencies, and created a list of possible indicators. The data and accountability committee reviewed each of the possible indicators and discussed their relevance for better understanding the status of the Texas System of Care. Indicators were selected and grouped into three categories representing epidemiology (mental health indicators in different systems), system quality indicators and child and family outcomes. The goal is to have quarterly data available for most measures and to reflect change in the indicator over time (improving, worsening, stable). An additional goal is to be able to drill down in the dashboard for county or regional data, as well as provide breakdowns by gender, age and race/ethnicity. In most systems, this level of detail is currently unavailable in agency reports or websites. As a result of changes in the public mental health systems, many key indicators were scheduled to change in September 2013. The next stage is to develop a one-page summary for the data dashboard and mock-up, and to meet with key leadership at child-serving agencies to gain additional support for access to timely data and support for its publication on the Texas System of Care website.

Impact of Grant Activities

Following completion of the strategic plan and communication plan, members of the ASSET Steering Team were asked to complete a survey reflecting their impressions of the impact of the activities conducted under the planning grant. Twenty-three members of the ASSET Steering Team responded to the survey. When asked to rank the overall impact of the grant activities on a scale of 0 (No Impact) to 9 (Very Significant Impact), participants indicated the grant had a moderate to moderately high impact ($m=6.6$; $sd=1.8$). Respondents were also asked to rate the impact of the strategic plan, if it was fully implemented, and indicated a moderately high impact

Grant Number: 1H79SM060659-01
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Reporting Period: 09/30/2011 – 09/30/2013

rating ($m=7.3$, $sd=1.3$). Rankings of the impact of significant system of care activities are provided in Table 5. Participants found all activities to be more than moderately impactful; and they perceived the most impactful activities to be wraparound training, coach development and technical assistance for expansion communities.

Table 5. Perceived Impact of ASSET Activities

| Activity | Mean Rating (sd) |
|--|------------------|
| System of Care Webinars | 3.9 (0.9) |
| System of Care Resource E-mails | 3.8 (0.9) |
| Texas System of Care Website | 3.6 (0.7) |
| Texas System of Care Social Media (Facebook, Twitter, etc.) | 3.5 (0.9) |
| Wraparound Trainings | 4.4 (0.7) |
| Wraparound Coach Development | 4.4 (0.7) |
| Technical Assistance for Expansion Communities | 4.3 (0.7) |
| Texas System of Care Evaluation | 4.0 (0.6) |

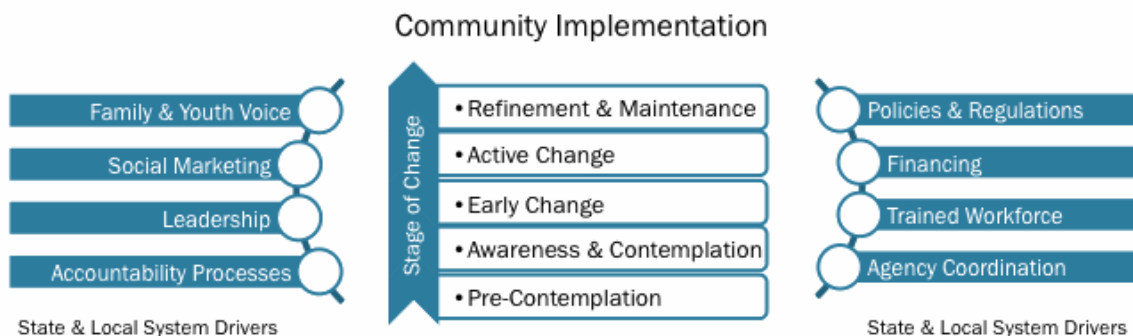
Note: Impact is rated on a 5-point Likert scale, ranging from “Not at all Impactful” (1) to “Extremely Impactful” (5).

SUMMARY AND NEXT STEPS

Design for Expansion

After input from a wide variety of stakeholders, Texas has developed a model for system of care expansion that incorporates the lessons learned over the last two decades in both the U.S. and Texas. Texas is unique in its size, diversity of geography and population and political climate; thus, a unique expansion model is required. The proposed expansion model recognizes the critical importance of local communities in the state because communities are where families live, where agencies are located, and where change must start. However, communities can be supported or hampered by legislation and state regulations, by agency policies and practices, by financing and state infrastructure for workforce training and technical assistance. The state has the opportunity to set the stage for system of care expansion, and provide communities with the flexibility and support to meet their local goals. The Texas expansion model is presented in Figure 8.

Figure 8. Texas Model for System of Care Expansion



Primary Expansion Strategies Used by Texas

Texas has utilized several of the effective strategies for statewide expansion identified in the report co-authored by Drs. Beth Stroul and Robert Friedman. These strategies have either been strengthened or initiated during the grant period, and set the stage for Texas' continued efforts toward statewide implementation of the system of care framework. Many other strategies identified in the report have been built into the strategic plan, and efforts have begun to strengthen those strategies.

- *Establishing an ongoing locus of management and accountability for systems of care:* The Texas System of Care Consortium now has legislative authority to manage and oversee systems of care, and report on progress and barriers in a biennial legislative report.
- *Developing and implementing strategic plans that establish the system of care approach as goals for the state's service delivery system:* Texas has developed a 5-year strategic plan for statewide expansion of the system of care approach.
- *Promulgating rules, regulations, standards, or practice protocols that require elements of the system of care approach:* The Texas public mental health system has developed the Texas Resilience and Recovery model to support aspects of the system of care approach and embedded it in contracts, standards, and practice protocols.
- *Creating or expanding a broad array of services and supports:* Texas has utilized the 1915(c) Medicaid waiver to finance services currently unavailable through Medicaid (e.g., respite, mentoring, family peer support), and received legislative support for statewide expansion.
- *Creating or expanding an individualized, wraparound approach to service planning and delivery:* Texas has adopted a single state curriculum for wraparound planning, conducted statewide training, and is developing state infrastructure for on-going training, coaching and fidelity monitoring.
- *Implementing family-driven, youth-guided services and expanding family and youth involvement in the planning and delivery of their own services:* Texas has established certification for family peer support providers, and requires all contracted providers to offer family peer-to-peer support services.
- *Creating or expanding the use of evidence-informed and promising practices within systems of care:* The Texas public mental health system has expanded the number of evidence-informed practices required to be provided by service providers, with particular emphasis on practices found to be effective for young children and transition-age youth.
- *Increasing the use of Medicaid to finance services by adding new services, changing service definitions, obtaining waivers, etc.:* Texas expanded on the use of Medicaid by obtaining an 1115 Medicaid Waiver to support system improvements, with a significant focus on the behavioral health system.
- *Obtaining new or increased state mental health and/or substance use funds to support system of care infrastructure and services:* Texas obtained significant new state funding in 2013 to support both substance use and mental health services and supports through the state public mental health and juvenile justice agencies.

- *Providing on-going training, TA and coaching on the system of care philosophy and approach to support expansion:* Texas has initiated regular state webinars that incorporated the system of care philosophy, and has embedded the system of care values and principles in wraparound training and coaching.
- *Creating the capacity for ongoing training and TA on systems of care and evidence-informed practices:* Texas has established the Texas Institute for Excellence in Mental Health at the University of Texas at Austin, which provides training and TA on systems of care, evidence-informed practices and accountability. The public mental health system also contracted with the University of Texas Health Science Center in San Antonio to coordinate training.
- *Informing key constituencies and audiences about the value and merits of expanding the system of care framework and creating a sense of urgency:* The Texas System of Care communications, including social marketing activities, specific campaigns and stakeholder presentations, targeted key stakeholders and decision makers.

Next Steps

Texas has infrastructure in place to continue to implement the strategic plan for system of care expansion and has built significant momentum in the planning grant phase. Texas System of Care will continue to strengthen those strategies that are not fully developed at this point, such as strengthening the collective voice of families and youth through the development of family or youth-driven infrastructures, training for both families and agency representatives, and continued support for the roles that families and youth should play in all aspects of the system of care. Texas System of Care will continue to take advantage of the significant changes to the behavioral health, child welfare and juvenile justice systems taking place in the next few years. Efforts will be made to ensure system of care values are embedded in each of these efforts and that they continue to help move the system forward toward our vision. Texas System of Care will benefit from a new Children's Mental Health Initiative cooperative agreement with SAMHSA to support the implementation as well as new funding for children's behavioral health within the state.

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