Texas System of Care

Achieving Well-Being for Children and Youth

Current state of child serving system interagency collaboration across Texas

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Introduction to Study

Texas' effort to support the development of the System of Care framework within communities and the State began in 1999 with Senate Bill 1234, which established the Texas Integrated Funding Initiative (TIFI) and the TIFI Consortium. The aim of TIFI was to provide funding and technical assistance to two to four local communities to enhance available services and supports for children with severe emotional disturbances. TIFI focused on developing a System of Care for children and youth with complex mental health needs, with families as full partners in the planning, implementation and evaluation of individualized service programs developed to address a child's mental health and/or behavioral health needs. During the 83rd Texas Legislative Session, Senate Bill 421 updated the TIFI legislation by renaming the governance body from the Texas Integrated Funding Initiative to the Texas System of Care Consortium and shifting the focus from developing and implementing local pilots to aligning state policies and practices to support statewide expansion of System of Care. This amendment to state statute charged Texas System of Care with on-going evaluation of progress towards the goal of statewide implementation. This report serves as one tool to evaluate progress towards this goal.

System of Care is not a single program or a clinical intervention. Rather, the term "System of Care" refers to a philosophical approach to working within and across organizations throughout a community. System of Care has been defined as "A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" (Stroul, Blau & Freidman, 2010, p. 6).

The System of Care framework is grounded in three core values:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care (Stroul, Blau & Freidman, 2010, p. 6).

In 2013, the Texas Health and Human Services Commission received a four-year cooperative agreement from the Substance Abuse and Mental Health Services

Administration (Texas System of Care) to enhance the state infrastructure to expand System of Care statewide. Texas System of Care focuses on change at both the state and local levels - aiming to embed the System of Care values and guidelines within child-serving state agencies (e.g., through workforce training, contracts, policies) and to support local communities in building collaborative, effective service and support networks. The goal of this study is to assess the implementation of System of Care (SOC) values across the state, and to inform the directives set forth by the Texas Government code 531.251-257. The current study aims to gather information about the extent to which Texas communities have implemented aspects of the system of care framework and the strength of the implementation, community collaboration and engagement in the State of Texas through the use of interagency collaborative groups. The goal is to assess the implementation of SOC values across the state and discover regions of excellence that may be able to provide support to their peers in other parts of the state.

Aims of the Current Study

The purpose of the current study is to inform efforts to expand System of Care in Texas. By gathering information about community collaborations, engagement in system improvement activities, and the use of System of Care values to guide practice, the study will document the dissemination of System of Care values throughout the state and establish a benchmark for future studies when exploring further development. The current study aims to answer the following questions:

- Are there differences in System of Care value adoption throughout the state?
- How strong are the multi-agency collaborative groups in communities across the state?
- What are the barriers to interagency collaboration?
- Do the service referrals resulting from Community Resource Coordination Group (CRCG) service planning meetings differ in communities engaged in SOC development from those without SOC?
- What are the technical assistance needs of individual communities?
- What has been the social marketing reach of Texas System of Care?

Methodology

At the time of this survey, Texas had ten communities with leadership supporting active System of Care infrastructure. In order to structure a comprehensive sampling frame that went beyond the roster of the ten system of care communities, this author collaborated with the state Community Resource Coordination Group (CRCG) office. CRCGs are county-based interagency groups, composed of public and private providers, who conduct

individual cross-agency reviews of a person's (child or adult) needs and provide recommendations for additional community services or a residential placement. CRCG members are actively engaged in discussions around community behavioral health resources and are likely to be very aware of the strengths and gaps within their local communities. CRCGs generally include the primary child-serving agencies within the community, and therefore provide an opportunity to sample leadership from various sectors. As a part of the agreement to survey the CRCG membership, CRCG members were asked additional questions related to data collection to inform the state CRCG office. A CRCG report is available from the author (Cohen, D. A., (2016, March). Community Resource Coordination Group Needs Assessment. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin).

The implementation of System of Care values, and the use of interagency collaboration were assessed through a web-based survey. Survey items included questions from the Rating Tool for Community Implementation of the System of Care Approach (Stroul, 2012) and the Wilder Collaboration Factors Inventory (Mattessich, Murrary-Close, & Monsey 2001). Additional items were developed to assess unique aspects of the current statewide System of Care initiative. The survey was created in collaboration with staff from the Texas System of Care (TxSOC) grant and the CRCG statewide data team.

The survey was distributed through a snowball sampling technique, which means that an initial sample is asked to share the survey with additional individuals within the targeted population. On August 4, 2015, the survey was sent to the chairs of each CRCG (*n*=140) and System of Care governance boards (*n*=10) in the State of Texas. Each chair was asked to complete the survey and then to share the survey with all members of his or her group. Two electronic reminders were sent and phone calls were made to those who did not respond electronically. At least one member of each SOC and CRCG boards responded to the survey. Four hundred twenty-four individuals participated in the survey; however, some surveys were submitted incomplete. Thus, the number of respondents is indicated on each question.

Results

Survey Respondents

Six hundred sixty-eight community members accessed the survey, with 424 completing more than initial descriptive data so that responses could be maintained in the final analysis. Respondents represented 249 out of the 254 Texas counties; the counties not represented in the sample include Cochran, Hockley, King, and Lynn counties from Region 1 (Amarillo/Lubbock) and Gonzales County from Region 8 (San Antonio). The number of respondents

within each region of the state are shown in the table below. The geographic distribution is roughly similar to the population of the regions, with some overrepresentation of Region 7 (Austin) and Region 2 (Abilene), and underrepresentation of Region 3 (Dallas) and Region 6 (Houston). More rural regions of the state are likely to have multiple overlapping interagency boards, resulting in fewer potential survey respondents

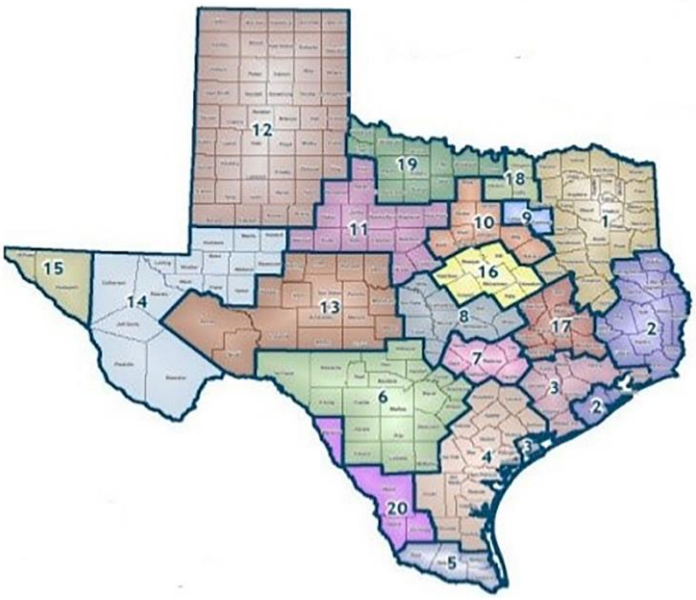


Figure 1. Texas Health and Human Services Commission Region Map

Table 1. Texas Health and Human Services Commission (HHSC) regional respondent breakdown, *n*=424

Region	Count	Percent	% of child population in state by region
Region 1 (Amarillo/Lubbock)	19	4.5%	3%
Region 2 (Abilene)	40	9.4%	2%
Region 3 (Dallas/Fort Worth)	46	10.8%	27%
Region 4 (Tyler)	27	6.4%	4%
Region 5 (Beaumont)	18	4.2%	3%
Region 6 (Houston)	62	14.6%	25%
Region 7 (Austin)	70	16.5%	11%
Region 8 (San Antonio)	25	5.9%	10%
Region 9 (Midland/Odessa)	27	6.4%	2%
Region 10 (El Paso)	21	5.0%	3%
Region 11 (Corpus Christi)	56	13.2%	10%
Unknown	13	3.1%	n/a

Respondents represented a variety of community organizations and agencies. The majority of respondents were employed in community-based/non-profit organizations (24.3%, *n*=103), followed by state agencies (16.0%, *n*=68), local mental health authorities (LMHA; 11.6%, *n*=49), juvenile justice (11.1%, *n*=47), and education (9.9%, *n*=42). The role selected by each respondent is provided in the table below.

Table 2. Respondent role in their community, *n*=424

	Count	Percent
Child Welfare Worker or Supervisor	14	3.3%
Community-based/Non-profit Personnel	103	24.3%
Early Childhood Provider	2	0.5%
Education Service Center Representative	14	3.3%
Family Representative/Parent Partner/Parent Support	11	2.6%
IDD Provider	11	2.6%
Judge/Other Legal Personnel	3	0.7%
Juvenile Justice Personnel	47	11.1%
Law Enforcement Personnel	5	1.2%
Local Mental Health Authority Provider	49	11.6%
Local Official (Example: county commissioner, city council)	5	1.2%
Managed Care Representative	5	1.2%
Pastor/Faith-Based Personnel	2	0.5%
Physical Healthcare/Medical Personnel	9	2.1%
Private Practice Therapist/Psychologist	9	2.1%
Psychiatric Hospital Representative	4	0.9%
School Personnel	42	9.9%
State Agency Personnel	68	16.0%
Substance Use Treatment Provider	2	0.5%
Vocational Provider	2	0.5%
Other	9	2.1%
Unknown	8	1.9%

The majority of respondents were members of the local CRCG (72.4%), with a smaller portion identified as an official member of both their community's SOC governance boards and the local CRCG (7.8%). Eight-percent noted official membership on only their community SOC governance, with an additional 11.7% identified as individuals who opted into a local SOC email distribution list. In many communities, the latter group represents individuals who have participated in some official SOC planning events or meetings, but are not official voting members of a governance board.

Table 4. Respondent System of Care membership, *n*=424

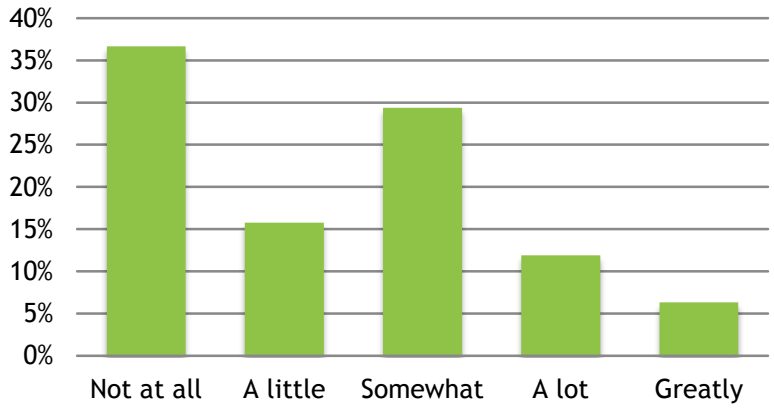
	Count	Percent
Official CRCG member	307	72.4%
Official member of CRCG and SOC	33	7.8%
Official member of SOC	34	8.0%
On SOC email distribution list	50	11.8%

System of Care Values

In order to assess the implementation of SOC values across the state, a series of questions were asked about awareness of these values, collaborative initiatives in their community, and explicit operationalization of the values.

Awareness. The chart below shows that 63.4% of survey respondents report some exposure to basic SOC concepts. Additionally, respondents were asked if they had heard of the Texas System of Care initiative and 62.5% reported at least name recognition. These findings suggest moderate success of social marketing efforts at the state and federal levels to communicate the SOC values to child-serving providers.

Chart 1. Awareness of System of Care Values and Principles, *n*=412



System of Care Implementation. To determine whether community stakeholders believe they are working towards implementation of the SOC values, respondents were asked "Is your community currently working toward establishing a System of Care?" Twenty-eight percent of survey participants stated that their community was working toward establishing/sustaining a System of Care. In contrast to the high number of individuals indicating awareness of the SOC concept, the majority of respondents were unaware of their community's involvement in SOC development.

Table 5. Current System of Care Implementation, *n*=424

	Count	Percentage
Not at all	40	9.4%
Initial Planning	47	11.1%
New Governance/Strategic Planning	9	2.1%
Ongoing Work, Still Working on Sustainability	38	9.0%
Established a Sustainable System of Care	26	6.1%
Unsure	264	62.3%

Values Adoption. To gauge the operationalization of the System of Care values in practice, respondents were provided select questions from the *Rating Tool for Community Implementation of the System of Care Approach* (Stroul, 2012). The full survey was not utilized due to its long length and the potential confusion of terms for individuals not involved in a SOC federal grant. Of the questions selected, some were changed in minor ways (e.g., changing "child" to "individual") to be more approachable for the respondents who serve both adults and children. The selected questions were focused on five areas: individualized planning, cross agency collaboration, youth and family driven, cultural and linguistic competence (CLC), and data driven.

Table 6. System of Care Value Domains

Domain	
Domain 1 Individualized Planning	Individualized assessments of individual and/or family strengths and needs are used to plan services and supports.
	Individualized service plans are developed and implemented for each individual and/or family to address multiple life domains.
	Treatment planning is individualized to the individual and/or family.
Domain 2 Cross-Agency Collaboration	Care is well coordinated across multiple individual-serving agencies and systems.
	A broad array of home and community-based services and supports are available in the community.
Domain 3 Family and Youth Driven	Individuals/youth are active partners in their own service planning and delivery.
	Families have a primary decision-making role in their child's service planning and delivery.

Domain	
Domain 4 Cultural and Linguistic Competence (CLC)	Culture-specific services and supports are provided.
	Services and supports are adapted to ensure access and effectiveness for culturally-diverse populations.
	Specific strategies are used to reduce racial and ethnic disparities in access to and outcomes of services.
	Interpreter services are offered in the community.
Domain 5 Data Driven	Data are collected regularly on the quality and outcomes of services.
	Data are used for continuous quality improvement.
	Fidelity to evidence-informed practices (i.e., wraparound, ACT) are measured.

Although originally scored on a five-point Likert scale, individual items were recoded as 0 for strongly disagree, disagree, or neutral and as 1 for agree or strongly agree. The percentage of individuals responding agreement across all items within the domain are reflected in Table 7.

Table 7. SOC Value Domain Alignment by Health and Human Services Commission (HHSC) region

Region	n	1	2	3	4	5
Region 1 (Amarillo/Lubbock)	19	57.9%	31.6%	31.6%	21.1%	10.5%
Region 2 (Abilene)	40	55.0%	32.5%	50.0%	22.5%	12.5%
Region 3 (Dallas/Fort Worth)	46	52.2%	21.7%	32.6%	23.9%	10.9%
Region 4 (Tyler)	27	63.0%	37.0%	40.7%	40.7%	11.1%
Region 5 (Beaumont)	18	55.6%	22.2%	33.3%	22.2%	11.1%
Region 6 (Houston)	62	45.2%	32.3%	40.3%	30.6%	21.0%
Region 7 (Austin)	70	72.9%	28.6%	55.7%	35.7%	15.7%
Region 8 (San Antonio)	25	52.0%	36.0%	36.0%	40.0%	16.0%
Region 9 (Midland/Odessa)	27	37.0%	29.6%	40.7%	48.1%	3.7%
Region 10 (El Paso)	21	71.4%	19.0%	42.9%	28.6%	19.0%
Region 11 (Corpus Christi)	56	71.4%	39.3%	46.4%	44.6%	23.2%
Statewide	411	57.6%	29.9%	40.9%	32.5%	14.1%

Note: 1=individualized planning, 2=cross-agency collaboration, 3=youth and family driven, 4=cultural and linguistic competence, and 5=data driven

Respondents reported that Individualized Planning was the most widely implemented value-based practice. Nine out of 11 regions had a majority of respondents indicate that service plans were individualized to the child and/or family served. The second most widely implemented domain was Youth and Family Driven; respondent agreement to the statements fell between 31.6%-

55.7%. Cross-agency collaboration and cultural and linguistic competence (CLC) averaged close to 30% for all regions, but greater variance was found for CLC (*sd* = .09). The domain with the most limited implementation was Data Driven, with an overall average of 14.1% and smallest amount of variance (*sd* = .05).

The highest overall ratings of SOC implementation occurred in Region 7 (Austin) and Region 11 (Corpus Christi). Austin-Travis County was the first federal System of Care grantee in the State of Texas (1998) and Travis County has a long-standing sustained System of Care, through The Children's Partnership. Region 11 (Corpus Christi) contains the Rio Grande Valley, which houses the most established expansion community under the Texas System of Care initiative, as well as the Coastal Plains System of Care, a more newly developed expansion community. This finding highlights active work going on in these communities to operationalize the System of Care values in practice. Overall, the findings illustrate that significant progress has been made across the state to infuse SOC values; however, there is significantly more implementation to be achieved.

<u>Differences between System of Care Communities and Non-System of Care Communities</u>

Although efforts to embed SOC values statewide are on-going, full SOC implementation requires dedicated effort at the community level. The existing SOC communities are pictured in Figure 2. To explore differences between respondents who indicated SOC implementation in their community and those that did not, responses on the *Rating Tool for Community Implementation of the System of Care Approach* (Stroul, 2012) were compared.
As with the previous analyses, individual responses were recoded to represent 0 for strongly disagree, disagree, or neutral, and 1 for agree or strongly agree. Utilizing a t-test statistic, group differences were explored for each item.

Figure 2. Map of System of Care Communities in Texas

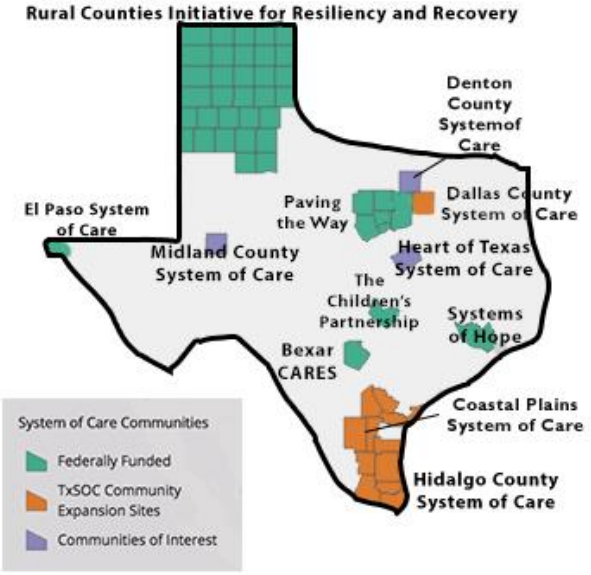


Table 8. Agreement with System of Care Value Statements, *n*=424

	Non SOC Community *n*=278	SOC Community *n*=114
Individualized assessments of individual and/or family strengths and needs are used to plan services and supports.	71.4%	77.5%
Individualized service plans are developed and implemented for each individual and/or family to address multiple life domains.	67.8%	78.3%*
Treatment planning is individualized to the individual and/or family.	71.1%	84.2%**
Care is well coordinated across multiple individual-serving agencies and systems.	56.9%	60.8%
Broad array of home and community-based services and supports are available in the community.	35.2%	41.7%
Families have a primary decision making role in their child's service planning and delivery.	74.7%	84.2%*
Individuals/youth are active partners in their own service planning and delivery.	42.4%	53.3%*
Culture-specific services and supports are provided.	47.7%	60.0%*
Services and supports are adapted to ensure access and effectiveness for culturally diverse populations.	52.0%	59.2%
Specific strategies are used to reduce racial and ethnic disparities in access to and outcomes of services.	48.7%	57.5%
Interpreter services are offered in the community.	56.9%	70.0%*
Data are collected regularly on the quality and outcomes of services.	27.3%	40.8%**
Data are used for continuous quality improvement.	25.0%	36.7%*
Fidelity to evidence-informed practices (i.e. wraparound, ACT) are measured.	16.4%	39.2%***

Statistically significant difference at > .05 *, > .01 **, > .001 ***

Overall, SOC communities showed greater infusion of these values across all items, with the majority demonstrating statistically significant differences. Statistically significant differences were found between groups on the use of individualized treatment plans, families and youth as primary decision makers in their own treatment, culturally-specific service provision, and the use of continuous quality improvement. The findings suggest that there is a relationship between the adoption of System of Care values and increased use of individualized treatment plans, increased use of culturally-specific service provision, increased continuous quality improvement, and reduction of out-of-home placements.

Group differences for out-of-home placement. As stated above, respondents were asked to also address items related to CRCG service-planning in their region for a parallel study. Eighty-seven percent of the total System of Care survey participants also participated on the CRCG questions (n=373). One question asked respondents to identify the most common outcome of a CRCG service-planning meeting, with possible responses including referral to a community agency, offering of a new service, development of a transition plan, or referral to psychiatric hospitalization, residential treatment or another out-of-home placement. Responses were categorized to reflect community-based services/referrals or out-of-home placements.

A chi square analysis was conducted to determine if there were any differences between respondents identifying they were from SOC communities or non-SOC communities in their description of the most typical outcome of a service-planning meeting. A statistically significant difference was found between groups (X^2=3.982, p=.046). Across both groups, respondents were more likely to report CRCGs relied on community-based services more often than out-of-home placements to meet family needs. However, respondents from SOC communities were less likely to report the use out-of-home placements (32.4%) than respondents from non-SOC communities (43.7%). There may be other confounding variables that lead to this finding, but it is notable that SOC communities are more likely to report the use of community-based solutions to address the unmet needs of children and families than non-SOC communities.

Building Collaborations

To explore the qualities of cross-agency collaboration across Texas communities, six questions were selected from the Wilder Collaboration Factors Inventory (Mattessich, Murray-Close & Monsey, 2001). Greater agreement with the statement is representative of a stronger collaboration within a community. Across all respondents, most had positive views of community collaboration, especially in their ability to problem solve issues with staff from other agencies and the sense that community agencies shared common values. SOC and non-SOC communities reported similar strengths on these factors. There were also no differences found in respondents' perceptions of the responsiveness of other agencies or the extent to which agencies felt a shared responsibility for the children served.

There were, however, statistically significant differences between SOC and non-SOC communities on two collaboration factors. Respondents from SOC communities were more likely to report they invite other agencies to inform program planning and were more likely to address staff concerns or share positive staff feedback with other agencies than non-SOC respondents. This suggests increased active collaboration across agencies, at least as it relates to programming and staff, in SOC communities compared to non-SOC

communities, and supports the assertion that agencies within SOC communities more readily reach out to one another for collaborative practices. It is likely that successful SOC communities blend interagency resources when planning new programs, and the finding supports the idea that the implementation of SOC concepts is leading to a reduction in silos.

Table 9. Agreement with Community Collaboration Statements, *n*=424

	Non SOC Community *n*=278	SOC Community *n*=114
When I interact with other individuals from other agencies about a concern it is solution focused.	88.6%	88.0%
Although each agency has a different vision, I feel we have common values.	86.3%	82.9%
Other agencies are responsive to calls, emails, and other forms of communication.	74.2%	82.9%
Agencies share responsibility for individuals served across systems.	68.0%	66.7%
When I am planning new programming, I readily call upon other partners in the community for ideas or feedback.	56.9%	69.2%*
I readily contact other agencies when I have concerns or compliments regarding their programming or staff.	59.2%	70.9%*

Statistically significant difference at >.05 *

Perceived Barriers to Interagency Collaboration. Cross-agency collaboration can be challenging to accomplish. Participants were asked to identify the greatest barriers they experience to community collaboration. Lack of resources and awareness of services were noted as the greatest barriers, whereas lack of cooperation, buy-in by individual agency leadership, and referral processes were rated as minimal barriers to interagency collaboration. The primary barriers that community groups face appear to be related to limited resources, rather than a commitment to collaboration and cooperation.

Table 10. Perceived Barriers to Interagency Collaboration, *n*=424

Rating	Potential Barrier
1.	Resources (funding, materials, space, etc.)
2.	Needed Services
3.	Awareness of Available Services
4.	Workforce Shortage
5.	Staff Training
6.	Distance/Travel Time
7.	Individual agency policies and procedures
Rating	Potential Barrier

8.	Referrals processes between agencies
9.	Leadership of individual agencies
10.	Cooperation between agencies

Participants were then asked to elaborate on their greatest barrier. Responses indicated a need for more community leadership, reduced policy barriers, and stronger community collaboration.

A sampling of responses includes:

> "Many agencies are willing to collaborate, however they are limited on staff time, space, and/or funding to collaborate in the most effective manner."
>
> "If agency leadership is not willing to collaborate, it doesn't matter what those out in the field are doing. It ends there."
>
> "I believe that the greatest barrier is the public awareness of services available. I also believe that there could be improved training and education between agencies to assist with educating families and children as to what is available and more effective referrals."
>
> "Often the 'available resources' are not available because of personnel turnover, funding issues, or institutional quagmire. Agency staff tend to be very competent, but the procedures for providing services are byzantine at best."

Technical Assistance Needs

Respondents were also asked about their primary technical assistance needs across topical areas. Financing (32%) received the greatest number of responses followed by services (27%) and formal collaborations between agencies (23%). The technical assistance needs align with barriers to interagency collaboration. Much of the qualitative data suggested feelings that inadequate funding and a lack of diverse services in the community contributed to lack of collaboration. Although access to technical assistance cannot fully address resource limitations, technical assistance can support efforts to better leverage scarce resources and minimize redundancies. Shared or blended funding may be a strategy to support communities in achieving more with existing resources.

Table 11. Would support in any of the following areas be helpful to your current interagency collaborations (CRCG, other community groups, etc.)?, *n*=364

	Count	Percent
Financing	117	32%
Services	97	27%
Data/Evaluation	23	6%
Cultural and Linguistic Competence	11	3%
Formal collaborations between agencies	82	23%

Survey participants were asked to further elaborate on technical assistance needs. Responses focused on financing, data/evaluation, and formal agreements between agencies. A sampling of responses are below:

> "Learning how to finance across systems and establish formal collaborations between agencies."

> "Financing of collaboration efforts would help, and also I would like to see more data collection and evaluation."

> "Data/Evaluation would be extremely helpful to determine if what we're doing is working; this will definitely be something discussed at our next meeting."

TxSOC Public Presence

In order to gain greater information about how respondents had interacted with TxSOC, questions were asked about individuals' engagement in TxSOC outreach efforts.

Table 12. Exposure of respondents to TxSOC, *n*=184

	Count	Percent
I have visited the TxSOC website.	62	38%
I have participated in at least one webinar or training coordinated by TxSOC.	49	30%
I receive the TxSOC e-blast.	23	14%
I, the agency I work for, or my community, has received technical assistance from TxSOC.	25	15%
I, the agency I work for, or my community, has participated on a TxSOC committee.	27	16%
I, the agency I work for, or my community, has participated in another TxSOC event.	26	16%

The greatest number of respondents reported engaging with TxSOC through the website or a webinar or training event. However, the majority of respondents had not interacted with TxSOC in any of these ways. Based on these responses,

it appears that Texas System of Care can greatly enhance the reach of their message through interactive tools, such as their website and published webinars. So while there appears to be basic name recognition of TxSOC among a majority of respondents, more can be done to actively engage community stakeholders in SOC information and training.

Conclusions

Promising results were found in the promotion of System of Care values statewide, and specifically in System of Care communities.

Strengths

Overall respondents reported that community child-serving providers in Texas:

- Are successfully using individualized planning processes,
- Actively involve families in treatment decisions,
- Are successful in problem solving with other community providers, and
- Have a shared vision among the child-serving organizations.

Promising Practices

Promising findings were found in the following areas:

- Many communities are striving to individualize services based on families' cultural needs, provide culturally-specific interventions, and ensure access to interpreters,
- Most communities report that care is well coordinated across agencies,
- Agencies are generally collaborating when planning new programs or problem solving barriers,

Areas for Improvement

Aspects of Systems of Care that are in need of further advancement in Texas include:

- Organizations' use of data to inform decision-making and guide changes,
- Youth involvement in treatment decisions,
- Specific strategies to reduce disparities in access or outcomes, and
- Increased access to a broad array of home and community-based services.

The study showed a number of differences between System of Care communities and non-System of Care communities. System of Care communities showed greater infusion of the SOC values across all domains, with the majority demonstrating statistically significant differences. SOC communities also demonstrated stronger collaborative relationships within

their communities, particularly around seeking input on program development and communication regarding staff concerns or strengths. SOC communities were also less likely to report using out-of-home placements as the primary result of community service-planning through the CRCGs.

Recommendations

Communication and technical assistance plan

Over the past few years, TxSOC has been able to develop good brand recognition across the state. Future targets of the TxSOC communication and technical assistance strategies should help further deepen stakeholders' understanding of the tangible outcomes that are sought through System of Care. The key to the communication and TA plan will be to clearly articulate the specific steps communities can take to improve services in their community, build stronger collaborations, and create family-driven and youth-guided systems. Stakeholders are interested in concrete ideas and solutions to apply within their community, and TxSOC will need to meet that need in order to grow. TxSOC is a multifaceted initiative and will continue to grow and adjust as goals are met and communities strive for even greater implementation.

Shared responsibility for children and youth within state-level offices

Modeling is an important tool that leaders statewide can use to encourage shared ownership of system improvements across agency boundaries. State leaders should continue to grow collaboration and actively work together to meet shared goals. This top-down approach is likely to spur iterations of collaborations at every level through the example of strong state leadership.

Collective impact

On-going encouragement and support for the development of cross-agency oversight groups can encourage shared ownership of the system improvements needed to support children and youth. Each organization plays a role in contributing to the overall impact. Results of the survey implied that System of Care communities are more successful at calling upon other partners in the community when they are planning new programs or problem solving barriers. Responses demonstrate the significant barriers, especially related to limited resources that impede such collaborations. Providers should embrace the idea that the long-term benefits of collaboration will greatly outweigh the cost of the work needed on the front end and funding agencies can acknowledge the value by financially supporting collaborative work.

Technical assistance: creative financing, formal agreements, use of data, and cultural and linguistic competence

Local social service and healthcare providers are interested in technical assistance to learn how to leverage creative financing opportunities, establish memorandums of understanding, and employ data-driven decision-making. Each of these goals can also be achieved by the strategies outlined in the communication and technical assistance plan. In order to move the Texas System of Care brand beyond name recognition, the initiative needs to focus on providing communities tangible skills. Communities appear interested in learning how their peer communities have successfully blended funding or established formal partnerships. Furthermore, local communities require technical assistance on the effective use of data. The providers are already collecting documentation and data to support the reimbursement for all of their current work. Support needs to be provided to encourage them to use that information in a systematic way that supports and encourages positive system changes.

Citations

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