

2013 -2017

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



OVERVIEW

STRATEGIC PLAN OVERVIEW



The Strategic Plan to Expand Systems of Care for Children and Youth with Serious Mental Health Challenges and their Families charts the course to a future in which all Texas children and youth have access to high quality mental health care that is family driven, youth-guided, community-based, culturally grounded and sustainable.

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

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

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



WHAT ARE THE FACTORS IMPACTING TEXAS CHILDREN AND YOUTH?

GEOGRAPHIC CHALLENGES TO ACCESS SERVICES

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

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



CHANGING CULTURAL DEMOGRAPHICS

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

RESOURCE LIMITATIONS

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

THE NEED FOR INCREASED INTERAGENCY COORDINATION

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

ATTITUDES TOWARD MENTAL ILLNESS

One of the greatest barriers to accessing treatment, mentioned by youth, parents and providers, is the stigma associated with having a mental illness and having others know that you are seeking and/or receiving needed support. Yet, according to the *Surgeon General's Report on Mental Health*, "effective treatments for mental disorders promise to be the most effective antidote to stigma."xii While there is widespread acceptance for physical health conditions, having a mental health condition is perceived as a weakness, and adolescents, in particular, may experience alienation from their peers if they self-disclose. One youth leader noted, "What youth really want and need is someone who understands and who is willing to listen...by having a public who does not instantly stigmatize or stereotype individuals labeled with mental health issues we can provide a more welcoming and accepting environment."



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

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

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines children with a

serious emotional disorder as "persons from birth up to age 18, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the [DSM-IV], that

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

resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities."xiii

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

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



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

Mental health treatment works. Timely access to appropriate mental health services and supports can prevent mental health problems in

adulthood and reduce the risk of a multitude of negative outcomes. When treated, children and youth with mental health problems have better outcomes in home, school and community settings.xviii



EXPANDING SYSTEM OF CARE IN TEXAS

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

Throughout the country, the system of care framework has been shown to strengthen collaboration

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

Texas has successfully implemented systems of care in six communities through federal grants (see sidebar). These communities have shown positive outcomes similar to those found nationally. The Texas System of Care Consortium (TXSOCC), a collaborative representing

The Children's Partnership (Travis County)

TEXAS SYSTEM OF CARE COMMUNITIES

Community Solutions (City of Fort Worth)

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

Systems of Hope (Harris County)

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

Hand in Hand (Tarrant County and 4 surrounding counties)

youth and parents, child-serving state agencies, advocacy organizations, system of care communities, and other key leaders, provides oversight to state efforts to expand systems of care to additional communities through policy changes, training and technical assistance, and leadership.



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



THE FIVE-YEAR STRATEGIC PLAN FOR SYSTEM OF CARE EXPANSION



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

The strategic plan development process included a review of existing reports and recommendations, agency strategic plans, and national resources for system of care development. Interviews or focus groups were held with youth, caregivers, agency and community leaders, and communities with experience implementing the system

of care framework. Facilitated planning sessions were held with TXSOCC members and other key stakeholders to identify and reach consensus on key components of the strategic plan including vision, mission, and priority strategies. In many instances, specialized workgroups were developed to target planning in key areas such as leadership, social marketing, family and youth voice, training, and accountability.

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

VISION

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

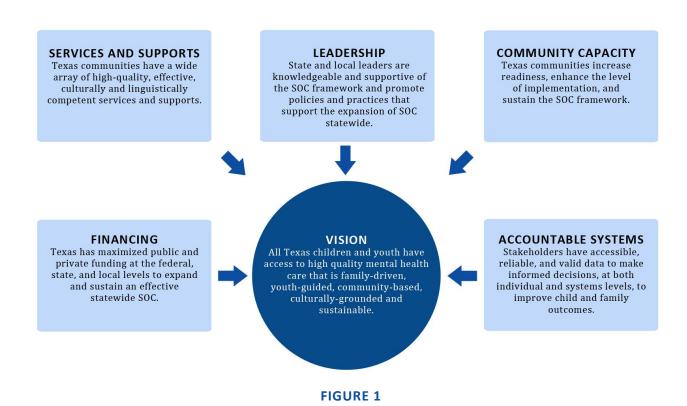
MISSION

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



THE ROAD FORWARD

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



Texas System of Care

STRATEGIC PLAN GOALS AND STRATEGIES

DEVELOP AND STRENGTHEN LEADERSHIP AND SUPPORT

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

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

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

STRATEGIES TO DEVELOP AND STRENGTHEN LEADERSHIP AND SUPPORT

- 1. Increase the impact and sustainability of the Texas System of Care Consortium by strengthening alignment with existing state governance or advisory boards.
- 2. Create a sustainable, family-driven infrastructure to increase opportunities for statewide family leadership and voice and strengthen the capacity of family leaders to inform policy and practice.
- 3. Create a sustainable, youth-driven infrastructure (e.g. state-level youth organization) to increase opportunities for state and local youth leadership and voice and strengthen capacity of youth leaders to inform policy and practice.



- 4. Provide a mechanism for local organizations and regional or community coalitions to identify and recommend changes to existing policies and practices that present barriers to implementing a system of care service delivery approach.
- 5. Develop a coalition of key leaders from various regions, roles, cultures, and systems to champion the importance of addressing children's mental health in Texas and partner with system of care initiatives.
- 6. Increase awareness, interest, and support for system of care principles and practices through the use of effective social marketing and communications activities.

ENHANCE ACCESS TO EFFECTIVE SERVICES AND SUPPORTS

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

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

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



STRATEGIES TO ENHANCE ACCESS TO EFFECTIVE SERVICES AND SUPPORTS

- 1. Create infrastructure to support high fidelity wraparound practice throughout the state.
- 2. Further enhance the infrastructure to support effective peer support services for youth and family members through training, policy, financing, social marketing, and accountability efforts.
- 3. Infuse system of care principles and practices within professional training programs through partnerships with higher education entities and professional organizations.
- 4. Infuse system of care principles and practices within training curriculum offered by child-serving agencies.
- 5. Expand access to non-traditional services and supports for children and youth with complex mental health challenges and their families, such as behavioral health consultants to daycare settings, language services, respite care and transportation.
- 6. Enhance state infrastructure to support the selection, implementation, and monitoring of evidence-based and promising mental health practices, including integrated health and school-based services and supports.
- 7. Support efforts to increase the cultural and linguistic competency and diversity within organizations and collaboratives that serve children and youth with serious mental health challenges and their families.
- 8. Provide training and technical assistance to support the implementation of promising practices within communities addressing the social-emotional development for early childhood populations.
- 9. Advance program development, financing and workforce training to expand the array of effective services and supports for youth transitioning to adulthood.

SUPPORT COMMUNITY DEVELOPMENT OF SYSTEM OF CARE

GOAL: TEXAS COMMUNITIES INCREASE READINESS, ENHANCE THE LEVEL OF IMPLEMENTATION, AND SUSTAIN THE SYSTEM OF CARE FRAMEWORK, THEREBY INCREASING THE NUMBER OF CHILDREN, YOUTH AND THEIR FAMILIES SERVED THROUGH SYSTEM OF CARE PRACTICES.

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



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

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

STRATEGIES TO SUPPORT COMMUNITY DEVELOPMENT OF SYSTEM OF CARE

- 1. Increase interest and readiness to adopt the system of care framework in communities across the state through social marketing, training, and technical assistance.
- 2. Facilitate the development of a strong community infrastructure (e.g., governance, youth and family voice, sustainability) to implement system of care through targeted strategic planning and technical assistance in selected communities.
- 3. Support community advancement in system of care readiness and development by targeting specific issue areas and special populations.



MAXIMIZE EFFICIENT, SUSTAINABLE FINANCING STRATEGIES

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

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

STRATEGIES TO MAXIMIZE EFFICIENT, SUSTAINABLE FINANCING

- 1. Develop and implement a financing plan to provide long-term support for the infrastructure for the expansion and sustainability of a statewide system of care approach.
- 2. Explore opportunities for enhancing system of care implementation by maximizing existing revenue sources, including the Medicaid state plan, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Texas Medicaid 1115 waiver, Title IV-E, and state block grants.
- 3. Support the implementation and expansion of the 1915(c) Medicaid YES waiver, including enhancing the compatibility with other funding resources.
- 4. Explore opportunities for developing new revenue resources to support system of care implementation, such as health care reform, Medicaid 1915(i), private health insurance, corporate partnerships, foundations, and private philanthropy.
- 5. Establish voluntary community demonstration sites that will coordinate or integrate state and local funding for children with serious mental health challenges and their families.



CREATE ACCOUNTABLE SYSTEMS

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

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

STRATEGIES TO CREATE ACCOUNTABLE SYSTEMS

- 1. Develop an effective data dashboard with key indicators of children's mental health systems to monitor strengths, needs, outcomes and trends that is used by state and local decision-makers.
- 2. Increase the use of families and youth in developing evaluation plans, gathering and analyzing data and reporting and disseminating results of accountability activities.
- 3. Create state and local capacity to track and monitor outcomes across child-serving systems to better understand the multi-system impact.
- 4. Enhance the capacity of local organizations or community coalitions to plan evaluations and utilize data in ongoing quality management activities.
- 5. Increase the use of strength-based, valid measurement tools for child outcomes and perceptions of care (e.g. Child and Adolescent Needs and Strengths, Recovery Self-Assessment).
- 6. Increase the use of technology to support effective data management, information sharing and coordination of services.



NEXT STEPS

Moving forward, the Texas System of Care team will utilize a variety of strategies to promote the strategic plan to key stakeholder groups to increase awareness, interest, and buy-in for system of care principles and practices. Over time, the Strategic Plan to Expand Systems of Care for Children and Youth with Serious Mental Health Challenges and their Families will evolve based upon the successes and challenges identified during implementation.

Many individuals have contributed time and talent to the development of this plan. Many more will have the opportunity to participate in the implementation of the Plan, as Texas moves toward the vision that "all Texas children and youth have access to high quality mental health care that is family-driven, youth-guided, community-based, culturally-grounded and sustainable."



ⁱU.S. Department of Commerce. U.S. Census (2010). Retrieved from

http://www.census.gov/geo/www/maps/us 2010 st cou wallmap/us stcou 2010 wallmap.html

ii Texas Education Agency (July, 2012). Strategic Plan for the Fiscal Years 2013–2017. Retrieved from

 $\underline{http://www.tea.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id\<emID=2147507429\&libID=2147507420}$

Texas Education Agency (May, 2012). Snapshot 2011. Retrieved from http://ritter.tea.state.tx.us/perfreport/snapshot/2011/state.html

Frey, William H. (April 2011). America's Diverse Future: Initial Glimpses at the U.S. Child Population from the 2010 Census. Brookings Institute. Retrieved from http://www.brookings.edu/~/media/research/files/

papers/2011/4/06%20census%20diversity%20frey/0406 census diversity frey

Yexas Department of State Health Services (2011). Retrieved from http://www.dshs.state.tx.us/chs/hprc/tables/Psychiatrists-by-county-of-Practice---September,-2011/

viTrust for America's Health (2012). Key Health Data About Texas. (Data Set). Retrieved from http://healthyamericans.org/states/?stateid=TX#section=1,year=2011,code=undefined

vii 2010 Texas Census

Disproportionality in Child Protective Services System (2010). Department of Family and Protective Services, Retrieved from http://www.dfps.state.tx.us/Child_Protection/Disproportionality/default.asp.

Public Policy Research Institute (July, 2010). Addressing Disproportionate Minority Contact in the Texas Juvenile Justice System. College Station: Texas A&M University. Available at http://ppri.tamu.edu/PublicReports/100724 Final%20Report.pdf.

^x Texas Children's Policy Council, Recommendations for Improving Services for Texas Children with Disabilities Statutorily Required by H.B. 1478, 77th Legislature of the State of Texas, 2012.

Texas Health and Human Services Commission (2012). *Health and Human Services System Strategic Plan 2013-2017*. Retrieved from http://www.hhs.state.tx.us/StrategicPlans/SP-2013-2017/Volume-I.pdf

xii U.S Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

xiii Center for Substance Abuse Treatment (2006). *Definitions and Terms Relating to Co-Occurring Disorders*. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services.

xiv Texas Department of State Health Services. FY 2012-2013 State Plan for Community Mental Health Services Block Grant Application. http://www.dshs.state.tx.us/mhsa/blockgrant/

xv Texas Department of State Health Services. FY 2012-2013 State Plan for Community Mental Health Services Block Grant Application. Retrieved from http://www.dshs.state.tx.us/mhsa/blockgrant/

Kaiser Family Foundation (2007). Percent of Children (2-17) with Emotional, Developmental, or Behavioral Problems that Received Mental Health Care, 2007. Retrieved from http://statehealthfacts.org/comparetable.
jsp?typ=2&ind=53&cat=2&sub=14&sortc=1&o=a

Texas Department of State Health Services (2012). FY 2014-2015 Legislative Appropriation Request. Retrieved from http://www.dshs.state.tx.us/budget/lar/default.shtm

U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

xix Pires, S.A. (2002). Building Systems of Care: A Primer. Washington, D.C.: Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

xx Stroul, B.A. & Blau, G.M. (2008). The System of Care Handbook: Transforming Mental Health Services for Children, Youth and Families. Baltimore: Paul H. Brookes Publishing.

xxi Pires, S (1996). Characteristics of systems of care as systems reform initiatives. Washington, DC: Human Service Collaborative.

