

**MENTAL HEALTH TRANSFORMATION  
STATE INCENTIVE GRANT**



***Comprehensive Mental  
Health Plan for the  
State of Texas***

**Grant Number: SM-05-009**

**Mental Health Transformation State Incentive Grant  
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## TRANSFORMATION: THE HOPE

**This is Valarie Garza's story about her son Daniel. Valarie Garza is a family member representative on the Texas Transformation Workgroup. She is a former nurse and mental health worker and currently works for the Manor School district. She has three sons: Tony, who is a Marine; Riley, who is 12 years old and in school; and Daniel, who is 20, and was recently arrested in Austin for serial rape.**

*Daniel had a troubled childhood. In the first grade, he was recommended for special education classes and was enrolled in mental health services through school and the local community mental health center. He had his first psychiatric hospitalizations at age 10 and was then involved with child protective services. At one stage, he had 19 hospitalization in 3 months. His longest hospitalization was 7 months after which he was placed in a residential treatment center. Over the years, Daniel has received services or been involved with mental health agencies (public and private), child protective services, special education, juvenile justice, residential treatment centers, state hospitals and private hospitals.*

*At age 12, Daniel was enrolled in a System of Care initiative. This was the most successful two year period of his life with no incarcerations and only short term hospitalizations for stabilization. The System of Care initiative produced positive outcomes because treatment plans were individualized, strength-based, provided community-based supports and involved collaboration across several agencies.*

*But for the most part, services and documentation were duplicative and uncoordinated. Services did not support Daniel staying at home. Daniel's plan of care did not build on his strengths and abilities. Services were deficit-based and not responsive to his specific needs.*

*Using her records, Valarie developed an estimate for the costs of services that Daniel received:*

• 3 years in residential treatment centers at an average of \$200 a day -	\$219,000
• One hour therapy sessions each week for 8 years at an average of \$45 per session -	\$18,720
• One psychological evaluation per year for 12 years at an average \$650 per evaluation -	\$7800
• One medication management per month for 12 years at an average \$60 per appointment-	\$8640
• Psychiatric hospitalizations at an average of 6 per year for 12 years at an (\$5,560 per stay)- stay for 10 days	\$400,320
• One 7 month psychiatric hospitalization -	\$17,600
• Medication at an average of \$400 per month	\$38,400

*The total of all these costs is* **\$710,480**

*Note that this estimate does not include the costs of special education services, juvenile justice incarcerations and probation supports, lab work, informal supports, lost income to family, and the long-term trauma experienced by family members as a result of Daniel's challenges.*

*And now, Daniel faces up to 80 years in prison.*

*Unlike many others who need services, Daniel was able to get services from multiple agencies. Enormous resources were expended but positive outcomes were difficult to obtain because services were inappropriate or not coordinated.*

*Daniel's story is the rationale for transformation. Transformation is about changing the lives of people, not just making changes at state or agency levels. The objective of transformation is to learn from Daniel's experience and not repeat it.*

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## Executive Summary

The President's New Freedom Commission on Mental Health described the mental health system in America as being in "shambles". The system was identified in various ways as fragmented, inadequate, inefficient, and deficient.

Unfortunately, the national picture also applies to Texas. This situation has developed both nationally - and in Texas – paradoxically because of the success of mental health services being increasingly community-based. Over the last three decades, an increasing number of persons needing mental health care have received services in their home communities. As they have done so, their lives in the community have been affected by a multitude of programs and services including those related to housing, employment, criminal justice, child welfare and education. As the range of services have attempted to meet the needs of adults and children with mental health disorders, the different eligibility criteria, standards of care, funding source reporting requirements and regulations and a lack of coordination among the various federal, state and local agencies involved has resulted in the fragmented and disjointed nature of the mental health system.

At the same time, as Dr. Steve Murdock, the state demographer, presented to the Mental Health Transformation Workgroup, the state is projected to experience dramatic demographic shifts a significant change will be the growth of minority populations. If current rates of institutionalization and imprisonment continue, this will place enormous strains on the Texas economy. Dr. Murdock also reported that Texas ranked 50<sup>th</sup> among states in terms of high school graduation. A major focus of the Texas Transformation initiative is to explore strategies and mechanisms related to mental health which can make an impact on these projected societal trends.

A fundamental objective of this transformation effort is to improve the overall health of Texans and their communities by promoting mental health of Texans and their communities by promoting mental health and reducing the impact of mental illness. Early intervention is a major focus, both in terms of lifespan and in terms of the course of illness. A fundamental tenet of transformation is that persons living with mental illness are people with holistic needs and that their lives should not be disrupted by policy and funding silos.

A primary thrust of this transformation effort is to revise the perception of the "public mental health system". To a large extent, the public mental health system has been identified as the system for adults with serious mental illnesses and children with serious emotional disturbances for which the state mental health agency was responsible. A multiplicity of state and local agencies provide behavioral health services and an objective of transformation is to develop strong and enduring partnerships among them.

The strategies proposed in this plan include:

- Building community health by combating stigma
- Integrating health and behavioral health services with a special emphasis on disaster management, integration with family initiatives, the health services for adults with serious mental illnesses and children with serious emotional disturbances, community health and electronic health records.
- The development of a consumer and family-driven system through the promotion of recovery and recovery education, consumer education, the development of peer support and peer support certification programs, and support for consumer networks and communication.
- Identifying key initiatives related to the reduction of race/ethnicity disparities and developing appropriate metrics.
- A focus on rural initiatives
- Developing early intervention prototype programs related to returning veterans and their families, children and adolescents in pre-school and school settings, and older adults.
- Supporting the development of local community behavioral health collaboratives
- Coordinating the implementation of evidence-based practices across agencies
- Developing collaborations with universities and community colleges related to workforce development, facilitating employment of consumers and family members; addressing rural workforce development needs through the use of telehealth and other technologies
- Developing a comprehensive array of services for persons in crisis
- Developing an interagency housing initiative
- Developing an interagency initiative to increase employment opportunities, incentives and supports
- Developing public-private partnerships with employers in the state
- Using state-of-the-art technology in the delivery and coordination of care, data-sharing capacity, use of telemedicine, instant messaging, web-based systems and electronic health records.

Many of these activities are already underway; others will be implemented from scratch. The approach to transformation is to build on current strengths and initiatives; to focus on key, pivotal areas; to place initiatives in a learning framework; and to be opportunistic.

An essential aspect is the development of a transformation partnership culture, which builds on new technologies, collaboration among agencies, and a strong and vibrant consumer and family member voice.

A basic assumption of the plan is that transformation must occur at both state and local levels. Activities at that state level alone will not result in improved access or outcomes. The focus on local community behavioral health collaboratives is critical.

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In summary then, this plan represents the beginning of an exciting journey full of promise that will chart unmapped territory. The approach to this journey is that:

- Transformation is an evolving process and will take time to be embedded as a direction in the system.
- Transformation will take place by focusing on pivotal issues and opportunities
- Transformation will be a learning process requiring ongoing modifications, adjustments and refinement.
- Transformation will occur within the existing frameworks at both state and local levels.
- Transformation is not just a redefinition of target populations and services but a major shift in organizational culture across agencies at federal state and local levels.
- And transformation will be realized through the actions of partnerships among consumers, service providers and local, state and federal levels of government.

From an operational perspective, this plan is a work in progress. More specificity will be developed as implementation teams develop and implement their charges. In parallel, the Senate Committee on Health and Human Services charged the Transformation Workgroup to develop a report on the future mental health system in Texas by November 1, 2006.

The Senate Committee on Health and Human Services is charged this interim to “study and make recommendations for improving delivery of Texas mental health services; consider local and regional delivery systems including access to care, cost effectiveness, choice and competition, and quality of care”.

As the charge states:

“The priorities of the Workgroup to reduce fragmentation and build a solid foundation for delivering and sustaining mental health and related services, address stigma and the role of consumers and family members, reduce disparities, and focus on the quality and efficiency of care is fully aligned with the intent of the interim charge to the committee. To aid the work of the committee, we would like to receive a report from the Mental Health Transformation Workgroup with specific recommendations for the future mental health system that would be both optimal and achievable. The report should consider the mental health system to be inclusive of services purchased or provided with public funds. This report should address (but not necessarily be limited to):

- Building a mental health system that addresses early intervention, both in the course of illness and in the lifespan;
- Reducing disparities, across populations of different races/ethnicities and across geographic areas;
- Implementation of evidence-based practices in uniform, standardized ways across agencies;

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- The use of new technologies, data coordination and sharing to enhance access and the quality of care; and
  - Ensuring that consumers and family members have mechanisms to reflect their needs and priorities in policies, plans, and their own care.”

The report for the Senate Committee will build on this comprehensive plan and other activities of the workgroup.

# **COMPREHENSIVE MENTAL HEALTH PLAN FOR TEXAS**

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## Introduction

The President's New Freedom Commission on Mental Health described the mental health system in America as being in "shambles". The system was identified in various ways as fragmented, inadequate, inefficient, and deficient.

Unfortunately, the national picture also applies to Texas. This situation has developed both nationally - and in Texas – paradoxically because of the success of mental health services being increasingly community-based. Over the last three decades, an increasing number of persons needing mental health care have received services in their home communities. As they have done so, their lives in the community have been affected by a multitude of programs and services including those related to housing, employment, criminal justice, child welfare and education. As the range of services have attempted to meet the needs of adults and children with mental health disorders, the different eligibility criteria, standards of care, funding source reporting requirements and regulations and a lack of coordination among the various federal, state and local agencies involved has resulted in the fragmented and disjointed nature of the mental health system.

This Texas Transformation Comprehensive Plan is an initial attempt to address these broad issues confronting the organization, delivery and quality of mental health care in the state. It builds on various sources and activities, including:

- The President's New Freedom Commission on Mental Health Report, 2003.
- The Texas New Freedom Summit, 2003
- The SAMHSA Transformation State Infrastructure Grant Proposal submitted by Texas, 2004
- The Needs Assessment and Resource Inventory conducted as part of grant activities that included: needs and priorities of consumers and family members, an analysis of agency strategic plans, interviews with executive staff of several state agencies and regional hearing.
- Guidance and priorities established by the Texas Mental Health Transformation Workgroup, a multi-agency group appointed by the Governor of Texas.

A caveat: this plan is a work in progress and reflects the broad strategies formulated at this point to move forward with transformation. As agency workgroups begin to develop operational plans around these strategic themes, the plan will be revised and updated accordingly. This plan should be viewed as a starting point in an evolving process and not as a final, finished product. This plan will be modified and adapted as needs are identified and opportunities arise.

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## The Transformation Vision

The question that often arises related to transformation is: Transformation to what? How will the system be different?

Even as the ideas and notions related to transformation and its objectives evolve, there are certain starting premises of what the end-state will look like. Granted that this “vision” is more of an initial sketch rather than the final, fleshed out picture, but this may help a more common understanding of the nature and goals of the transformation initiative in Texas. It is important to reiterate that transformation, by definition, is continually evolving and the expectation is that this vision will be modified and refined over time.

To address the ills faced by the mental health system in Texas, which are similar to these faced by such systems in other states (and, for that matter, other countries), Texas is proposing a radical but achievable shift in building the mental health system of the future.

First, the transformation initiative in Texas recognizes that the way “the public mental health system” has been defined is narrow and limited. For the most part, the public mental health system has been defined as the sliver of services provided or funded by the state mental health authority. This sliver has had a focus on adults with serious mental illness and children with serious emotional disturbances and this has created issues related to eligibility and definition of responsibility for adults and children who need mental health services that do not meet these definitions. In many cases, to obtain services, persons seeking services have had to decompensate or deteriorate in functioning before they could obtain services.

This situation also created the need for other state agencies to develop mechanisms and services to address the mental health needs of populations not meeting the definitions of the eligible population for state-funded services at the agency responsible for the mental health services. Multiple agencies provide mental health services and supports for different segments of the population in need. At the same time, the care for an individual may involve multiple agencies with varying degrees of coordination and continuity of care. With this narrow view, services provided are sub-optimal and costly, not only in terms of the actual services but also in terms of the quality of life for persons with mental illness and overall costs to society as a whole.

***The “public mental health system” is much larger than the narrow perspective previously held.*** As part of the new perspective introduced by the transformation initiative, the focus will be on all Texans with an emphasis on early identification and intervention. This is a major shift in philosophy that builds on the transformation inherent in the reorganization of the Texas health and human services system which integrated public health, mental health and substance abuse in the same agency. The Texas transformation initiative is population-based, public health approach applied to behavioral health services.

A fundamental objective of this transformation effort is to improve the overall health of Texans and their communities by promoting mental health of Texans and their communities by

promoting mental health and reducing the impact of mental illness. Early intervention is a major focus, both in terms of lifespan and in terms of the course of illness. A fundamental tenet of transformation is that persons living with mental illness are people with holistic needs and that their lives should not be disrupted by policy and funding silos.

Studies have increasingly shown that there are better methodologies for identifying persons at risk for needing services and that early intervention has positive consequences for both the individuals needing services and the larger society. But this will require a new approach, involving partnerships of consumers and family members with policy makers and service providers and of state and local agencies with each other.

***So how will a transformed system be different? What is the vision?***

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## The Vision

In the transformed system:

- Texans will understand that persons living with mental illness are productive citizens who contribute richly to their communities.
- Children and adolescents will live with their families and families will receive needed supports.
- Texans will understand and support the prevention, early intervention and appropriate treatment of mental illness is as an investment rather than a cost to improve the quality of life all Texans.
- Texans having, or living, with mental illnesses and their families will have a strong voice in system design, implementation and resource allocation and will have choice, self determination and hope related to the services that are available.
- Texans will have quick, easy access to the services that they need.
- Texans will be able to access appropriate services through a multiplicity of agencies so that there is no “wrong door” and be able to get the right set of services regardless of where they access the system.
- The mental health system will incorporate “recovery” values related to choice, self-determination, hope and dignity.
- The service delivery system will have an adequate and competent workforce trained in state-of-the-art services
- Data and information will be shared across agencies at both state and local levels to optimize care for individuals
- Mental health, like physical health, will be an integral component of the well being of Texans, contributing to positive outcomes related to performance in schools, employment, housing and quality of life.
- Partnerships will be forged among state agencies and local communities so that interventions related to behavioral health mutually support and reinforce the goals of individuals and the goals of individual agencies.

This transformation is depicted in the figure on the following page.

**Table 1: Transformation Objectives**

<b>Transformation Objectives</b>		
<u>Current</u>	<u>Transformed System</u>	
Persons receiving services	→	Population-based; early intervention
Agency “silos”	→	Coordinated care; “no wrong door”
Piecemeal, fragmented training	→	Well-defined workforce development / training infrastructure
Data Compartments	→	Data – sharing and coordination
Consumer and family member involvement	→	Consumer and family driven - system
Persons falling through agency “cracks”	→	Seamless continuity of care

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## The Approach to Transformation

As the scope of the Texas transformation goals indicate, the ultimate objective is to build a mental health system that promotes wellness, resilience and recovery. Such a system is radically different from the system that exists today in which access to care is limited, quality of care is uneven, and coordination and continuity of care across agencies and providers is, for the most part, disjointed. To move the existing system in the direction of the vision will require broad based commitment, consensus and support.

Transformation will not occur because there is a plan for transformation or because the rhetoric of transformation permeates the mental health system. It is important, therefore, to be operationally clear how Texas intends to broach the daunting task and challenge of transformation.

At one level, the mental health system is attempting to address the activities and crises that arise in its current operations. At another the system is trying to introduce change and innovation so that the system is both credible and responsive to the needs and priorities identified by consumers and family members.

### ***How is such a transformation going to happen?***

Experts who have studied transformation across a range of industries have identified some general principles that essentially constitute the knowledge base and the best thinking (the “evidence”) on transformation. It is these principles that will be applied in the Texas context. For the purposes of this plan, we will call these principles evidence-based transformation.

Evidence-based transformation essentially identifies three distinct but overlapping components: building the case and vision for transformation, promoting and learning from the implementation of innovative structures and practices; and sustaining and disseminating the innovative structures and practices so that they are key operational features of the envisioned system.

To build the case and vision for transformation, there must be consensus regarding the need and urgency for change and on the broad outlines of the proposed future system. To promote the implementation of innovation, there must be commitment and support for change among many different groups – consumers, providers, legislators and agencies and at the different levels of leadership with palpable, measurable results. These results must not only be significant but must also be sustained so that the outcomes achieved are not short lived but achieve a degree of permanence in how business is done as usual. These outcomes also have to become expectations for the larger system and such a transition has to be supported through technology, training, workforce development and support for consumer and family member leadership, networking, communication and education.

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An important component of building innovations into the system is the continuous refinement so that innovation implementation is optimized.

For system wide dissemination, the alignment of the infrastructural components is essential. From a policy perspective, there needs to be consistent goals across federal, state and local governments, including funding and financing incentives.

Similarly, management and administrative functions such as resource allocation, contracting, quality improvement, technical assistance and training must also support the goals and initiatives related to transformation.

### ***What is needed to implement such a transformation initiative?***

There are various models of transformation but the common themes include:

- (1) Commitment of executive and legislative leadership
- (2) Competent executive management supportive of transformation goals
- (3) A strong and vibrant consumer and family member “voice”
- (4) Resources and flexibility to support innovation
- (5) a capacity to review and refine innovation implementation
- (6) Development and implementation of the right metrics to monitor achievement of transformation goals
- (7) Local community collaboratives with strong leadership across stakeholder groups including consumers and family members
- (8) The capacity to develop protocols from the experiences of innovation implementation and
- (9) The capacity to reward and provide incentives for movement towards transformation goals

Fortunately, Texas has several strengths on which to build a transformation initiative. Through a historical capacity to develop partnerships with universities, the state has pushed a research agenda with the commitment to incorporate the results and lessons learned into practice. Also, the state has implemented several funding strategies for behavioral health services which can inform transformation efforts. More recently, the state has restructured health and human service agencies so that public health, mental health and substance abuse are part of the same agency.

This organizational merger has also fostered interagency initiatives that involve criminal justice, juvenile justice, rehabilitation services, and early intervention. These initiatives are a platform on which to further develop these existing initiatives as well as new ones. The systems-of-care initiative funded by SAMHSA’S Center for Mental Health services has also provided a model for implementing interagency initiatives at the local community level.

Several other federally funded initiatives will also inform and support the Texas transformation initiative. These include the Data Infrastructure Grant through which the state reports National

Outcomes Measures for mental health; and projects related to substance abuse related to prevention programs and to translational initiatives.

So, while the challenges of transformation are formidable, Texas has a track record that makes them more manageable. Texas has strengths and initiatives and a combination of urgent need and energy to drive transformation. The building blocks for implementing transformation will be the use of new technologies, partnerships among agencies, and active and coordinated consumer and family member networks. Identifying key pivotal areas and learning from initial implementation experiences will be basic to operationalizing transformation.

First, the plan will build on current strengths and initiatives. (These are described in detail in the needs assessment and resource inventory document.)

Second, again based on the needs assessment, the plan will address the priorities and needs identified by consumers and family members and the various agencies participating in the Transformation Workgroup appointed by the Governor.

Third, the plan will propose innovations through demonstration or community projects which will serve as learning experiences from which the larger promulgation of transformation initiatives can be based. Resources are limited and until innovations can reflect a return on investment that might garner greater funding and support, the innovations introduced will have to be selected judiciously so that they can be successful as transformation “wins.”

Finally, the plan highlights initiatives which have the greatest potential for movement towards transformation. The emphasis is on identifying specific populations, services and initiatives on which to build knowledge and experience to further transformation.

***The biggest barrier to transformation is the lack of a collective belief in common goals.*** This lack of common goals exists horizontally across agencies and across stakeholder groups and vertically across state and local systems. A major objective of this plan is to continue the process of shaping and defining this belief so that the benefits are perceived as “wins,” at least in some measure, by all involved.

This context establishes the approach to transformation. Three basic assumptions that drive the design of this action plan are:

1. Transformation has to occur at both state and local levels. Activities at the state level will not result in improved access or outcomes for consumers unless transformation also occurs at the local level. In large part, the role of the state-level transformation is to facilitate and support transformation at the local level.
2. Transformation is broad and encompassing, but to make any headway, especially in an environment of limited resources, actions have to necessarily be judicious and selective. Focusing on certain activities is necessary, not only so that progress towards transformation is made, but also to learn from, and inform, subsequent activities.
3. The role of consumers and family members is paramount in defining, advancing and sustaining transformation.

In summary then, the approach to transformation is that:

- Transformation is an evolving process and will take time to be embedded as a direction in the system.
- Transformation will take place by focusing on pivotal issues and opportunities
- Transformation will be a learning process requiring ongoing modifications, adjustments and refinement.
- Transformation will occur within the existing frameworks at both state and local levels.
- Transformation is not just a redefinition of target populations and services but a major shift in organizational culture across agencies at federal state and local levels.
- And transformation will be realized through the actions of partnerships among consumers, service providers and local, state and federal levels of government.

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## **Relationship of Comprehensive Plan to Community Mental Health Block Grant Plan and State Agency Strategic Plans**

The purpose of the Transformation State Incentive Grant (TSIG) Comprehensive Plan is to implement strategies that advance the achievement of the transformation vision and the President's New Freedom Commission goals. The transformation vision emphasizes a consumer-driven public health, multi-agency agenda for all Texans.

The focus of the Community Mental Health Block Grant Plan is on adults with serious mental illnesses and children with serious emotional disturbances. Direction for this plan is provided by the Mental Health Planning Council, an interagency group with broad consumer and stakeholder representation. This plan also includes interagency initiatives but the focus is on the population with the greatest need for services.

And agency strategic plans are a requirement of the Texas performance budgeting process which is the basis for budget requests and appropriations and the assessment of performance for each state agency. In many cases, agency strategic plans will drive activities and initiatives which are reflected in the federally required Community Mental Health Block Grant Plan.

At this stage, the focus of the transformation plan is on activities related to the transformation vision and agenda, with an emphasis on the development of infrastructure such as the development of consumer and family member networks, data coordination and integration, the use of new technologies, and support for community behavioral health collaboratives. It is a multi-agency enterprise.

The Community Mental Health Block Grant (CMHBG) Plan has a greater emphasis on programs and services. While there is overlap between the transformation plan and the Community Mental Health Block Grant plan, the approach to their relationship is to consider them complementary. The transformation plan emphasizes a population-based, public health approach while the CMHBG plan addresses the needs of a specific priority population.

Agency strategic plans also include interagency initiatives; many of which are the basis for transformation activities and plans. As transformation activities are operationally defined, future agency plans could include proposals that are based more explicitly on the transformation vision.

## Structure of Plan

Based on the vision and the approach to transformation, this plan presents the goals and strategies under consideration to move forward with implementing transformation. At this stage, many of these strategies are general and will be defined with more rigor and specificity over the next several months. The goals are those identified by the President's New Freedom Commission on Mental Health.

Essentially, then this plan provides areas of focus for activities and some of the specific actions that are under consideration to move forward. Many of these strategic options still need to be vetted and refined.

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## Goals of Transformation

The goals of this plan are those identified by the President's New Freedom Commission on Mental Health:

- Goal I: Americans Understand that Mental Health is Essential to Overall Health
- Goal II: Mental Health is Consumer and Family Driven
- Goal III: Disparities in Mental Health Services are Eliminated
- Goal IV: Early Mental Health Screening, Assessment, and Referral to Services are Common Practice
- Goal V: Excellent Mental Health Care is Delivered and Research is Accelerated
- Goal VI: Technology is Used to Access Mental Health Care and Information

The goals address the fragmented nature of services and the need for a functional holistic approach to the problems encountered by a person living with mental illness. Essentially, these goals attempt to move the Texas mental health system so that system can adequately address current needs and priorities in a public health framework.

In terms of driving this aspect of transformation there is recognition that a shift to a population-based, public health approach to mental health will require a reorientation of both the service delivery system and the existing organizational culture, both within and across agencies. This will require commitment on the part of different agencies and an understanding that such a shift will need to be put in a "learning framework", requiring adjustments and modifications as the initiative is implemented.

This plan is premised on the selection of key pivotal areas to advance the transformation agenda. These are identified by goal in the following sections of the plan. For each goal, the rationale for the focus and the proposed strategies are identified.

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## **GOAL I: AMERICANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH**

### **1.1: Building community health by combating stigma**

As stated in the proceedings of the Texas New Freedom Summit (2003),

“Fifty percent of people with serious mental illness are untreated. The tragic outcome of untreated mental illness is suicide. Groups most affected by stigma are older adults, ethnic and racial minorities, and people who live in rural areas – groups underrepresented among those who receive mental health services in the state. Texas must participate in the national campaign to reduce stigma.”

As the Transformation Workgroup discussed this issue, previous campaigns related to combating stigma were reviewed. Most such campaigns are sporadic, short-lived and have relatively minimal public impact in terms of public perception, response or prioritization of mental health. In the needs assessment, the issue of stigma surfaced through the experiences of consumers and of various agencies.

Local, state and international success stories related to combating stigma were cited. TWG members cited the anti-stigma campaign in Tarrant County, the states of New Jersey and Maryland, and national examples in New Zealand and Scotland. The challenge of being successful was the investment of resources in a sustained way over time.

At another level, there was discussion in terms of the stigma that exists within the service delivery of various agencies and that this too was an area in which gains could be made contributing to transformation.

Strategies related to anti-stigma are provided below.

**Strategy 1.11: To study and learn from anti-stigma efforts so as to develop an anti-stigma initiative for Texas.**

**Strategy 1.12: To develop mechanisms to assess and address stigma within service delivery system of the various TWG agencies.**

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## 1.2: Integration of health and behavioral health services.

As the President's Commission Report noted, mental health is an integral component of health. In Texas this integration has been captured in the slogan "strong mind, strong body".

Besides the numerous studies noting the linkages between general health and behavioral health, and the cost-benefits and efficiencies of such linkages, the system remains disparate. As an integral component of the Texas transformation initiative several areas are potentially ripe for exploring such linkages. These include:

- Disaster management. As the experience with Katrina and Rita indicated, the linkage between general health and behavioral health proved to be critical. Even as issues arising from the aftermath are being addressed, this linkage remains important. As preparations are made for future similar events, such as the avian flu, the incorporation of a behavioral health component to the larger disaster response will be necessary and vital.
- Integration with Family Health Initiatives. Screening for mental health issues in health programs such as WIC will be explored. Also screening in primary care settings, for all ages, including school-age children and older adults will be potential areas for action.
- Health services for Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances. Recent studies indicate that the mortality rates for adults with serious mental illnesses is 25 years lower than for the general population. That is, serious mental illness is a health hazard and from a public health perspective, requires serious attention. Also, since it is often that children with serious emotional disturbances grow to be adults with serious mental illnesses, health intervention for children with serious emotional disturbances also requires consideration.
- Coordination with Federal Qualified Health Centers. There is the potential of developing stronger linkages between community health clinics/Federal Qualified Health Centers (FQHC'S) and behavioral health providers.
- Community Health. As indications and predictors of community health are developed, the integration of behavioral health is critical.
- Electronic Health Records. As reflected in other sections of this report, as the state moves forward with the development of electronic health records the inclusion of a behavioral health component is critical. Some of the initiatives in this report related to community collaborative are initiatives where some of these areas can be implemented and refined.

**Strategy 1.21: Explore and develop operational plans and initiatives in each of the areas listed above.**

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## GOAL II: MENTAL HEALTH CARE IS CONSUMER AND FAMILY DRIVEN

### 2.1: To develop a system which is consumer and family driven

A principal goal in the President's New Freedom Commission report was that mental healthcare must be consumer and family driven, and that consumers and family members must be placed at the center of service decisions and that consumers needs, not bureaucratic requirements, must drive the services they receive.

As the report points out, today's mental health system has failed to facilitate the recovery of people with mental illness. Piecemeal approaches focusing on the introduction of specific programs, in the absence of larger shifts in underlying philosophy, have failed to have a lasting impact (Fisher, 2004).

***Key to this goal is the building of a recovery culture.*** The National Empowerment Center has proposed an empowerment model of recovery in which the expectation is that people with mental illness can completely recover by taking control of the major decisions of their lives and thereby assume (or resume) major social roles. In this model, people may continue to experience symptoms or use medication; the hallmark of recovery is the individual regaining control of her or his life and filling valued social roles.

Within the transformation context, issues arise related to the relevance of recovery to different populations (children and youth, older adults) or across agencies. However the basic premises of the recovery values, self-determination, choice, hope, strength-based cut across populations and settings. ***A fundamental tenet of transformation is that persons living with mental illnesses are people with holistic needs and that their lives should not be disrupted by policy and funding silos.***

Based on this national context and priority, the consumer and family member leadership of the Transformation Workgroup has identified several strategies through which to move towards transformation that is increasingly consumer and family member-driven.

These strategies include:

- Promotion of recovery and recovery-education.
- Building a consumer education initiative related to transformation across agencies using agency conferences, development of transformation topics materials, and the use of communications technologies such as videoconferences.
- Building stronger relationships and communication networks across consumer and family member organizations.
- Supporting the development of peer support and peer support certification programs.
- Using existing models such as the system-of-care initiative to build on partnerships with consumers and family members.

Under the leadership of the TWG consumer and family member representatives, a consumer town-hall meeting was convened at the State Capitol to identify consumer needs and start the process of building a network. This town-hall meeting included consumers from all agencies providing mental health services, not just consumers of the state mental health agency. The directions proposed above were substantiated and supported through the comments received. The meeting also identified several specific issues that will require attention both at state and local levels.

A major issue is defining “consumer and family driven”. As the President’s NFC Report proposal such a system, the actual operationalization of such a system was not addressed. This is an area that the Texas transformation initiative will need to address, especially given the broad based, population-based approach that the state is proposing to implement. Implicit in moving forward in this regard is the definition of “consumer” and “family member”.

To achieve this goal, a consumer advisory committee under the leadership of the TWG consumer and family members is proposed. Also, to support these activities, a consumer coordinator position is also proposed.

In summary, then, the strategy areas related to this goal are provided below.

**Strategy 2.11: Build a recovery culture through education and networking initiatives at the state and local levels.**

**Strategy 2.12: Build improved education, networking and information exchange opportunities for consumers, family members and their organizations.**

**Strategy 2.13: Initiate a state-level effort to implement peer support programs across the state.**

**Strategy 2.14: Explore partnership models with consumers and family members at state and local levels.**

## **GOAL III: DISPARITIES IN MENTAL HEALTH SERVICES ARE ELIMINATED**

### **3.1: Coordinate the assessment and reduction of racial/ethnic disparities across agencies.**

Within a transformation context, the issue of disparities is linked not only across agencies but across generations. Data analyses within the Texas system suggest that persons receiving inadequate mental health care over time are likely to be increasingly involved with the justice system (for both adults and youth) and that the children of adults involved in the criminal justice system have a higher probability of being involved in the child welfare system and that being involved in the child welfare system increases the chances of being involved in the juvenile justice system, and that those in the juvenile justice system are more likely to be involved in the adult criminal justice system. That is, there is a vicious cycle that perpetuates itself across agencies and across generations. Disparities along race/ethnicity lines are part of this cycle.

The Transformation Workgroup recognized these linkages across agencies related to disparities, especially in terms of the impact on communities of color. Each agency has its own initiatives in this regard: a major challenge was establishing uniform and consistent metrics to address the issue of disparities in a concerted fashion. A major objective was to identify these individual initiatives, examine the potential for collaboration, and to develop some metrics that could be used across agencies.

**Strategy 3.11: Identify key state agency initiatives related to the reduction of disparities and opportunities for collaboration.**

**Strategy 3.12: Develop and implement metrics related to reduction of disparities across agencies.**

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### **3.2: Develop infrastructure and models related to improved access and quality of care in rural areas.**

The needs assessment had a unanimous finding: the lack of adequate services and human resources in rural areas. In many counties, access to mental health professionals was difficult; recruitment and retention of mental health professionals is an ongoing problem; in many areas, transportation for consumers and family members is an issue. Consumers, advocates and state agency representatives were consistent in this regard.

Many of the other goals of this plan are targeted at building models and developing initiatives in rural areas. The use of new technologies (Goal 6) is of special relevance where the potential of telemedicine will be explored. Similarly, the availability of evidence-based practices and workforce development initiatives will also have a special focus on initiatives for rural areas. And, as transformation at the local level is addressed, at least one of the community behavioral health collaboratives that are proposed will have a rural focus.

**Strategy 3.21: Use telemedicine and new technologies to increase access and quality of behavioral healthcare in rural areas.**

**Strategy 3.22: Explore initiatives related to workforce development that address shortages of mental health professionals in rural areas.**

**Strategy 3.23: Establish community behavioral health collaboratives in rural areas as a prototype for development of infrastructure related to behavioral health services in rural areas.**

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## **GOAL IV: EARLY MENTAL HEALTH SCREENING, ASSESSMENT AND REFERRAL TO SERVICES ARE COMMON PRACTICES**

### **4.1: To develop the mental health system for *all* Texans**

Historically, the public mental health system in Texas – as in the rest of the country – has been equated with the system funded by or under the purview of the state mental health authority. As the President’s Commission on Mental Health report pointed out, this misconception is at the heart of the fragmentation of the public mental health system: large segments of mental health services and funding come under the purview of other state agencies such as those responsible for criminal justice, child welfare, education, rehabilitation, health, juvenile justice and geriatric services. As the focus of mental health system evolution shifts to tackle such fragmentation, a public health, population-based approach is needed.

As the Transformation Workgroup identified areas of mutual interest across agencies several target populations were proposed, including:

- Children 0 -6
- Children/adolescents involved with the justice system.
- Adults involved with the justice system
- Rural populations
- Returning veterans and their families
- Older adults

As the TWG debated the focus, the consensus that emerged is that the populations of interest should be defined so that all agencies had a stake in the priority populations identified for transformation. This idea did not preclude the identification of specific populations. The concern was that if a specific population was selected, this would lessen the participation and interest of some agencies.

Based on this discussion, the TWG proposed two populations of interest:

- Children/adolescents and their families who needed, or are at high risk of needing, mental health services and
- Adults and their families who needed, or are at high risk of needing, mental health services

Under the proposed transformation initiative a major shift is a focus on early intervention, both in the lifespan and in the course of illness. This necessarily place a priority on interventions early in life – that is interventions for pre-school and school-age children and interventions early in the possibility of having a diagnosis – for example, returning vets at risk of PTSD – or early in the course of treatment – for example, receiving mental health screenings in primary care settings receiving appropriate crisis services etc.

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Other populations identified were families/children involved in the child welfare system, adolescents transitioning to adult services, and children exiting the child welfare system as adults.

Early interventions in school settings emerged as a priority. This is consistent with findings at a national level which report that school administrators believe that the need for mental health services is increasing.

In the national study, just under one-third of school districts use school or district-based staff exclusively, over half of all schools providing services had some type of formal arrangement with outside MH providers in addition to or in lieu of in-house services. The most commonly designated MH provider was the guidance or school counselor, an individual who may or may not have any specialized mental health support training. Almost 70% of the schools met their mental health needs via a school nurse – individuals not necessarily trained for Mental Health work (Alt Associates, 2006).

There is no well defined picture of the situation in Texas as to this population, pointing to a need to define the current status and needs of such populations.

To formulate a plan and a focus for these populations, the TWG has created two subcommittees, one for children/adolescents and another for adults. Each agency will have representatives on one or both subcommittees. The charge to these committees is to define an actionable agenda to move forward with identifying and addressing the needs of these populations at the state level so that (1) coordination can occur across agencies at the state level and (2) the TWG can develop guidance and support for initiatives for these populations at the local level.

### **Returning Veterans and their Families**

Emerging data suggest that one-third of returning veterans have mental health conditions requiring treatment. For many, these disorders are post-traumatic stress disorder, depression or anxiety. For some veterans, these disorders predate tours of duty in Iraq or Afghanistan; for others, these disorders are a direct result of their experiences in the war zone. Still others have substance abuse conditions and disabilities from severe wounds and injuries. Many have combinations of these problems.

***Beyond the experiences of the returning veterans themselves is the impact on their children and family members.*** The absence, the problems of readjustment, the mental health and substance abuse problems, have a direct impact on the children and family members resulting in a cascading, growing incidence of problems.

In many cases, returning veterans are rotated back to Iraq or Afghanistan in relatively short cycles because of manpower demands. Time for adjustment and reentry are limited and in many cases, insufficient. Also as reported in the needs assessment section, many of these problems do not evince themselves immediately but only surface after a period of time post-return. In some

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cases, before returning veterans have had an opportunity to address emerging problems, they are back on duty and these additional demands, exacerbate rather than relieve the problem.

The Veteran's Health Administration is committed to the goals of mental health transformation identified by the President's New Freedom Commission and, in the Texas context, has committed to working with the TSIG initiative so that issues related to the broader transformation goals identified in this plan can be tested, implemented and refined with this population so that the goals can then be disseminated to other populations. These activities will build on the strengths of current activities already in place: the establishment of a VA Center for Excellence for PTSD in Waco, the interagency activities in place across the VHA and the Texas Department of Health Services, the Texas Department of Criminal Justice, and the Texas Department of Family and Child Protective Services, and the work of the Texas Veteran's Commission.

In 2006, Congress instructed the Department of Veteran Affairs to designate three Centers of Excellence to focus on mental health/PTSD needs, one of which was established at Waco, Texas. The Central Texas VA Health Care System, with Texas A & M University School of Medicine, its primary academic affiliate, and those of nearby Fort Hood, will comprise this Center. The primary theme of its activities will be on rehabilitation and recovery from stress disorders and other mental illnesses.

Besides this Center, recent meetings with large technological companies, has resulted in a commitment of resources to support behavioral health initiatives related to returning veterans and their families.

The major themes that this plan intends to address are well-represented in the activities of this population:

- Integration of health with behavioral health services
- The application of new technologies and data systems
- Early detection and intervention
- The implementation of evidence-based practices
- A focus on addressing issues of housing, employment and social support for returning veterans and their families
- Integration with community life and organizations

In this sense, the objectives for this population serve as a crucible and a testing ground for the large transformation initiative. Not only will this specific focus serve as a basis for collaborative initiatives across agencies at the state level but will also, more specifically serve as the basis for participation and coordination with the behavioral health community collaboratives (which are addressed in another section of this plan) being established at the local community level. The Veteran's Health Administration also has provided national leadership in the implementation of electronic health records, telemedicine, and the implementation of evidence-based practices, and this focus will also allow the transformation initiative to capitalize on the transfer of knowledge related to these technologies.

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**Strategy 4.11:** To develop a collaborative initiative among the Veteran’s Health Administration, the Texas Veteran’s Commission, the Department of State Health Services, and other agencies with the objective of early detection and intervention for returning veterans and their families. This could involve the development of appropriate screening instruments; coordination among several state agencies; and transfer of technology initiatives from the VA to the state agencies.

### **Children/Adolescents in pre-school and school settings.**

From the needs assessment component related to agency plans and interviews with the executive staff of the child-serving agencies, there was a consensus that many of the demands placed on their systems could be alleviated by early detection and strategies in pre-school and school settings. The focus of transformation activities on this population was considered to have high potential pay-offs in terms of societal goals of improving education outcomes and reducing the involvement of youth with the juvenile probation and juvenile justice systems.

*Most children and adolescents who receive mental healthcare get it through their schools, not from primary medical or specialty mental healthcare providers.* As pointed out in an earlier section, there is no uniform approach or standard staffing or resources to deliver such services. In a national survey, 13 percent of schools reported providing no mental health services, one-third use school or district based staff and others contract with community-based programs.

A review of research on school based mental health services published between 1985 and 1999 found that although there is a subset of strong programs that have evidence of their effectiveness, most school based programs have no evidence to support their impact, and no programs targeted to specific clinical syndromes such as anxiety, ADHD, and depression. This same study noted that precisely what is provided by schools under the rubric of mental health services and whether these services are effective is largely unknown (Rones and Hoagwood, 2000).

In a more recent survey of school districts (Abt Associates, 2006), social, interpersonal, or family problems were identified as the most frequent type of MH for both girls and boys. For males, aggression or disruptive behaviors and problems associated with neurological disorders were the second and third most-identified problems; for females, anxiety and adjustment issues were the most-cited problems. As school level increased, depression and substance use/abuse were increasingly reported for both girls and boys. At the same time, less than half of all schools provide any substance abuse counseling: survey respondents identified it as a “very different” service to deliver. Similarly while high schools reported that substance abuse was the most frequent problem for boys, less than 4 percent of high schools have a substance abuse counselor.

Survey respondents identified the financial constraints of families along with insufficient school and community-based resources as key barriers to the delivery of needed mental healthcare in schools. More than 40 percent of school districts access Medicaid as a source of funding for mental health programs. Financing for school-based MH services came from multiple streams,

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with the Individuals with Disabilities Education Act (IDEA) cited most often as the primary funding source.

Experts on school-based mental health services note that: (1) schools should not be viewed responsible for meeting all mental health needs of their students (in some cases they are already overburdened with demands that should be addressed elsewhere); and (2) connections between school-based mental health services and substance-use treatment services are nonexistent or tenuous (Institute of Medicine, 2006).

These national findings have potential implications for the Texas transformation initiative. The Texas education system is already implementing several activities to address these issues. They include: the development of a “school climate” within which there is the establishment of a continuous process of evaluation that cover behaviors which are potential barriers to learning; the implementation of a Texas collaborative on emotional development in schools; that has a focus on addressing the role of the broader community in supporting children/adolescents.

At the same time, there are experiences in the Texas system to inform school-based and early intervention initiatives. The Texas Children’s Mental Health Plan funded a 0-3 prevention program, an ECI – substance abuse program for pregnant/new mothers and their children, and school-based mental health services. Over time, there was an attrition of these programs but there are “lessons learned” that can be applied to the proposed initiative. Also, the activities and infrastructure developed for early childhood intervention is potentially key for proposed transformation initiatives.

Currently, the state is implementing an adolescent screening program that has tremendous potential for informing the transformation initiative.

Another set of initiatives that informs transformation activities for this population are based on the system-of-care approach promoted by SAMHSA. The SAMHSA program has funded four Texas communities, and the Texas Integrated Funding initiative has also funded four communities (with possible expansion to 8 or 10 communities). Materials developed by TIFI committees related to core competencies and financing will also be a useful basis for proposed activities.

Some of the strategy areas considered for this population are listed below.

**Strategy 4.12: Assess the current situation in Texas on the availability, linkages with the community, and financing for school-based mental health services.**

**Strategy 4.13: Develop linkages between the community collaboratives proposed under the transformation initiatives with the education collaboratives. (In some cases, depending on the priorities of a community, the education collaborative could serve as the community behavioral health collaborative.)**

**Strategy 4.14: Build on current initiatives related to early childhood intervention, SAMHSA – supported systems of care projects, and the Texas Integrated Funding**

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**Initiative related to the objective of building a population-based, early intervention approach for children/adolescents.**

**Older Adults**

Approximately one-in-five older adults in primary care have clinically significant mental health problems and even higher rates are found among older adults who are medically hospitalized or reside in a nursing home. Late life mental health problems are associated with poorer functioning, diminished quality of life, worse health status, and increased disability and mortality.

Depression is one of the most common mental health problems in older adults. A variety of medical disorders place older adults at increased risk for developing depression, including hip fracture, heart attack, cancer, arthritis, congestive heart failure, and chronic pulmonary obstructive disease. Similarly, untreated depression can increase the risk of developing various mental illnesses, including having a heart attack. Untreated depression is also associated with worse health outcomes.

Depression among older adults is also associated with increased health care costs: older adults with major depression have total health costs that are approximately 50 percent higher than those without depression. Late life depression is also associated with larger hospital stays and with admission to nursing homes.

In this sense, mental health interventions for older adults is essentially a prevention/early intervention health service. For example, a study of older adults hospitalized with a hip fracture found that those who received psychiatric consultation services resulted in substantial cost reductions.

**Strategy 4.15: To explore implementation of evidence-based practices for older adults requiring behavioral health services through both state-level and local initiatives.**

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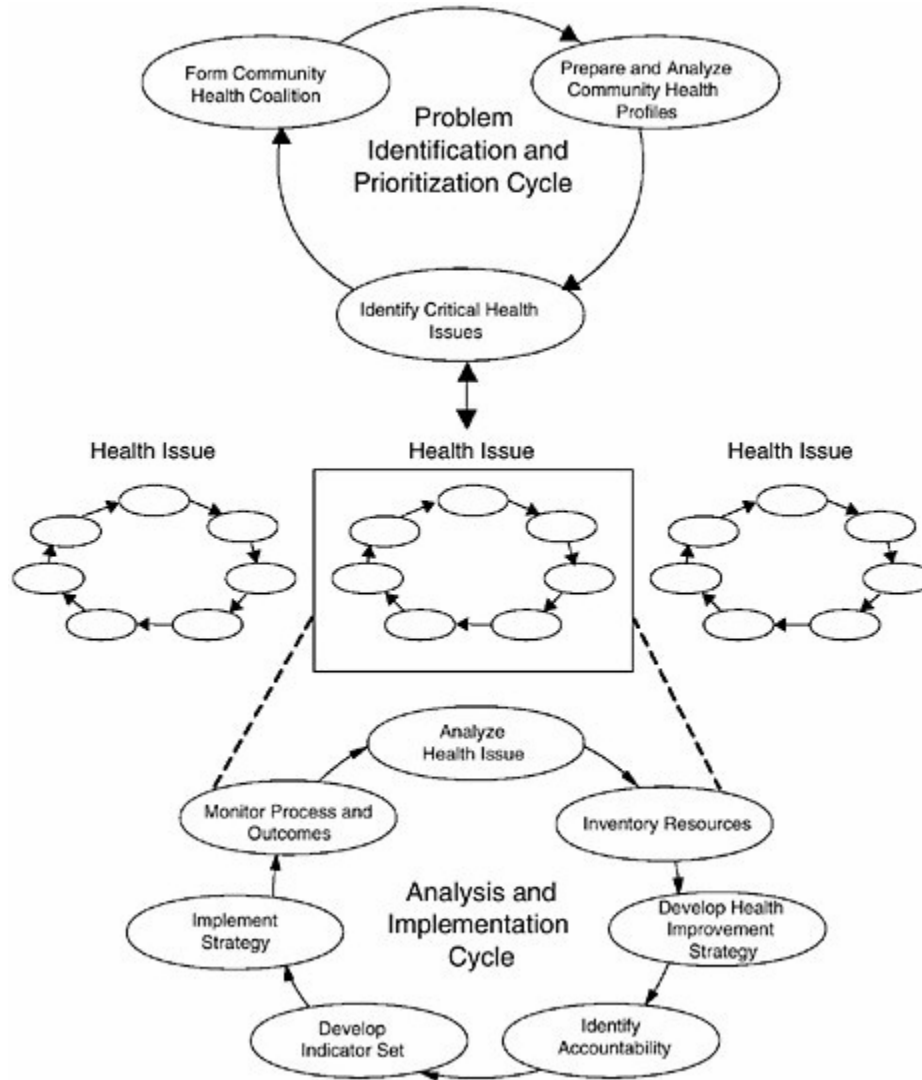
## **4.2: To develop a mental health system which is seamless and has “no wrong door”**

While the previous goal pushes the objective of transformation related to a population-based approach, this goal emphasizes the interconnectivity and interoperability across agencies, both at the state and local levels. The fragmentation of the mental health system and the “silos” that currently exists are the issues addressed by this goal. At the state level, this involves the coordination of policy and standards and requirements that is the responsibility of each agency; at the local community level, this requires collaboration and coordination among local, service delivery agencies. A major driver for such coordination is the need for a “seamless” system so that it is responsive to the range of needs of consumers and family members.

Again, there are several initiatives identified in the needs assessment and resource inventory related to service delivery and data exchanges on which to build state-level initiatives. At the state level, programmatic opportunities for such coordination are related to adults and youth who are justice-involved. The other area that emerged consistently in the needs assessment, that required emphasis and focus were services in rural areas. (Note that these areas also involve initiatives related to data, workforce development, and the use of new technologies related to telemedicine addressed in other parts of the plan.)

At the same time, there is recognition in the Texas approach that transformation is a “top down, bottom up” approach that transformation has to be driven by, and affect, both these levels to be meaningful and sustained, local community behavioral health collaboratives are proposed as a critical component to address fragmentation and the silo mentality at the community level.

Through a contract with Texas Health Institute, (THI), transformation activities will include the development of such community behavioral health collaboratives. The Texas Health Institute has developed similar collaboratives related to health services, using the Community Health Improvement Process (CHIP) in the 1997 IOM report “Improving Health in the Community: A Role for Performance Monitoring”, depicted in the figure below.



**Fig 1: Community Collaborative Development**

*Source:* Institute of Medicine (IOM). Improving Health in the Community. Washington, DC: National Academy Press, 1997

A basic premise of this approach is the development of a strong commitment by broad based community leadership and the empowerment of the community to address high priority needs through collaborations among agencies that have previously had limited or no working relationships.

In the development of health collaboratives, THI has provided leadership, facilitation, training and education to communities; analyzed issues and their impact on individuals and their communities; hosted policy forums; and provided consultation in building consensus among

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stakeholders at every level. As such, the THI essentially helps a community build up and sustain collaboratives, using a variety of tools as needed. These include: asset mapping, coalition building, collaborative design, leadership training, strategic planning and technical assistance.

Even prior to the transformation initiative, THI has started the process of working with certain specific communities on developing behavioral health collaboratives. Building on this experience, transformation activities will include the development of six local community behavioral health collaboratives. These collaboratives will be selected through a Request for Application process that will identify communities that have an interest in participating in this community behavioral health collaborative initiative and that meet specific criteria. It is envisioned that these collaboratives will cover a range of settings including geographic, cultural and demographic diversity.

The process will involve selection of the communities, identifying the needs and priorities that a community wants to address through a local community behavioral health collaborative process, monitoring and supporting the collaborative, making refinements and modifications to accommodate barriers and problems that arise.

Essentially, this community behavioral health collaborative initiative will be a critical learning experience for transformation that will serve as a model for expansion to other communities. Over the course of the five year grant, besides implementing these collaboratives in specific sites, a technical assistance and support capacity will also be developed so as to disseminate and support these activities over time.

**Strategy 4.21: To develop six community behavioral health collaboratives within the state so that they can serve as a prototype for statewide transformation.**

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## **GOAL V: EXCELLENT MENTAL HEALTH CARE SYSTEM IS DELIVERED**

### **5.1: To develop a state-of-the-art system which has high quality services, consistent with high standards, regulations and reporting requirements across agencies.**

A major concern noted in both the Surgeon General's Report on Mental Health and the President's New Commission Report was the lag time between what is known through research and the implementation of effective programs and services in actual practice. Even when implementation does occur, it is often limited to demonstration sites or proves to be difficult to sustain over time. Increasingly, infrastructure issues related to training/workforce development, integration with existing services and programs, data and financing are factors which affect the implementation status of effective practices.

Texas requires that services provided through the state mental health authority (Department of State Health Services) have an evidence base and the Resilience and Disease Management System is a response to this mandate. This model proposes different levels of services for persons at different levels of need. Based on this model, a particular funding level defines the number of persons who can receive services with the resources available.

However, in the context of transformation, this approach is limited because of the focus of the state mental health authority on adults with serious mental illnesses and children with serious emotional disturbances.

As the emphasis shifts to a population-based public health initiative, the populations receiving services, the services themselves, and the agencies involved are a broader expanded set. The implication of this is that evidence-based practices such as those identified by SAMHSA'S current toolkits that target adults with serious mental illnesses will not suffice. Evidence based services related to prevention and early intervention, to persons receiving services in primary care, school and justice-related settings and to consumer-run services are needed.

Fortunately, SAMHSA'S second generation activities related to implementation kits take this broader perspective and are targeted areas such as older adults with depression, children with disruptive behaviors, consumer-run programs, supported housing and mental health promotion. These areas dovetail nicely with the Texas transformation agenda and these resources will be explored to support the states effort.

Another challenge is the different perspectives on evidence-based practices by the various agencies involved with the transformation initiative in Texas. As the TWG subcommittees are convened, this is an issue that will need to be broached and resolved.

A significant impediment to promulgating evidence-based practices is that lack of an adequate training/workforce development infrastructure, both in terms of the current workforce and the pre-service workforce. That is, any training/workforce development initiative will need two

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components: the first would target building up competencies in the existing workforce, the second would target professionals in the “pipeline” receiving training and education at universities and community colleges. Many states have moved forward on this front by developing training institutes or “centers of excellence” and by building strong collaborations with universities and other institutions of higher learning. Strategies to develop an approach to workforce development and training, is addressed in the next section.

Some specific areas to advance this goal are the coordination of the delivery of evidence-based services, services targeted at the integration of health and behavioral health services, and the redesign of crisis services.

#### Coordination of evidence-based services.

Currently each state agency has its own individual approach to the delivery of evidence-based or promising behavioral health services. It is not clear whether definitions and standards are consistent for such services. Also, as noted above, the range of services that are “evidence-based” need to be expanded to address the boarder population and the expanded range of services envisioned in the Texas transformation effort. As implementation workgroups are formed, this will be a specific area that they will address.

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## **5.2: To develop a workforce training infrastructure that supports providers of care**

Training and workforce development were identified as a critical area requiring urgent attention by most of the agencies in Texas involved in the delivery of mental health services. Data presented in the needs assessment also reflected that manpower projections for mental health professionals such as psychiatrists, nurses and social workers in the pipeline would not be adequate to meet the demands of population growth and changing demographics in the state. While the need for workforce development was unambiguous and clearly identified, solutions were relatively nebulous and intractable. However, there are several initiatives currently occurring within the state related to workforce development and training, models are emerging in other parts of the country, and activities under the transformation rubric have uncovered some opportunities and could help contribute to advances in building the needed infrastructure.

### Some of the key issues identified are:

- The lack of an adequate professional workforce to address the mental health needs of special populations such as children and youth and older adults. In Texas, as in the rest of the country, this lack was more acute in rural areas. In some parts of the state, university sponsored stipends and scholarships to address this need have been developed but the response has been relatively poor.
- University and community college programs are not preparing graduates for the realities of practice. They are also not addressing emerging practices and concepts such as evidence-based practices, cultural competence and recovery. This lack of congruence between the training being provided and the training that is needed is worsening.
- Primary care physicians and professionals are inadequately trained to screen, detect or address mental health problems.
- Human service professionals and others who have to help or provide services to persons with mental illness (law enforcement, child welfare, teachers) lack adequate training related to mental illness, their treatment and expectations in terms of behaviors and responses.

These themes recurred in issues reported by various state agencies and were reinforced by a recent workshop on workforce development convened by the Hogg Foundation. Five broad areas were identified, education and training; recruitment and retention; cultural and linguistic diversity; “prosumers” and paraprofessionals and continuing education.

Some of the recommendations that emerged from the workshop included:

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- Better use of community colleges and universities
  - Use of properly trained mid-level providers (nurse practitioners and physician assistants) to provide basic levels of behavioral health. (This would require legislation)
  - Support for consumers and family members to train professionals
  - Use technologies such as distance learning
  - Provide credentialing and curriculum development for front-line mental health workers
  - Support a rural workforce development initiative
  - Recognition of consumers and family members in the workforce
  - Providing incentives to attract and retain talented individuals to the mental health work place
  - Coordinate with accreditation and licensing entities to incorporate a behavioral health component in requirements.

Based on the needs assessment and this context, strategy areas to achieve this goal are:

**Strategy 5.21: Develop collaborations with universities and community colleges.**

**Strategy 5.22: Work with licensing/credentialing bodies and Texas Higher Education Coordinating Council to address curriculum requirements.**

**Strategy 5.23: Facilitate the credentialing and employment of consumers and family members in the workforce.**

**Strategy 5.24: Address rural workforce development needs through the use of telehealth and other technologies.**

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### **5.3: To develop a comprehensive array of services for persons experiencing a mental health and/or substance abuse crisis.**

#### **Crisis Services Redesign**

As the needs assessment, the state has moved forward with a major initiative to develop recommendation for a comprehensive array of specific services for persons experiencing a mental health and/or substance abuse crisis.

In the report title “Crisis Services Redesign”, the most essential element of the service array is immediate availability of crisis services. If such services are not available, persons could hurt themselves or others, could be hurt by others, or could end up in jail or homeless. Crisis services are frequently the gateway to ongoing mental health services, and the experience with crisis services often determines whether a person stays in services and their attitude to the system.

The report recommends that the following services should be core components of a crisis response system:

- Crisis hotline services
- Extended observation services (23 to 48 hours)
- Crisis outpatient services
- Residential services (crisis/respice)
- Mobile outreach
- Crisis intervention team

The report also notes special issues related to the provision of crisis services in rural areas.

As the state moves forward with funding crisis services, the relationship of such services to the work of community collaboratives and state agency collaborations will need to be developed. The impact of these services could be profound and will need to be monitored.

**Strategy 5.31: To develop connections between the community collaboratives initiative and crisis redesign so that these are regarded as an integrated effort to move forward with community collaboration and integration.**

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#### **5.4: To develop an interagency housing initiative to serve mental health populations and investigate their rates of success and service satisfaction as it relates to consumer standards.**

##### **Housing**

The Consumer Town Hall meeting yielded evidence that mental health consumers and their family members have major concerns regarding the availability of housing, transitional and traditional, that is both safe and affordable. TDHCA has made a commitment to investigate these consumer concerns and work closely with other agencies in a subcommittee of the workgroup – “Interagency Housing Partnership”.

The key to this goal is to make a comprehensive study of the existing housing programs and their delivery mechanisms, while focusing on any regulatory facets of policy which create barriers and may even make certain populations ineligible to benefit from various housing opportunities. In the context of mental health transformation, we believe that housing is a rudimentary to a consumer’s life and has a tremendous impact on successful treatment outcomes. Particularly in terms of crisis housing, we want to be certain that the funds and venues are in the best location for the consumers that have the greatest need.

These strategies include:

**Strategy 5.41: Evaluating the overall perspective of consumers, including children and adults, to determine what programs are serving the greatest number of the greatest need.**

**Strategy 5.42: Working to establish a better understanding of crisis housing that exists, and how it can be modified to work more closely with treatment phases.**

**Strategy 5.43: Increasing collaboration between all state and local agencies so that consumers will not find a “wrong door” as they seek out care and services.**

**Strategy 5.44: Discourage the segregation or alienation of persons with mental health needs and their families by evaluating housing situations with the hopes of creating peer support and awareness through the community.**

Stakeholders and state agencies that will be a part of the Interagency Housing Partnership will include TDHCA, HHSC, DARS, DADS, TDCJ, CTVHCS and DFPS – with the distinct possibility that other agencies will be added as the Partnership moves forward and highlights areas of need.

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## **5.5: To develop an interagency initiative to increase employment opportunities, incentives and supports for persons with mental illness.**

### **Employment**

The desire to work and be gainfully employed is a high priority for mental health consumers. This was a repeated and consistent theme at the Consumer Voice Town Hall Meeting at the State Capitol. This was also a high priority that emerged in the needs assessment activities related to agency strategic plans and interviews with key agency executive staff. Employment is cited as critical to recovery and integration with the community.

Nationally, it is estimated that 75-85 percent of people with psychiatric disabilities are unemployed. A major factor preventing those with psychiatric disabilities from gaining successful employment is the fear of loss of benefits and insurance. The Social Security Administration has a variety of mechanisms to help persons with disabilities return to work without dire consequences. These mechanisms need to be more fully explored and implemented.

Some of these mechanisms involve education regarding what is allowable for SSI and Medicaid recipients. Also, with certain benefits, such as the 1619b benefit, consumers may retain their Medicaid insurance and earn up to \$24,000 per year. Also, recently, Texas has approved a Medicaid buy-in plan that allows persons with disabilities to purchase Medicaid insurance until they earn approximately \$42,000 per year. Similarly, there are opportunities related to the use of the Individual Development Account process, which can facilitate obtaining housing and employment.

Evidence of the effectiveness of supported employment programs has also helped promote the implementation of employment for persons with mental illness. Such programs can also facilitate the objective of helping consumers achieve their employment objectives.

**Strategy 5.51: Explore opportunities for increasing employment opportunities, incentives and supports for persons with mental illness across agencies.**

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## **5.6: To develop public-private partnerships with employers in the state.**

In December 2005, the National Business Group on Health (Business Group) released a report entitled, *An Employer's Guide to Behavioral Health Services*. The *Guide* provides employers with a roadmap for evaluating, designing, and implementing behavioral health programs and services. The *Guide* is comprehensive in that it addresses healthcare benefit plans, disability management, employee assistance programs, and health promotion/wellness programs.

Although the *Guide* provides specific recommendations for delivery of services through these programs, benefit managers and other decision-makers need to develop the skills necessary for addressing behavioral health benefits, both healthcare and disability, selecting and managing vendors, and designing and implementing worksite programs and services that provide behavioral health services.

As stated in the *Guide*:

Employers understand that behavioral health benefits are essential components of healthcare benefits. Over the past few decades, employers have tried to improve the delivery of behavioral healthcare services in a number of ways. Despite important progress, employers' current approaches to managing cost and quality are insufficient. Standardized and integrated programs addressing the delivery of behavioral healthcare services remain rare. And unfortunately, it is not customary for employers to integrate behavioral health benefits offered through the health plan with behavioral health benefits through disability management, employee assistance, or health promotions programs. The result is that employer-sponsored behavioral benefits are fragmented, uncoordinated, duplicative, and uneven in terms of access and quality.

Texas will be working with the Business Group to develop an employer-based initiative. The Business Group recommends two approaches to assist employers gain the skills and knowledge needed for developing and maintaining quality behavioral services.

1. The Business Group recommends that a one-day conference be conducted with Texas-based companies to:
  - a. Present and discuss the findings and recommendations presented in the *Guide*. The objective of this conference is to assist employers in developing a deeper understanding of the behavioral health issues affecting their employees and their respective business operations.
  - b. Introduce behavioral health services recommended in the *Guide* that are traditionally offered by public sector providers. The services include inpatient programs for the seriously ill, therapeutic foster homes, therapeutic nursery, and programs of assertive community treatment. Generally, employers are unaware of public sector programs and need to be informed of their clinical and economic value.
  - c. Identify a potential demonstration partner for implementing the *Guide's* recommendation. The processes developed from implementing the *Guide's*

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recommendations in this demonstration could serve as a model for other employers.

2. The Business Group recommends that an Advisory Board, comprised of representatives from member companies and state behavioral health leaders, be assembled to assist the demonstration partner for implementing the Guide's recommendations.
  - a. Establish the Advisory Board, Business Group staff would work with you, or your designee, to identify appropriate Advisory Board members from member companies and the state mental health staff.
  - b. Develop the Advisory Board's charter that defines goals, objectives, and role of individual members.

Business Group staff will work with the Advisory Board to establish the initial activities to guide the demonstration project.

**Strategy 5.61: A one-day meeting with Business Group employer-members to discuss the findings and recommendation of the *Guide*. Henry Harbin, MD, a healthcare benefits expert and Ron Finch, Ed.D, will lead the discussion.**

**Strategy 5.62: A one-day meeting with Business Group members and state mental health officials to establish an Advisory Board to guide the implementation of the Guide's recommendations. An Advisory Board Charter will be developed to guide its functions. A Gantt chart of initial demonstration project activities will also be developed.**

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## **GOAL VI: TECHNOLOGY IS USED TO ACCESS MENTAL HEALTH CARE AND INFORMATION**

### **6.1: To use state-of-the-art technology in the delivery and coordination of care, including inter-agency data-sharing capacity, use of telemedicine, instant messaging, web-based systems and electronic health records.**

Information Technology is a linchpin of the proposed transformation. In the transformed mental health system in Texas, information technology will be used to identify shared clients, track outcomes, and facilitate collaborative planning across service systems. Again, as identified in the needs assessment and resource inventory, there are several initiatives already underway which can be the bases for future activities. Also, this area of data coordinating and sharing was identified as a high priority by several state agencies. Web based technologies that have been refined and tested for behavioral health services could potentially be modified for application to a broader set of agencies.

The transformation workgroup has created a data and technology coordination subcommittee to develop operational priorities and guidance for such activities. At the state level, the data-sharing projects that have been implemented or are currently underway provide a platform on which to build these activities. For example, currently there is an initiative to share data across the Department of State Health Services and the Department of Criminal Justice; similarly there are initiatives for youth in which data is shared across the Department of Juvenile Probation and the Department of Family and Protective Services.

At the state level there is also a committee to participate in a national SAMHSA initiative to obtain behavioral health data across agencies being coordinated by the NASMHPD Research Institute in which Texas will be participating. This will allow for standardized protocols and instruments for obtaining data across agencies.

While such initiatives are useful for planning and evaluation, they are relatively limited in terms of informing and improving care. Initiatives related to data and information exchange are also needed at the local community service-delivery level in real time. The transformation initiative is committed to exploring opportunities for projects related to information systems and technology implementation through the community collaborative component described in other sections of the plan. As community collaboratives are created and start functioning, they will be supported by the transformation initiative to explore various options related to data exchange and new technologies such as instant messaging and videoconferencing to enhance their efforts.

On the information technology front, there was broad recognition across agencies that behavioral health needed to have more of a presence related to the development of electronic health records to ensure that the needs from a behavioral health perspective were adequately represented and addressed. In the 79<sup>th</sup> session of the Texas Legislative, Senate Bill 45 directed the Texas Health Information Technology Advisory Committee (HITAC) of the State Health Coordinating

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Council (SHCC) to develop a long-range plan which has recently been published as a report titled, The Road Map for the Mobilization of Electronic Healthcare Information in Texas.

The rationale for this initiative is the growing consensus that the healthcare system of the future will be supported by an infrastructure made up of ubiquitous, interoperable, electronic health records composed of structured data elements, and a secure network to support the exchange of health information among providers and patients, regardless of location. Activities related to the development of electronic health records are already proceeding at a rapid rate at federal, state and local levels. As the report points out, mobilizing health information electronically has the potential to improve the quality and safety of healthcare by providing ready access to clinical data at the point of care and by reducing administrative costs and duplicative testing.

Clearly, as the recommendations of this report are implemented, there is a need to ensure that as standards and data content requirements are established, behavioral health needs are adequately addressed.

In summary, the strategies that will be explored to advance the development of the information technology and data coordination/exchange infrastructure include:

**Strategy 6.11: Develop mechanisms for data coordination and exchange across agencies at the state level.**

**Strategy 6.12: Participate in the federal SAMHSA initiative for obtaining behavioral health data across agencies using standardized protocols and instruments.**

**Strategy 6.13: Support the use of new technologies and implementation of data and information exchange mechanisms at the local community level through the community collaborative component of transformation activities.**

**Strategy 6.14: Develop recommendations for and participate in federal and state-level initiatives to ensure that behavioral health services are adequately reflected in EHR initiatives.**

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## Monitoring and Evaluating Transformation

Key to the transformation effort is the need to track progress and evaluate its impact. Several strands of activity will occur in this regard. Grant requirements include an evaluation plan, the development and reporting of Government Performance Results Act (GPRA) measures, and the reporting of SAMHSA'S National Outcomes Measures (NOM'S). As specific initiatives are implemented, monitoring the achievement of goals and projected outcomes will be an integral component. Also, SAMHSA will be conducting a cross-site evaluation in which the state will participate.

The evaluation plan and the specifications of GPRA measures will occur after this plan is formally approved by SAMHSA.

The evaluation of the Texas Mental Health Transformation project is to be carried out by the Center for Health and Social Policy at the LBJ School of Public Affairs, The University of Texas. The independent evaluation team, consisting of four faculty members, a project coordinator, and a team of graduate students, will formulate detailed plans of evaluation as strategies adopted by the TWG are operationalized with greater specificity.

Some of the features of the initial conceptual design include:

- A focus on business processes, including the internal workflow of agencies, the relationships among agencies, information flow, and the roles of consumers and family members
- Consumers and family member experiences
- Outcome indicators related to plan strategies
- Measures related to infrastructural components of transformation, including those related to organizational culture.

The purpose of the evaluation is to inform the transformation process as it evolves. While there will be information at the end of the project regarding achievements and progress made, the primary thrust of the evaluation is formulate rather than summative. That is, the utility of the evaluation component is in providing feedback to the transformation effort rather than assessing what happened at the end of the five year project.