

ABSTRACT

Texas Mental Health System Transformation

The state of Texas has developed a proposal for Mental Health System Transformation that will result in an ongoing, comprehensive interagency process for planning and implementation to provide mental health promotion, prevention, and treatment services that will ultimately accomplish all of the New Freedom Commissions' goals.

The Governor has designated a broad-based interagency Transformation Working Group (TWG). Members of the TWG are executive level staff from twelve state agencies including: The Texas Health and Human Services Commission (Medicaid); The Texas Department of State Health Services (Public Health, Mental Health and Substance Abuse); The Texas Department of Family and Protective Services (Child and Adult Welfare); The Texas Criminal Justice Department (Criminal Justice); The Texas Juvenile Probation Commission (Juvenile Justice); and, The Texas Youth Commission (Juvenile Justice-Facilities).

Consumers and family members have also been designated as have State Legislators. In addition, to the above agencies, Governor Perry has designated seven additional agencies as participants on the TWG. The TWG will develop a Comprehensive Mental Health Plan (CMHP) and serve as project and system oversight capacity into the future (beyond grant funding).

Executive level staff at the Department of State Health Services (DSHS) will provide project leadership. DSHS serves Texas as the public health, mental health and substance abuse authority. Commissioner Eduardo Sanchez will convene the group and Deputy Commissioner Dave Wanser will serve as chair of the TWG.

The project is intended to promote transformation of the Texas mental health system to build a solid foundation for delivering evidence-based mental health and related services, foster recovery, improve quality of life, and meet the multiple needs of mental health consumers across the life span when and where they present for services. The comprehensive plan will detail measurable project activities and be organized using four strategies recommended by the Institute of Medicine in *Crossing the Quality Chasm*:

- Apply evidence to health care delivery;
- Use information technology;
- Align payment policies with quality improvement;
- Prepare the workforce.

These four strategies are intended to change the environment, and provide the opportunity to transform mental health services in Texas. This project is intended to fundamentally redesign the framework, the content, and the culture of mental health services provided through all the TWG agencies. The transformation will move the system from disparate programs to a coordinated system of care that offers promotion, prevention and treatment services to Texans with mental illness and emotional disturbance across the life span.

Section A – Statement of Need

Introduction

The health care system does not provide consistent, high quality medical care to all people. A chasm exists between the health care we have and health care we could have. Bringing state of the art care to all Americans will require a sweeping redesign of the entire system according to a report by the Institute of Medicine (IOM) of the National Academy of Sciences (2001).

Crossing the Quality Chasm: A New Health System for the 21st Century concludes that making incremental changes in current systems of care will not be sufficient. Existing processes waste resources; leave unaccountable voids in coverage; and fail to build on the strengths of all health professionals to ensure that care is appropriate, timely, and safe. Systems are typically organized to operate without the benefit of complete information about the patient's medical and medication history or services previously and currently provided in other settings.

The President's New Freedom Commission (NFC) has drawn similar conclusions regarding mental health services (2003). The NFC final report echoes and amplifies the IOM report and states that the nation's mental health system is in "shambles" characterized by fragmentation, inflexible resources, and lack of accountability to payors, including the government and people who need mental health services. The report emphasizes connections between physical and mental health, calling for mental health care to be included in broader healthcare reform to achieve optimal health benefits for the American public. Mental health is influenced by a multitude of biological and psychosocial factors and efforts to transform this system cannot be separate from other public health improvement efforts.

Texas has dedicated resources to several initiatives to effect change in the behavioral health system. Based on current activities, it is evident that:

- Texas is willing to take risks to realize meaningful change.
- Governor Rick Perry has expressed commitment to transformation by convening agency leadership and holding each accountable for performance.
- The Texas House of Representatives adopted Concurrent Resolution 193, supporting the mental health system transformation.
- Senior level administrators at each agency are committed to invest time and resources.
- Drs. Sanchez and Wanser bring extensive experience with transformational initiatives and provide dynamic, practical leadership for change.
- A long history of involving consumers, family members, and other key stakeholders in all levels of system and service design, implementation, and oversight sets the stage for change.
- Cultural competence is required at all state agencies. Texas programs serve as national models and health goals reflect a strong commitment to eliminating health disparities.

The IOM report (2001) makes recommendations for transforming health care systems and offers strategies for their accomplishment. The first recommendation is to "change the environment" and four key strategies provide a framework for a vision that addresses NFC goals:

- Apply evidence to healthcare delivery
- Use information technology
- Align payment policies with quality improvement
- Prepare the workforce

Texas' Vision of a Transformed Mental Health System

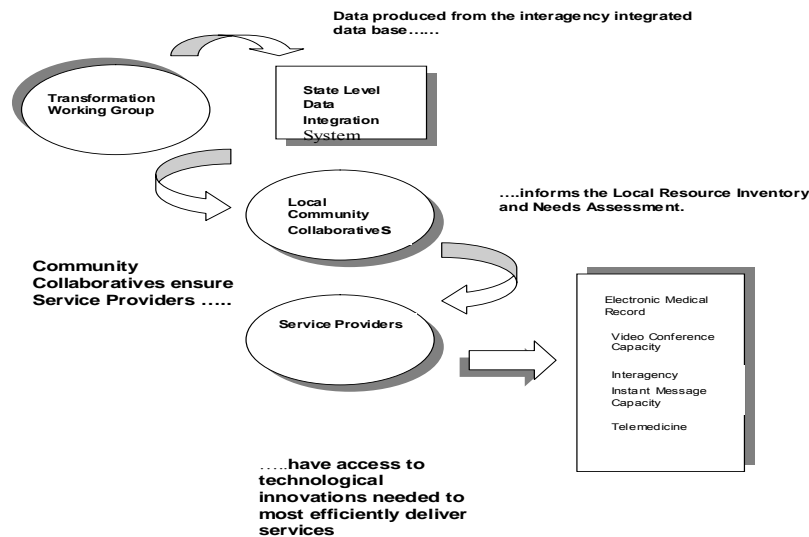
In a transformed mental health system in Texas, *evidence is applied to healthcare delivery*. Services are consumer and family driven, culturally competent, designed to build resilience and support recovery, and quality services are uniformly accessible to all Texans without regard to race, age, gender, ethnicity, political or religious affiliation, sexual orientation, or geographic location. Consumer and family preferences drive service array and research guides practice. Mental health standards of care and performance measures are uniform across systems of care. Consumer choice is real because *the workforce is prepared*. Mental health training on screening, assessment, referral, and treatment is provided to general and specialty practitioners as well as allied health, education, and human services providers so that mental health becomes everyone's business.

In a transformed system, *payors align payment policies* with quality improvement and performance. Payment methods provide an opportunity for consumers and purchasers to recognize differences in quality and direct their purchasing decisions accordingly. The transformed mental health system is able *to use information technology* to identify shared clients, track outcomes, and facilitate collaborative planning across service systems. The infrastructure relies on and is reinforced by the interagency relationships it serves and pays to sustain itself through savings accrued as a result of increased efficiency. A federated data approach increases access, directs resources where they are needed, better meets the needs of consumers and their families (including privacy and cultural competency), and increases provider accountability. This system allows agency partners to maintain the integrity of their respective data systems while giving controlled access to a centralized server that each agency takes a role in building and regulating.

A thorough needs assessment informs the size and scope of this technology solution and a process for implementation of technology occurs at three levels: state, local and point of service. At the *state level*, Transformation Working Group(TWG) members define the rules for sharing and accessing data within the parameters of federal and state regulations and preferences of consumers and family members. Additionally, TWG sets standards that provide a uniform data infrastructure platform and security. At the *local level*, the data system informs the local planning process and facilitates a thorough community needs assessment with a level of precision not previously available. The state data system serves to inform local communities about service gaps and needs that cut across TWG member agencies. Community collaboratives inform state agencies about local needs and promote and educate local communities about mental health. This multi-level assessment process bridges the gap between states and communities to achieve implementation of data informed plans tailored to communities while advancing state priorities for culturally competent mental health services across the life span. At the *point of service*, advanced information technology enables connectivity across state agencies and local entities that provide relevant information and expertise to improve outcomes for consumers. Local providers currently operate under various funding agency rules, standards, and data collection systems. Technology eliminates duplication; reduces fragmentation; improves coordination; improves quality and effectiveness of services; and addresses health care disparities for people of various cultures and in geographically remote areas. Uniform standards of care, accessible training for service providers (web-based and videoconferencing), and electronic medical records (EMR) facilitate improved patient outcomes.

In a transformed system, technology infrastructure is designed to function as a systems integrator that crosses organizational and geographic boundaries, benefiting consumers. Partner agencies benefit from efficiencies made possible by these technologies that reduce cost and contribute to improved outcomes. A model of the technology infrastructure to bridge between local, state and consumer levels is illustrated in Figure 1.

Figure 1
Transforming Mental Health with Technology Use



Transforming the Administrative and Service Delivery Infrastructure Using NFC Goals

In the past 20 years, Texas has never ranked higher than 43rd in per capita funding of mental health services in the 50 states and District of Columbia (SAMHSA, 2001). This lack of resources has led to greater focus and commitment with every option explored to make the system work more efficiently.

Following the release of the NFC report (2003), Texas convened a summit to evaluate needs and resources in the state and develop action steps to transform the mental health system. Mr. Charles Curie and commissioners of the NFC, of which three were from Texas, met with and provided guidance to state and local elected officials, opinion leaders, legislators, providers, consumers, and advocates to evaluate the current status of the Texas system within the context of the President's NFC Goals. Six workgroups were formed to address each goal, and each of the workgroups noted two substantial barriers:

1. ***The general public does not understand mental illness and the healthcare community in general does not know how to treat it.*** Education about mental health is inadequate among public and private providers, in government agencies, universities, and public schools.
2. ***Interagency issues of responsibility and jurisdiction create barriers to coordination of care.*** Providing adequate care first requires identifying people who need care, regardless of where they initially present. This necessitates the creation of common eligibility criteria and equally

important, evidence-based standards of care that are uniformly understood and applied across all health and human service provider networks.

These barriers, not unique to Texas, are commonly cited by multiple agencies at the state and local levels and are reflected in a wide range of needs. Texas is poised to address these barriers and has the state-level will and support needed for system transformation. The state has many innovative initiatives to achieve New Freedom goals; however, these typically occur in isolation and require leadership and resources to bring them together because significant and sustained transformation requires more than a series of projects.

After the summit, for example, the Texas Department of State Health Services (DSHS) initiated statewide implementation of Resiliency and Disease Management (RDM), a recovery-oriented system of evidence-based practices for adults and children that includes medication algorithms, patient and family psychoeducation, cognitive behavioral therapy, comprehensive team-based psychosocial rehabilitation, assertive community treatment, multi-systemic therapy and treatment foster care. These practices are organized into service packages and tied to uniform guidelines for assessment, service utilization, fidelity and outcome measurement using data. Although DSHS has adopted this approach to converting resources to purchase evidence-based practices and set up systems to manage performance through data, this has not occurred for other state systems that purchase mental health services. The TWG has agreed in an MOU to use a similar approach to purchasing mental health services as part of transformation.

Following appointment by the Governor, representatives of TWG agencies, consumer and family representatives, and legislators met to identify transformation goals in the context of the New Freedom Commission goals. In keeping with the objectives outlined in the transformation memorandum of understanding (MOU) signed by TWG members (Appendix 1), the assessment was inclusive and extended across the lifespan of the populations served. Table 1 lists identified needs that are shared across TWG member agencies and populations.

Table 1
TWG Member Shared Needs By NFC Goal

| | | |
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| Office of the Governor | NEED→ | interagency collaboration and improved coordination of care across providers and systems |
| | | |
| Consumers Family Members | | |
| Texas Health and Human Services Commission | NEED→ | well-coordinated service systems aligned at the level of practice in areas of administration, service delivery, strategic planning, and policy |
| Texas Department of State Health Services | | |
| Texas Department of Aging and Disability Services | NEED→ | improved access for multicultural, disadvantaged, and geographically remote populations |
| Texas Department of Assistive and Rehabilitative Services | NEED→ | shared performance measures and workforce competencies |
| Texas Department of Family and Protective Services | NEED→ | identification and implementation of evidence-based practices |
| Veterans Administration Veterans Commission | NEED→ | best practices in financing, administration, governance, and service delivery |
| | | Goal 6. Technology is used to access mental health care and information. |

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| Texas Juvenile Probation Commission | NEED→ | sharing of data and resources |
| Texas Youth Commission | NEED→ | interagency collaboration and improved coordination of care across providers and systems |
| Texas Education Agency | NEED→ | data infrastructure/matching for sharing relevant information across systems for improved outcomes |
| Texas Department of Criminal Justice | | |
| Texas Department of Housing and Community Affairs | | |
| Texas Workforce Commission | | |
| Office of Rural and Community Affairs | | |

Table 2 lists needs that TWG member agencies identified as requisite to meeting their specific agency mandates and facilitating improved outcomes for their target populations with mental health problems.

Table 2
Preliminary Assessment of Agency-Specific Needs

| TWG Member Responsibilities | Age | Agency-Specific Need | NFC Goal | | | | | | |
|---|---|--|----------|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | |
| Veterans Administration (VA) Texas Veterans Commission (TVC) Responsible for veterans with multiple health and psychosocial challenges, and their families | 18-65+ | Coordinate multiple domains of veterans health and the systems responsible at the level of practice. | | ✓ | | | | | ✓ |
| | | Collaborate statewide with housing, criminal justice, MH, substance abuse, aging, and employment agencies. | | | | | | | ✓ |
| | | Accelerate research and state-of-the-art practice for post-traumatic stress disorder (PTSD). | | | | | | ✓ | ✓ |
| | | Reduce effect of trauma to family members. | ✓ | ✓ | | | | | |
| Texas Health and Human Services Commission (HHSC) Responsible for leadership and oversight of the state’s health and human services resources for eligible individuals across the life span, and administration of Medicaid and CHIP benefits | 0-65+ | Better coordinate physical and behavioral health. | ✓ | ✓ | | | | | ✓ |
| | | Incorporate disease management into all programs. | | ✓ | | | | ✓ | ✓ |
| | | Better coordinate Medicaid programs systemwide including service delivery design and funding/resources. | | | | | | | ✓ |
| | | Improve integration and coordination of data across Medicaid programs. Coordinate policy. | | | | | | | ✓ |
| | | Adopt single platform for exporting information for local use. | | | | | | | ✓ |
| | | Coordinate administrative rules and federal resources systemwide, including Medicaid and CHIP. | | | | | | | ✓ |
| | | Develop innovative, integrated, and flexible financing. | | | | | | | ✓ |
| | | Coordinate funding streams and state and federal resources. Improve resource rationing. | | | | | | | ✓ |
| Improve accountability and coordination of multiple service system and administration of Medicaid benefits. | | | | | | | ✓ | | |
| Texas Department of State Health Services (DSHS) Responsible for persons with or at risk for behavioral health across the life span, as well as primary/medical care | MH (3-18) SA prevention (0-65+) SA treatment (13-65+) | Develop mental health promotion and prevention services as well as treatment and recovery. | ✓ | | | | ✓ | | |
| | | Integrate mental health and substance abuse screening, assessment, and treatment. | | | | | ✓ | ✓ | |
| | | Expand service array and options for people with complex multidimensional needs, according to evidence base and best practice service delivery approaches. | | ✓ | | | | ✓ | |
| | | Increase capacity to identify, implement, and hold providers accountable for using most effective programs. | | | | | | ✓ | ✓ |
| Texas Department of | MH/MR Dual | Integrate behavioral health with physical health, which is the most common point of access for older Texans. | ✓ | ✓ | | | | ✓ | |

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|---|---|---|---|---|---|---|---|---|---|
| Aging and Disability Services (DADS) Responsible for the overall health of older Texans and adults and children dually diagnosed with MH and MR disorders | Diagnosis (3-60+) | Screen for mental health issues in medical/primary care environments (older Texans have highest suicide rate). | | | ✓ | ✓ | | | |
| | Other disabilities (3-60+) | Educate/train medical/primary care practitioners to screen, assess, and link or treat behavioral health in older Texans. | | | ✓ | ✓ | | ✓ | |
| | | Expand support services for older Texans and their families. | | | ✓ | | | | |
| | | Adopt evidence-based practices for older Texans. | | | ✓ | | ✓ | | |
| | | Integrate treatment for adults and children with co-occurring MH and MR disorders. | ✓ | | | | ✓ | ✓ | |
| | Older Texans (60+) | Raise workforce competencies among medical practitioners and allied health professionals. | | | | | ✓ | ✓ | |
| | | Improve interagency coordination of mental health services and resources for older adults, specifically with the state mental health authority. | | | ✓ | | | ✓ | |
| | | Improve access for older Texans with geographic barriers and lack of resources | | | ✓ | | | ✓ | |
| Texas Department of Assistive and Rehabilitative Services (DARS) Responsible for young children with developmental delays, and adults and youth with vocational rehabilitation needs. | Children 0-3 | Develop long-term, integrated services. | ✓ | | | | | | |
| | Vocational rehabilitation (16-60+) | Expand vocational rehabilitation and increased resources for independent skills services for persons with mental disabilities. | | ✓ | | | ✓ | | |
| | | Increase capacity for providers with expertise in infant mental health. | | ✓ | | | ✓ | ✓ | |
| | VR for blind (10-60+) | Identify and implement best practices for adults with vocational and independent living skills needs. | | ✓ | | | ✓ | | |
| | Indep. Living (10-60+) | Coordinate funding for the delivery of vocational rehabilitative services to persons with mental illness. | | | | | | ✓ | |
| Texas Department of Family and Protective Services (DFPS) Child Protective Services Adult Protective Services | Children (0-18) | Develop array of services for both children and parents of children to reduce prevalence of institutional care and improve outcomes. | | ✓ | | | | | |
| | Youth in foster care (0-21) | Integrate physical and behavioral health screening at all points at which children and youth present for health care services. | ✓ | ✓ | | ✓ | ✓ | ✓ | |
| | Adults in community and youth and adults in MH institutions (0-65+) | Increase capacity for wraparound service delivery approaches for children and youth with SED. | | | | | | ✓ | ✓ |
| | | Increase flexibility and timely access to relevant and appropriate services to meet permanency, planning goals, and advocate for optimal protection of the child. | ✓ | ✓ | | | | ✓ | |
| | | Increase capacity of evidence-based services for attachment disorder, trauma, abuse/neglect in the CPS system (including foster care) | | | | | | ✓ | ✓ |
| | | Identify and implement best practice prescribing in the CPS system, specifically in the foster care system. | | | | | | ✓ | |
| Texas Juvenile Probation Commission (TJPC) Texas Youth Commission (TYC) Responsible for the protection and treatment of juvenile offenders, protection of the community, and protection of their victims including juvenile offenders who are incarcerated, in residential care, and in the community under the jurisdiction of the local juvenile court system (juvenile offenders between the ages of 10 and 21): | TJPC Juvenile offenders (10-18) | Provide timely access to mental health services (long waiting lists). | ✓ | | | ✓ | ✓ | | |
| | | Provide access to appropriate psychiatric evaluation and treatment services for youth in geographically remote locations. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | | Increase capacity of culturally competent and well trained mental health providers in underserved areas, rural areas. | | | ✓ | | ✓ | ✓ | |
| | TYC Incarcerated and paroled youth (14-21) | Make suicide screening available. | ✓ | | | ✓ | | ✓ | |
| | | Broaden eligibility for treatment in the public mental health system. | ✓ | ✓ | | | | | |
| | | Integrate screening and assessment at all points of youth access to health services. | ✓ | ✓ | | ✓ | | | |

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| | | Increase capacity for crisis screening and evaluation for youth in the juvenile justice system. | ✓ | ✓ | ✓ | | |
| | | Increase capacity to respond to psychosocial crises (acute care). | | ✓ | ✓ | | |
| | | Develop aftercare services for youth completing intensive home based services (TCOOMI). Provide ongoing services (only 25% receive continuity of care services from the public mental health system). | | ✓ | | | |
| | | Align utilization management and EBP for juvenile offenders. | | ✓ | | ✓ | ✓ |
| | | Broaden guidelines so that more juveniles are eligible for MH services. | ✓ | ✓ | | | |
| | | Increase training programs for students in the human services field. | | | | ✓ | ✓ |
| | | Adequately fund public mental health system. | ✓ | | | | |
| | | Increase trained providers in best practices for yielding outcomes. | | | | ✓ | ✓ |
| Texas Education Agency (TEA) Responsible for providing education to school-aged youth. | School-aged youth (5 – 21) | Promote awareness of adolescent MH needs in the community. | ✓ | | | | |
| | | Implement positive behavioral supports in all schools. | | | | ✓ | ✓ |
| | | Increase awareness and promotion of mental health in schools. | ✓ | | | | |
| | | Provide additional resources/services for children in special education. | | ✓ | | | |
| | | Identify and implement best practice and evidence-based service for youth at different levels of need. | | ✓ | | ✓ | ✓ |
| | | Increase strategies for prevention and early intervention. | ✓ | ✓ | ✓ | | |
| Texas Department of Criminal Justice (TDCJ) Responsible for protection of community from adult offenders. | Adult offenders (18-65) | Coordinate mental health and criminal justice financing strategies. | | | | ✓ | ✓ |
| | | Improve coordination across agencies that serve adult offenders, specifically law enforcement and mental health. | | ✓ | | | ✓ |
| | | Develop structured residential treatment and SA treatment for dually diagnosed persons in the criminal justice system. | | ✓ | | ✓ | |
| | | Obtain resources to support legislative and policy directives. | ✓ | | | | |
| | | Increase effective jail diversion strategies. | | ✓ | | ✓ | ✓ |
| | | Increase appropriate mental health services for incarcerated offenders. | | ✓ | | | ✓ |
| | | Develop evidence-based practices for the criminal justice population. | | ✓ | | ✓ | |
| | | Collect and analyze data across public and private service systems for a more comprehensive assessment of the extent and needs of MH disorders in the offender population. | | ✓ | | | ✓ |

Description of Current Stakeholders

Members of the TWG are listed below and described further in Sections B and E. Each of these organizations has signed the Transformation MOU (Appendix 1).

- Texas Governor’s Office
- National Alliance for the Mentally Ill, Texas – NAMI TX
- Texas Mental Health Consumers Organization - TMHC
- Health and Human Services Commission - HHSC (State Medicaid Office, System Oversight)
- Department of State Health Services – DSHS (Public Health, Mental Health, Substance Abuse)
- Department of Family and Protective Services - DFPS (Child and Adult Protective Services)
- Texas Department of Criminal Justice - TDCJ
- Texas Juvenile Probation Commission - TJPC
- Texas Youth Commission - TYC
- Department of Housing and Community Affairs - DHCA
- Department of Assistive and Rehabilitative Services - DARS (Vocational Rehabilitation)
- Texas Workforce Commission - TWC
- Department of Aging and Disability Services - DADS (Long-term Care and Aging)
- Texas Education Agency - TEA
- Texas Veteran’s Commission - TVC

Veterans Administration Heart of Texas Service Network - VAHTSN (Veterans Health)
Office of Rural Community Affairs - ORCA

The Governor also designated the State Representative Chair of the House Health and Human Services Committee, Chair of the Senate Health and Human Services Committee, and family members of youth with serious emotional disorder (SED) as TWG members.

Current stakeholders for mental health transformation include TWG members and other beneficiaries of an improved and transformed mental health system including: the business community, substance abuse service providers, representatives of philanthropies, private mental health providers, insurance providers, organizations whose primary mission is domestic violence, and specialists in promotion and prevention.

Preliminary Inventory of Resources

A preliminary resource inventory was conducted with TWG members. Table 3 reflects existing resources, programs/projects, and initiatives designed to improve outcomes for populations served by the TWG member agencies. These resources will be leveraged through the interagency TWG structure in development of the comprehensive mental health plan.

**Table 3
Preliminary Resource Inventory by NFC Goal and Partner Agency**

| Goal 1. Americans understand mental health is essential to overall health. | |
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| Governor's Office | The Governor's Office clearly demonstrates the state's philosophy and understanding that mental health is essential to overall health by directing funds to numerous programs that provide mental health services to diverse populations across the life span. |
| | <p>The Criminal Justice Division of the Governor's Office provides grant funding to local, regional, and statewide projects related to prevention, juvenile justice, diversion, courts and prosecution, and law enforcement. Funds are provided to a variety of local and statewide programs providing culturally appropriate mental health services to organizations:</p> <ul style="list-style-type: none"> ▪ The Jewish Family and Children's Services of San Antonio provides mental health counseling and psychiatric evaluation to domestic violence and other violent crime victims in Bexar County. ▪ The Mexican American Unity Council provides mental health services to victims of crime. ▪ Travis County's System of Healthy Options for Release and Transition (SHORT) program provides judicial supervision, substance abuse treatment and specialized services to non-violent drug offenders with special focus on African American drug offenders and offenders with co-occurring mental health and substance abuse disorders. ▪ The Central Texas Mental Health and Mental Retardation Center provides mentoring and education programs to at-risk students in Brownwood, Texas. ▪ Communities in Schools of North Texas provides mental health counseling, emergency family intervention, tutoring, drug abuse resistance and community involvement to at-risk youth, preventing school dropout. <p>In addition to funds directed to culturally appropriate mental health services, the Governor's Office provides interagency leadership through its participation on interagency and cross-population planning groups, advisory councils, and appointments, as follows:</p> <ul style="list-style-type: none"> ▪ Participation in second National Policy Academy on Co-Occurring Substance Abuse and Mental Disorders sponsored by U.S. Department of Health and Human Services. ▪ Appointment of commissioners of the five health agencies. ▪ Appointment of members of several state-mandated advisory councils, including the Texas Department of Criminal Justice Advisory Committee on Offenders with Medical and Mental Impairments and the Advisory Committee to the Interagency Council on Early Childhood Intervention. |
| DSHS Mental Health | DSHS is involved in a public information campaign through development and implementation of a website for the Elimination of Barriers Initiative (EBI), "Texas Working Together," in partnership with the SAMHSA Center for Mental Health Services (CMHS). |

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| DADS Aging and Disability Services | DADS is a participating agency in the Texas Mental Health and Aging Coalition (TXMHAC) , a broad-based statewide organization made up of older citizens, family members, advocates, service providers, professionals, and government agency representatives who want to improve the mental health of older Texans. TXMHAC also serves as a resource to local coalitions throughout the state. |
| TDCJ Criminal Justice | TDCJ has a strong administrative structure that embraces individual and community mental health. It includes a statewide coordinating body with 31 members comprising gubernatorial representatives, policy groups, education/academic representatives, psychiatrists, and others. |
| Goal 2. Mental health care is consumer and family driven. | |
| TMHC Texas Mental Health Consumers | This consumer advocacy organization has 17 years experience developing consumer groups across the state, designing and implementing a project to develop consumer-operated services and providing training and education to a consumer and professional groups on the strengths and needs of consumers, including issues of cultural competency and policy issues. |
| NAMI-Texas National Alliance for the Mentally Ill in Texas | This family and consumer advocacy organization has 21 years experience developing and sustaining NAMI affiliates across the state that include or wholly comprise minority members, and educating and training family members, consumers and other stakeholders about policy issues relevant to people with mental illness and their families. |
| DSHS Mental Health | DSHS has generated agency rules, policies, procedures, and contract requirements for individualized family and consumer driven service plans . |
| | A wraparound planning process is the required road map to be used with children/youth with severe emotional disturbances . |
| | DSHS requires the substantive participation of consumers and families in planning at all levels , including state level systems and service planning. |
| | The PATH project for homelessness is responsive to the expressed needs of consumers. |
| DSHS Substance Abuse | The Access To Recovery Grant uses vouchers for flexible support services to enhance the treatment and recovery process for drug court offenders and persons with co-occurring MH and SA . |
| DSHS Public Health | The new agency represents the organizational integration and consolidation of three agencies (mental health, substance abuse, and public health/primary care) into one. |
| TEA Education | The Children’s Policy Council advises the HHSC in developing, implementing, and monitoring long-term care programs and services . |
| DSHS Mental Health DFPS Child and Adult Protective services HHSC Medicaid, SSI, CHIP interagency initiatives | Following a systems of care model, state and local agencies are involved in an interagency initiative that develops infrastructure to reform the children’s mental health system, in which partner agencies contribute matching funds to a cooperative funding pool to purchase a wide array of flexible community services and supports not otherwise funded by Medicaid, CHIP, or other funding streams. |
| HHSC Medicaid, SSI, CHIP interagency initiatives | The Texas Integrated Funding Initiative (TIFI) is a statewide cooperative financing option using blended funding to assist with development of the infrastructure that serves children with and at risk for severe emotional disturbance. |
| ALL partner agencies are involved. | Statewide Community Resource Coordination Groups are local county-based public and private partnerships that provide interagency staffings for youth who have exhausted the resources of any single agency. |
| | HHSC provided oversight for the organizational integration and consolidation of 16 health and human service agencies into four (HB 2292). |
| DSHS Mental Health TDCJ Criminal Justice TJPC Juvenile Justice | Pre- and post-booking jail diversion projects throughout the state are being implemented to improve continuity of care for persons served in the criminal justice system with mental health disorders to facilitate more appropriate treatment environments (jail diversion) if appropriate. |
| TDCJ Criminal Justice TYC Juvenile Justice TWC Employment | TWC partners with TYC and TDCJ to facilitate employment for youth and adults returning to the community from prison and residential facilities for juveniles (re-integration of offenders). Dedicated funds and an MOA reflect this collaboration. |

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| DARS Assistive and Rehabilitative Services | Vocational rehabilitation has specialized caseloads of deaf and hearing-impaired individuals. |
| | DARS employs a specialist in MH, SA, and MR services to ensure the specialized needs of these subpopulations are addressed. |
| TEA Education | TEA funds alternative education and dropout prevention programs. The Communities in Schools program brings community-based services to school to keep at-risk youth in school. |
| Goal 3. Disparities in mental health services are eliminated. | |
| DSHS | The Mental Health Interpreters Project is a partnership with California to develop and implement a curriculum and certification program for interpreters and mental health providers to deliver linguistically and culturally competent services. |
| | The Health Disparities Task Force is a private-public partnership established by the Texas Legislature to eliminate health disparities among multicultural, disadvantaged, and regionally remote populations. |
| DSHS Mental Health TJPC Juvenile Justice VA Veterans Health | In Texas 113 counties are designated as a federally defined mental health shortage area . Telemedicine is being successfully used by the federal veterans health administration to expand the capacity to evaluate and serve persons in remote areas. TJPC has applied for a grant to utilize telemedicine technology to enhance access to health care for the geographically hard-to-reach and the underserved. |
| TVC Veterans Health | The Texas Veterans Commission operates on-call assistance for incarcerated veterans in facilities operated by the TDCJ. |
| DADS Aging and Disability | DADS has conducted an aging survey to assess mental health issues among the elderly. |
| DARS Assistive and Rehabilitative | DARS employs or contracts with counselors and specialized staff with manual communication skills to improve access to and services for persons who are deaf or hard of hearing. |
| DFPS Child and Adult Protective Services | DFPS employs multicultural staff that represent the racial and ethnic diversity of the populations it serves. |
| Goal 4. Early mental health screening, assessment, and referral are common practices. | |
| Governor's Office | The Governor's Office participated in planning for integrated screening and treatment of adolescents with co-occurring disorders at a federal policy academy . |
| HHSC | Texas Health Steps (THSteps) is a state mandated screening initiative that requires screening for behavioral health disorders or risk factors be performed in primary care settings. |
| TEA Education | Senate Bill 491 requires that TEA partner with DSHS to assess school-based mental health and substance abuse programs . |
| DSHS Mental Health Substance Abuse | DSHS has dedicated resources to a public-private partnership developing a process for institutionalizing behavioral health screening in primary care settings. The implementation plan is being finalized and pilot sites in urban and rural communities are being identified. |
| | DSHS is working on the implementation of substance use/abuse screening in primary and medical care settings for adults and youth with federal assistance from the Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant. |
| | Mental Health Screening Practices is a public-private partnership formed to design and implement screening practices in primary care settings. |
| DADS Aging and Disabilities | DADS ensures that aging persons admitted to nursing homes are screened to determine the need for mental health services as part of the federal preadmission screening and annual resident review (PASARR) program. |
| TJPC Juvenile Justice | State law requires a standard mental health screening for all juveniles referred to juvenile probation departments using the Massachusetts Youth Screening Instrument-2 (MAYSI-2). |
| Goal 5. Excellent mental health care is delivered and research is accelerated. | |
| Governor's Office statewide health and welfare of Texans | The Governor's Office appoints members of mental health boards and councils and regularly convenes and/or participates in policy-level workgroups and initiatives on issues such as child mental health, mental health courts, and jail diversion. Heidi McConnell, Governor's Advisor, serves as a member of the Hogg Foundation for Mental Health to examine methods of providing resources and training to local law enforcement to support jail diversion programs. |
| TEA Education | Funds are earmarked for limited mental health services to youth with a special education designation for emotional disturbance. |
| VA Veterans Health | The VA operates a center for excellence on post-traumatic stress disorder (PTSD). |

| | |
|--|--|
| <p>DSHS Mental Health</p> | <p>Resiliency and Disease Management (RDM) Consumers receive a uniform assessment which directs funding and resources to evidence-based services based on the different clinical profiles of youth and adults with SED or MI. Standardized prescribing practices utilizing the Children’s Medication Algorithm Project (CMAP)/Adult Medication Algorithms (TMAP) are applied to improve services to children in foster care, and their biological parents, when appropriate.</p> |
| <p>DFPS Child and Adult Protective Services</p> | <p>DFPS is partnering with DSHS to provide consultation on evidence-based prescribing practices for children in foster care, utilizing the Children’s Medication Algorithm Project (CMAP) and integrated physical and behavioral health care strategies.</p> |
| <p>DSHS Substance Abuse</p> | <p>DSHS fosters the widespread use of best practices and training for providers of substance abuse treatment for persons with and without co-occurring mental health disorders with the assistance of the federal Co-occurring State Incentive Grant (COSIG). DSHS is implementing the statewide strategic prevention framework for substance abuse prevention with the assistance of a federal state incentive grant (SPF-SIG)</p> |
| <p>TDCJ (TCOOMI) TYC Juvenile Justice TJPC Juvenile Justice DSHS Mental Health</p> | <p>The Texas Legislature in 2001 appropriated funds to provide a more responsive front-end service delivery system for juvenile offenders with mental impairments through use of home-based, strength-focused wraparound service delivery, specialized supervision, and treatment services to youth on probation (Special Needs Diversionary Project) and on parole who need intensive aftercare treatment services to prevent further involvement in the juvenile justice system and removal from the home.</p> |
| <p>TJPC Juvenile Justice</p> | <p>TJPC provides funds that may be used to purchase a variety of mental health services, including psychiatric and psychological evaluations, counseling, family preservation services, multisystemic therapy, substance abuse treatment, or placement in residential treatment centers. TJPC also provides funds for 22 counties to operate Juvenile Justice Alternative Education Programs (JJAEPs) for expelled students. Each JJAEP is subject to minimum standards and accountability measures adopted and monitored by TJPC</p> |
| <p>TYC Juvenile Justice</p> | <p>TYC offers limited diversion opportunities through the provision of certain prevention activities. Families in crisis are provided information and referrals to local programs. The vast majority of these families are searching for help due to the youth’s untreated mental health and/or substance abuse, which manifest in challenging delinquent or predelinquent behaviors.</p> |
| <p>DADS Aging and Disability Services</p> | <p>Specialized treatment and consultation services (STCS) for persons with dual diagnoses in MH and MR ensure that individuals with a dual diagnosis and severe behavioral problems are maintained in the least restrictive environment while receiving more intensive and specialized behavioral treatments. Applied suicide intervention skills training program (ASSIST) in Bexar County trains volunteers to identify suicide risk for prevention among the elderly using an applied interactive skills training program. DADS TXMHAC serves as a resource to local coalitions throughout the state to improve the mental health of older Texans.</p> |
| <p>DSHS Mental Health Substance Abuse</p> | <p>A standard for professional competencies and training substance abuse providers is required in rules to ensure effective services are provided to individuals with co-occurring mental health and substance abuse diagnoses. The Dual Diagnosis Project was one of eight exemplary programs selected by the Center for Mental Health Services.</p> |
| <p>DARS Assistive and Rehabilitative Services</p> | <p>Funding is provided for mental health psychological consultants to improve service delivery to this DARS subpopulation.</p> |
| <p>TDCJ Criminal Justice</p> | <p>Programs direct funds to youth and adult offenders in the juvenile and criminal justice systems (TCOOMI) to provide a complete continuum of care and to provide pre- and post-release planning and aftercare (transitional) treatment.</p> |
| <p>DFPS Child and Adult Protective Services</p> | <p>Title IV B funds are directed to evaluation and treatment services not funded by Medicaid, CHIP, or other third party funding, for children and their parents in CPS. The interagency system of care initiative employs interagency caseworkers to work with children/youth with severe emotional disturbance and their families. Pending state legislation (SB 6) requires that children in foster care be provided integrated behavioral health assessment and treatment in the child’s medical home.</p> |
| <p>TEA Education</p> | <p>MH dollars are earmarked for MH services for students in special education with MH needs.</p> |
| <p>Goal 6. Technology is used to access mental health care and information.</p> | |

| | |
|---|--|
| VA Veterans Health DSHS MH TJPC Juvenile Justice | Telemedicine is being used in the DSHS and VA systems to assist hard-to-reach consumers in accessing mental health care. TJPC has applied for telemedicine funding. |
| VA, DSHS SA | Electronic medical records (EMR) are utilized by the substance abuse and state hospital systems within DSHS and within the state-level federal agency responsible for veterans health. |

DSHS conducted an assessment of statewide expenditures for mental health services in 1999 and this information (Table 4) is part of the preliminary TWG inventory of resources.

Table 4
TWG Funding Resource Assessment

| State Agency | Adult Mental Health | | | | Children's Mental Health | | | |
|--------------|---------------------|---------------------|--------------------|---------------------|--------------------------|---------------------|--------------------|---------------------|
| | Outpatient Services | | Inpatient Services | | Outpatient Services | | Inpatient Services | |
| | Number Served | Expended (millions) | Number Served | Expended (millions) | Number Served | Expended (Millions) | Number Served | Expended (millions) |
| DSHS | 153,215 | \$279.6 | 13,917 | \$239.9 | 35,708 | \$60.9 | 2,111 | \$36.0 |
| DARS | 128,432 | \$172.6 | N/A | N/A | N/A | N/A | N/A | N/A |
| DFPS | 18,595 | \$10.2 | N/A | N/A | 2,460 | \$1.9 | N/A | N/A |
| HHSC | 117,108 | \$95.4 | 9,657 | \$42.1 | 90,971 | \$74.6 | 2,412 | \$13.2 |
| TDCJ | 20,671 | \$10.5 | 1,956 | \$42.1 | 2,294 | \$4.3 | N/A | N/A |
| TJPC | N/A | N/A | N/A | N/A | 1,851 | \$1.9 | N/A | N/A |
| TDHCA | 40 | \$0.47 | N/A | N/A | N/A | N/A | N/A | N/A |

*sources of data in Section G, References

Texas State Demographics

Texas demographics are presented in Table 5. Hispanics account for about 35% and Asians 3% of the total state population, but respectively they represent 24% and <1% of clients served in the public mental health system. Approximately 33% of Texas households speak a language other than English. The disproportionate underutilization of mental health services by minority groups is a focus of the Health Disparities Task Force and the DSHS Office for the Elimination of Health Disparities. Community mental health block grant (MHBG) funds will be allocated to support activities to understand these disparities and support activities to eliminate them.

Table 5
Demographic Profile of Texas Population

| Demographic Characteristic | Estimate | Percent |
|----------------------------|------------|---------|
| Total Population | 21,547,821 | 100.0% |
| Sex: | | |
| Male | 10,639,384 | 49.4% |
| Female | 10,908,437 | 50.6% |
| Age: | | |
| Under 5 | 1,796,440 | 8.3% |
| 18 years and over | 15,332,730 | 71.2% |
| 65 years and over | 2,062,327 | 9.6% |

| | | |
|---|------------|-------|
| Race/Ethnicity: | | |
| One race – Total | 21,232,226 | 98.5% |
| White | 15,732,558 | 73.0% |
| Black or African American | 2,372,782 | 11.0% |
| American Indian and Alaska Native | 87,759 | 0.4% |
| Asian | 658,869 | 3.1% |
| Native Hawaiian and Other Pacific Islander | 11,523 | 0.1% |
| Some other race | 2,368,735 | 11.0% |
| Two or more races – Total | 315,595 | 1.5% |
| Hispanic or Latino (of any race) | 7,614,414 | 35.3% |
| Speak a language other than English at home (for the population 5 years and over) | 6,417,699 | 32.5% |
| Individuals below poverty level | 3,508,230 | 16.3% |
| Average monthly unemployed (seasonally adjusted) | 731,483 | 6.7%* |
| Homeless | 215,478 | 1% |

*sources of data in Section G, References

Prevalence of Mental Illness in Texas and Related Risk and Protective Factors

The prevalence of serious mental illness (SMI) among adults and serious emotional disturbance (SED) among children and adolescents is shown in Table 6. The methodology used in determining these rates was prescribed by the Community Mental Health Block Grant.

**Table 6
Prevalence of SMI and SED in Texas**

| | |
|---|--|
| Estimated Adult Pop for 2005 | Adults with SMI (5.4%) |
| 16,351,396 | 882,975 |
| Estimated Pop > 18 Years for 2005 | Children and Adolescents with SED (11%) |
| 6,086,973 | 669,568 |

*sources of data in Section G, References

Texas adults with SMI newly admitted to DSHS funded community mental health services during 2004 are categorized in Table 6 according to risk/protective factors. SMI is more prevalent among women, those never married/separated/divorced, and those without a high school diploma (Burnam et al., 1997). Other research suggests correlates of SMI, such as being medically-indigent, unemployed, homeless, involved in the criminal justice system, having a co-occurring physical health problem, or substance use disorder (Jones et al., 2004; Kessler et al., 1996; Lurigio, 2000; Shaheen, Williams, and Dennis, 2003).

In terms of SED, the Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services Program for Children and their Families (1998) pointed to several child, family, and environmental risk/protective factors. Among the most frequently reported risk factors for SED are a history of physical abuse, sexual abuse, running away, and psychiatric hospitalization. Among the highest reported family risk factors are a history of mental illness, substance abuse, and violence. Environmental risk factors are being placed outside the home, special education placement, and contact with law enforcement. Table 7 shows newly admitted Texas children and adolescents with SED during 2004 with prevalence of these risk/protective factors.

Table 7
Risk/Protective Factors of Newly Admitted Adults and Children (2004)

| Risk/Protective Factor | Adults | | Children | |
|--|--------|---------|----------|---------|
| | Number | Percent | Number | Percent |
| Total newly admitted adults with SMI | 26,511 | 100% | NA | |
| Total Newly Admitted Children and Adolescents with SED | NA | | 12,242 | 100% |
| Female | 14,630 | 55% | 4,380 | 36% |
| Male | 11,881 | 45% | 7,862 | 64% |
| Subtotal | 26,511 | 100% | 12,242 | 100.0% |
| Marital status | | | | |
| Never married/widowed/separated/divorced | 10,943 | 75% | | |
| Married | 3,624 | 25% | | |
| Subtotal | 14,567 | 100% | NA | |
| Poverty level* | | | | |
| 0 - 100% | 4,258 | 65% | 4,227 | 63% |
| 101 - 125% | 769 | 12% | 806 | 12% |
| 126% + | 1,570 | 23% | 1,657 | 25% |
| Subtotal | 6,597 | 100% | 6,690 | 100% |
| Funding | | | | |
| Medicaid | 6,194 | 23% | 6,520 | 53% |
| Medically-Indigent | 20,317 | 77% | 5,722 | 47% |
| Subtotal | 26,511 | 100% | 12,242 | 100% |
| Employment | | | | |
| Independent/Competitive | 2,751 | 21% | | |
| Transitional/Sheltered Employment | 123 | 1% | | |
| No Employment of Any Kind | 10,035 | 78% | | |
| Subtotal | 12,909 | 100% | NA | |
| Special education | NA | | 2,266 | 18.5% |
| Residence | | | | |
| Independent/Supported Housing | 11,232 | 87.0% | | |
| Group Home/Assisted Living | | | | |
| Hospital | 525 | 4% | | |
| Homeless | 912 | 7% | | |
| Correctional Facility | 240 | 2% | | |
| Subtotal | 12,909 | 100% | NA | |
| At risk of being placed out of the home | NA | | 4,700 | 38% |
| Involvement with the criminal justice system | | | | |
| Yes | 2,637 | 25% | | |
| No | 7,878 | 75% | | |
| Subtotal | 10,515 | 100% | NA | |
| Contact with law enforcement | | | 1,909 | 16% |
| Co-occurring physical health problem | | | | |
| Yes | 6,158 | 23% | | |
| No | 20,353 | 77% | | |
| Subtotal | 26,511 | 100.0% | NA | |
| Co-occurring substance use disorder | | | | |
| Yes | 5,690 | 22% | | |
| No | 20,821 | 79% | | |
| Subtotal | 26,511 | 100% | NA | |
| Child history of psychiatric hospitalization | NA | | 643 | 5% |

*sources of data in Section G, References

In 2002, DSHS reported suicide as the 9th leading cause of death, with 2,304 Texans taking their lives, about 5 people each day. Texans 65 years and older have the highest rates of suicide and suicide rates of Whites are three times greater than suicide rates of Hispanics and Blacks (Suicide Prevention Resource Center, 2001). The Center for Health Statistics at DSHS tracks these rates at the state and county level and provides these statistics, along with other important health data in fact sheets available on its website (<http://www.tdh.state.tx.us/chs/default.htm>).

The Suicide Prevention Plan developed by the State will be used by the TWG in creating its plan to achieve the NFC Goals.

Section B – Proposed Approach: Organizational Structure

The Governor’s Commitment to Mental Health System Transformation

In 2003, Governor Rick Perry signed into law HB2292 that mandated transformation of the health and human service delivery system in Texas. A new health and human services enterprise was created; composed of the Health & Human Services Commission (HHSC) with four departments. The system was dramatically streamlined as 12 separate agencies with separate governing boards were reduced to four. The Executive Commissioner of HHSC reports directly to Governor Perry, and oversees operations of the four consolidated agencies. This restructuring eliminated historical organizational boundaries that complicated the most effective approaches to human service delivery. Implementing a reorganization of this magnitude exemplifies readiness for change and a willingness to take risks for meaningful change.

The governor designated the Transformation Working Group (TWG) and each member agency’s chief executive signed the MOU (Appendix 1) indicating agency commitment. The TWG exists to guide the transformation of service systems to more effectively serve individuals with mental health needs across the life span. Through the TWG process, agencies will move from isolation to become organizations that collaborate on development of strategies to transform the mental health care system. Project activities will be based on needs, some of which have been identified. The project aligns with the guidance given by the IOM in its report *Crossing the Quality Chasm* and correspond to strategies to achieve the President’s NFC Goals:

- Apply evidence to healthcare delivery
- Use information technology
- Align payment policies with quality improvement
- Prepare the workforce

Governor Perry's strong commitment to system transformation is evident through the designation of the diverse Transformation Working Group and assignment of his Senior Level Policy Advisor, Heidi Lopez-McConnell, to serve as a member of the group in an ongoing capacity. In a state as large and complex as Texas, the governor’s personal attention and high level staff assignment are a clear indication of mental health system transformation as a priority. Mental health system transformation has also received support from the Texas Legislature, which adopted Concurrent Resolution 193 (Appendix 1) in the current legislative session, recognizing the need and supporting efforts to transform the system.

Dynamic Leadership for Mental Health System Transformation

The DSHS was created in September of 2004 as part of health and human service consolidation (HB2292). DSHS assumed functions managed in three separate agencies and now serves as the public health, mental health, and substance abuse authority for the state of Texas.

Commissioner Eduardo Sanchez, M.D., MPH, the DSHS Chief Executive, has played a critical leadership role in managing the system change activities required of consolidation. Dr. Sanchez previously served as the commissioner of the Texas Department of Health. He is a family practice physician who has practiced in both primary and urgent care settings. Dr. Sanchez’

current academic affiliations and appointments include: Adjunct Professor of Management and Policy Sciences Management and Policy Sciences; The University of Texas (UT) School of Public Health, UT Health Science Center Houston; External Advisory Committee, Hispanic Health Research Center, University of Texas School of Public Health- Brownsville; External Advisory Committee, Center of Excellence on Health Disparities and the National Center for Primary Care, Morehouse School of Medicine; Board of Scientific Counselors, National Center for Infectious Diseases; and the US-Mexico Border Health Commission. Dr. Sanchez is a highly skilled communicator with a personal commitment to creating a culturally competent healthcare system. He forms effective bonds with state and national legislators, professionals and academics and continues to use skills developed as a family practice physician, demonstrating the ability to listen to concerns and formulate solutions that can be accepted by all.

Deputy Commissioner Dave Wanser, Ph.D., has executive responsibility for DSHS Behavioral and Community Health. Previously, as executive director of the Texas Commission on Alcohol and Drug Abuse (TCADA), he fundamentally re-engineered all business practices resulting in the agency being described as a model of accountability by the State Auditor's Office and the Comptroller of Public Accounts. TCADA committed to purchasing only evidence-based prevention and treatment services and is a national leader in the use of a web-based data infrastructure, BHIPS, for behavioral health services. He chairs the legislatively mandated Drug Demand Reduction Advisory Committee, comprising 19 state agencies. Dr. Wanser's previous experience and accomplishments directly relate to significant reform of mental health service delivery design and financing, and includes serving as the director of the NorthSTAR Behavioral Health Program, a capitated managed care program in north Texas. This project incorporated a multiple state agency partnership, utilizing blended funding from a variety of federal, state and local funding streams and included creating a decision support system for managed care quality and outcome management that is being expanded to serve other sites in Texas. NorthSTAR was named a semi-finalist in the 2001 and 2002 Innovations in American Government competition sponsored by Harvard University.

Commissioner Sanchez will convene the TWG and take a leadership role as commissioner of the state mental health authority. Dr. Wanser, as the ranking executive assigned to behavioral health services in Texas, will serve as chair of the TWG and work full-time on transformation of the behavioral health system and "creating a future when everyone with a mental illness at any stage of life has access to effective treatment and support."

Members of the Transformation Working Group

Governor Rick Perry designated senior executive leadership to serve as the TWG. Membership is diverse and representative of the race/ethnicity and gender of the target population. Consumers and family of consumers comprise 20% of the TWG membership.

Governor's Office

Governor Perry has singled out the unique needs of the border region as an area where the state must progress. In 2001, during his first legislative session, Governor Perry created a budget for border-specific initiatives, such as a telemedicine project that provides border residents access to health care specialists living outside their community

National Alliance for the Mentally Ill-Texas (NAMI-TX)

NAMI is a national organization for families of persons with mental illness. To address the disparity in mental health care experienced in the African-American and other communities of color, NAMI developed an African American Resource Manual for NAMI chapters and other organizations that want to engage these communities in mental health treatment in meaningful and culturally appropriate ways.

Texas Mental Health Consumers (TMHC)

TMHC is a statewide organization of mental health consumers in existence since 1988. Beginning in 2001, TMHC has offered grants to local consumer organizations to develop peer support and other peer-operated services. TMHC ensures cultural competence is built into each funded group. Applications must provide evidence of inclusiveness, defined as: peer services provided in a non-judgmental atmosphere that promotes trust. People cannot be excluded based on race, culture, creed, religion, gender, sexual orientation, or psychiatric difficulty.

Family Members of Youth with SED.

Recognizing this important population, Governor Perry has designated individual family members of youth with serious emotional disturbances to the TWG in addition to consumer and family members affiliated with the above organizations.

Health & Human Services Commission (HHSC)

HHSC, providing oversight and Medicaid management, hosts and provides oversight for several interagency initiatives that reflect the diversity of the state. Significant among them are Community Resource Coordination Groups (CRCGs) which are mandated and provide leadership from the State but are implemented at the county level to bring resources of multiple agencies to bear for youth with multiple, complex needs. Local groups represent the ethnic and racial diversity necessary for a multi-cultural perspective of service and support.

The Department of State Health Services (DSHS)

The state authority for public health, mental health and substance abuse, DSHS houses the Office for the Elimination of Health Disparities (OEHD) whose goal is to reduce health disparities in special or under-served populations and assume a leadership role in working with state and federal agencies, universities, private interest groups, communities, foundations, and offices addressing health disparities to develop initiatives, including bilingual communications.

Texas Department of Family and Protective Services (DFPS)

DFPS plays a key role in securing mental health services, expending \$12 million in FY2004 to serve 18,595 adults and 2,460 children with mental health needs. DFPS services are culturally competent and staff understand, acknowledge, and respect cultural differences among participants. Staff and materials reflect the cultural, linguistic, geographic, racial and ethnic diversity of those served. Contracted providers are required to document racial, ethnic, linguistic and cultural characteristics of all groups in the service area and require culturally competent practice among program staff and provide materials that reflect cultural characteristics of the target population in the languages spoken by the target population.

Texas Department of Criminal Justice (TDCJ)

TDCJ, through the Texas Correctional Office on Offenders with Mental and Medical Impairments, provides adult service programs designed to provide a multi-service approach with appropriate and cost effective alternatives to incarceration for offenders with special needs. Contracts with 32 MHMR programs statewide provide: case management; rehabilitation/psychological services; psychiatric services; medication and monitoring; individual/group therapy and skills training; benefit eligibility services include federal

entitlement application processing; screening and linkage to appropriate medical services; jail screening; court intervention and pre-release referral process for jails and families.

The Texas Juvenile Probation Commission (TJPC)

TJPC implemented the *Border Children's Justice Project*, facilitating collaboration by US and foreign authorities involving juvenile courts, border patrol, law enforcement, US and foreign consulates, child protective services and correction officers. It improves rehabilitative efforts of Texas and foreign authorities, providing services to offenders and their families.

Texas Youth Commission (TYC)

With responsibility for juvenile justice facilities, TYC has an integrated program of academics, behavior, and correctional therapy based on the needs and strengths of each youth, including an individualized assessment of risk and protective factors that may impact the youth's likelihood to re-offend. Language and cultural issues are taken into account in developing education and treatment goals as well as in the preparation of the youth's parole plans. Spanish language versions of program materials (including website) are available for youth and family. About 77% of TYC students are Latino and African American and a majority of the staff members are Latino and African American as well. Staff are required to participate in the following training related to cultural/linguistic competency: Intercultural Awareness; Verbal Judo (communication skills including cultural/linguistic differences); and, Youth rights (consideration of cultural and linguistic barriers).

In addition to required partners, Governor Perry has designated the following additional agencies as participants in the mental health system transformation project.

- The Department of Housing and Community Affairs (Housing authority)
- The Department of Assistive and Rehabilitative Services (Vocational Rehabilitation)
- Texas Workforce Commission (Labor force programs)
- Texas Education Agency (Public education)
- Department of Veteran Affairs/Veterans Administration Heart of Texas Health Care Network (Veteran's health services)
- Texas Veterans Commission (Veteran's Rights)
- The Department of Aging and Disability Services (Long-term care and aging)
- The Office of Rural Community Affairs
- Chair, Texas House of Representatives, Health and Human Services Committee
- Chair, Texas Senate, Health and Human Services Committee

Commitment and Contributions

TWG members signed a MOU committing to transformation. Letters of commitment have also been provided by individuals who will fill key positions and from collaborating contractors. Letters of support from the Mental Health Planning and Advisory Committee and from the Mental Health Sub-Committee of the Strategic Health Partnership are also included (Appendix 1). All partners have agreed to designate staff as needed to mental health transformation. The value of these in-kind contributions is estimated to be 450,000 each year in personnel costs alone, not including the facility, equipment and support costs of doing business. Additional contributions will be identified as part of the comprehensive resource inventory.

Integral Role of Mental Health Planning and Advisory Council in a Transformed System

The state public mental health system has benefited from a close working relationship with the

Mental Health Planning & Advisory Council (MHPAC). Through quarterly face-to-face meetings and conference calls in intervening months, MHPAC has stayed informed and participated in goals, plans, projects and problems faced by the mental health system. MHPAC advice has allowed for early course correction and has shaped all system projects undertaken. MHPAC has been instrumental in focusing the mental health system on resiliency and recovery. Because of the value MHPAC has brought to operations, it will remain a separate group from the TWG and continue to provide input. Many organizations represented on the TWG are also represented on MHPAC, including the Chair of MHPAC, who will serve as liaison between the two groups. The two groups will also meet at least annually and each will include on meeting agendas time to hear comments from the other group. MHPAC members will have multiple opportunities to offer input as the plans are developed and to review formal documents prior to finalization. After the CMHP is approved, the advisory capacity of MHPAC will be expanded to include review of progress in conjunction with state agency planning processes.

Section C – Proposed Approach: Strategy

Involvement of Youth and Adult Consumers and Families in Developing, Implementing, Evaluating and Sustaining the Comprehensive Mental Health Plan

Including consumers and family members throughout the process, encouraging and supporting their description of changes needed to support their preferences, is one of the most effective methods to change organizational culture. The TWG recognizes that real transformation will not occur nor be sustained unless a specific focus on a cultural change within each organization exists. Norms and values of people who work in organizations affect decisions made each day. The TWG vision of resiliency and support of recovery will be over-communicated to staff and each work process and product will be tested against the goals of the NFC. Resistance to changing the status quo, when it does not support the new vision, will be explicitly elicited so it can be addressed. This will start with executives on the TWG where readiness for change will be assessed as part of the planning process so realistic strategies can be included in the CMHP.

Two key groups that include youth and adult consumers and families provided input and review of this proposal, the Mental Health Planning and Advisory Council and the Texas Strategic Health Partnership. Input was also obtained from parents of children with SED. These groups will continue to be consulted, as will consumer and family representatives of the TWG, to gather input from their constituencies, ensuring inclusion of input as plans are developed and to encourage their peers to express the need for mental health system transformation.

Mental Health Planning and Advisory Council (MHPAC): Includes adult consumers and family members of youth and adult consumers. Required by federal law to provide input into the development and oversight of the Community MHBG Plan, MHPAC also serves in a broader advisory capacity on all key system initiatives in Texas.

Texas Strategic Health Partnership-Mental Health Subcommittee: The DSHS commissioner convened this partnership prior to health and human service consolidation. It is chaired by two members of the President's NFC and advises DSHS on key public health goals. The mental health subcommittee includes consumers, family members, MHPAC members, public and private providers, local and state policy makers, universities, and educators.

TWG Chairperson and Executive Interface

The Governor has designated a key staff member, Heidi Lopez-McConnell, to participate in the ongoing activity of the TWG and through her participation, will be continually apprised of the groups' activities and progress. Drs. Sanchez and Wanser will convene regular meetings of the TWG, held as frequently as needed to accomplish goals. Each agency member will be given assignments and report on progress at each meeting. Under the chair's direction, the project implementation team and evaluators will provide formal briefings via reports to the governor and TWG members outlining progress in transformation activities and meeting milestones. Each agency will be provided with a TWG progress report on a quarterly basis which reflects the progress and barriers the interagency group encounters in pursuing the goals agreed to in the MOU and outlined within this grant application.

Strategy for Conducting Needs Assessment and the Inventory of Resources

A thorough Needs Assessment and Resource Inventory will be conducted through the TWG process, building on the preliminary assessment/inventory developed during pre-application meetings and subsequent interagency work reflected in Tables 1-3. Year 1 activity will include a thorough inventory of mental health needs and resources to identify capacity, programs, policies, funding, equipment, and facilities, as well as designate key staff who will participate as extended members of the TWG. The resource inventory is a critical springboard for leveraging and maximizing resources through alignment of federal, state and local funds directed towards mental health related services and programs. The process for conducting state and community level assessments in Year 1 is described below.

State Level Resource and Needs Assessment

Partner agencies will conduct a self-assessment using a modified version of the Capacity Assessment Matrix (Brolin, Seaver & Nalty 2004) developed for SAMHSA (Appendix 2). The matrix assesses four specific capacities that factor into the development and implementation of a performance management process: 1) cultural capacity; 2) analysis and management capacity; 3) provider capacity; and 4) data systems capacity. This self-assessment can be used to identify specific agency capacities that are present or need improvement at a high level of detail, as well as delineate obstacles or opportunities. Information from each assessment level can be aggregated to provide a first-ever view of the system's overall capacity.

Cultural competency is a critical capacity to assess and develop in each agency. With the assistance of the DSHS Office for the Elimination of Health Disparities, a cultural competency assessment will be used by each TWG agency. This self-assessment, along with strategic planning, will guide program and system improvements to realize goals of the President's NFC.

Local Level Resource Inventory and Needs Assessment

The breadth and diversity of Texas demands that local communities participate in a similar assessment and inventory to inform the state-level assessment and development of the comprehensive mental health plan. Experience and research show that "one size fits all" solutions do not usually fit at the local level. Health care solutions for the future must be informed by the community.

The Strategic Health Partnership (page 24) has resulted in successful community collaborative efforts led by the Institute for Health Policy Research (IHPR). The TWG will use this established method to engage and develop community collaboratives for local needs assessments

and inventory of resources. A community collaborative effort involves at least five stakeholder groups: business, consumers, providers, community leaders, and policy makers; and is assisted by professional facilitators (the IHPR). With IHPR guidance, stakeholders will pursue a community decision making process. Several Texas community collaboratives exist, one with a goal to obtain access to health care for approximately one million uninsured and underinsured residents of Harris County that has resulted in city and county leader commitment to merge duplicative health care functions. Community collaboratives in a minimum of five diverse urban, rural, and border communities will be targeted in the first year of the grant to inform development of the CMHP, and over the remainder of the years as pilot sites for implementing the plan before broader dissemination to other communities.

Process for Developing the Comprehensive Mental Health Plan

Each Texas state agency is required by law to produce a legislative appropriations request (LAR) every other year in preparation for the biennial legislative session. The LAR is organized by strategies enumerated in each agency's strategic plan and linked to performance measures. A significant change in any agency's strategic approach is made first in its strategic plan and funded through its LAR. The Texas Legislature meets in regular session beginning in January of odd-numbered years and LARs are prepared in the interim during even-numbered years. The CMHP will be linked to ongoing state processes and formally endorsed by the Texas Legislature. State legislators have been designated by Governor Perry as members of the TWG and will help the CMHP become a part of ongoing state planning processes.

The following planning process will be used to develop the CMHP:

- Review each agency's existing organizational mandates and strategic plan to identify needs and resources for mental health services and areas for enhancement with input of the TWG in the context of the NFC goals.
- Conduct town hall meetings with relevant stakeholders and meetings with key leaders to communicate the vision of the TWG, make a compelling case for change and seek input on proposed strategies related to the required elements of the CMHP. The intent of these meetings is to seek support and identify key points of barriers to change that must be addressed to realize successful transformation.
- Develop a draft plan that addresses the key elements and allows for public input.
- Share the draft plan with the stakeholders and seek feedback through town hall meetings and key leader interviews. This process will involve the Governor's office and legislative members/staff from key Health and Human Service and Appropriations Committees.
- Finalize the CMHP and incorporate elements into each organization's existing strategic plan.
- Build each organization's funding requests using elements from their strategic plans.

In Project Year 1, efforts will first focus informing the TWG of needs and resources at the state and local level regarding use of information technology; use of best practices and evidence based healthcare delivery; workforce preparation and training; and the way each system funds mental health service delivery. Following the completion of a comprehensive resource inventory and needs assessment, the CMHP will be developed with specific goals, strategies, and action plans to achieve transformation and the NFC Goals (timeline, page 40). The TWG will develop the CMHP using results of the state and local assessments and inventories to prioritize goals, strategies, activities, and action plans to achieve transformation and the NFC Goals. The TWG

will use a consensus process to prioritize the goals.

Cultural appropriateness is an existing requirement for all Texas state agencies and the plan will include strategies for training all staff about cultural issues and the populations they serve. Services, brochures, and educational materials are currently available in English and Spanish, and remedial education and GED preparation are available to all who need these services. All Texas state agencies and their affiliated providers are required to be compliant with the ADA and to make service adaptations as needed. Services are provided without regard to gender, age, race, ethnicity, religious affiliation, or sexual orientation and the plan will ensure that these requirements are included in the transformed system.

Strategies are intended to align, coordinate, and leverage existing resources across service systems in order to better serve populations across the life span. Strategies will consider (and include) financing options, service delivery design structures, integrated strategic planning, coordinated and integrated administrative structures, benefit design, utilization management processes, consumer input and other mechanisms for ensuring coordination and services that comprise an seamless system from the consumer’s perspective. Designation of a mental health liaison within each partner agency would be considered as one mechanism for ensuring a mental health perspective across the system of care and each agency will identify a mechanism for ensuring a consumer perspective is reflected in all products and information that is used to inform the Comprehensive Mental Health planning process. The TWG will use the health care disparities task force, and other entities to ensure culturally diverse needs are factored into all transformation decisions.

Texas has spent the past 10 years assessing and implementing initiatives in preparation for an opportunity for transformation. The CMHP will use prior activities as part of the resource inventory. Needs already identified by partner agencies align with recommendations of the IOM (Table 8), which provide a framework to develop strategies for a CMHP that will transform the system and achieve NFC goals. Following the table, IOM recommendations and NFC Goals are presented in more detail.

Table 8
New Freedom Goals Corresponding to IOM Recommendations

| <i>IOM Strategy Recommendation</i> | <i>New Freedom Commission Goals</i> |
|--|--|
| <i>Use information technology</i> | <i>Goals 1, 3, 4 & 6</i> |
| <i>Apply evidence to healthcare delivery</i> | <i>Goals 2 & 5</i> |
| <i>Prepare the workforce</i> | <i>Goals 3,5 & 6</i> |
| <i>Align payment policies with quality improvement</i> | <i>Goal 2</i> |

Using Strategies to Transform the System

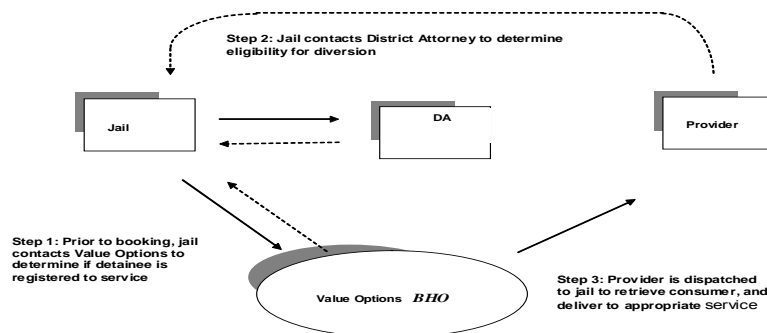
1. Use information technology

The need for development of an information technology infrastructure to support a system in which agencies at the state and local level have the capacity to share data and identify shared clients, plan collaboratively to meet the needs of these clients, deliver evidence-based services through a competent workforce, and integrate disparate resources to most efficiently and effectively deliver care was identified during a pre-proposal TWG meeting. Information technology exists to increase efficiency and improve work processes at three levels of the system: state and local use of timely and accurate information and service delivery. A state level

information sharing system (shared server) will be deployed in Year 1.

The system will build on the proven success of two innovative public/private partnership programs using data federation, instant messaging, and online awareness. Those programs are the JDIM (Jail Diversion Instant Messaging) system implemented in Dallas County (Figure 2) and the CapWIN (Capital Wireless Integrated Network) system implemented in the Washington D.C. Metropolitan area.

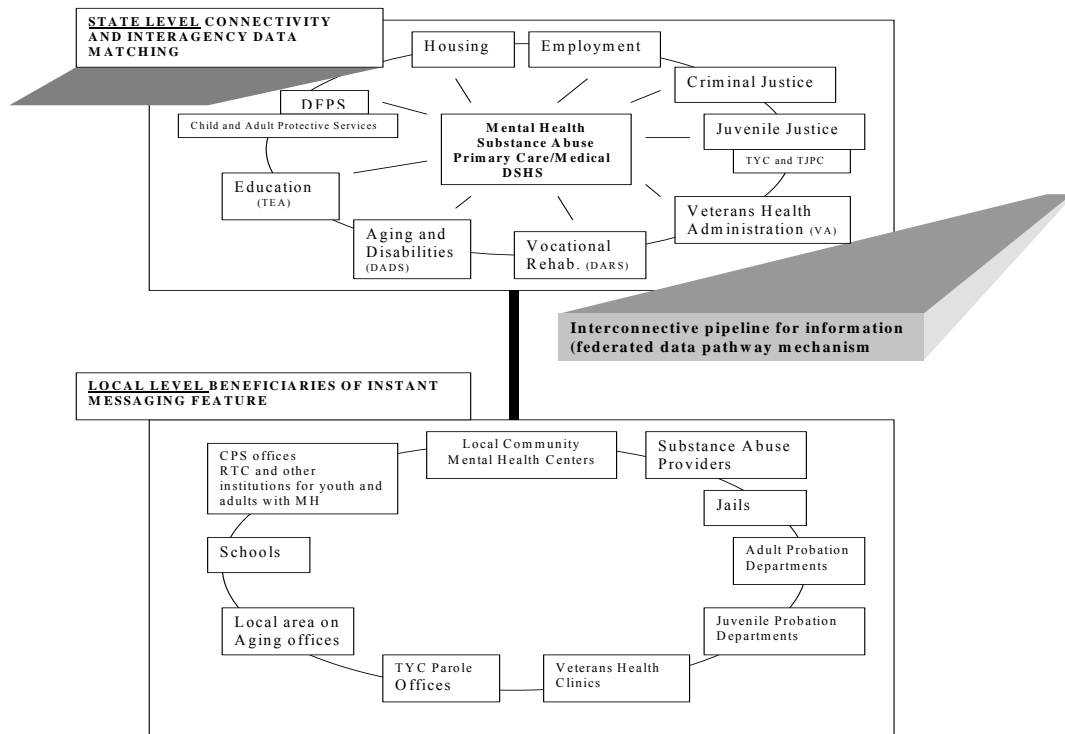
Figure 2
Electronic Jail Diversion (JDIM)



The JDIM system was designed as a demonstration project to support expedited jail diversion for offenders with mental illness from county jail to community mental health services. The time frame involved with coordinating the complex jail diversion process is critical and difficult to compress. The National Gains TAPA Center for jail diversion recently reviewed the JDIM solution and found the timeframes achieved to divert offenders with this solution unprecedented in national efforts. The JDIM system and approach will be extended by this project to include data systems of other agency partners via the data federation framework

The CapWIN system provides a similar “messaging hub” that enables first responders and incident management personnel from different organizations to securely communicate mobile unit to mobile unit and coordinate activities by instant messaging, chat, and email. The system allows secure, role-based access to critical information in other agencies’ systems. Over 40 local, state and federal agencies comprise the CapWIN consortium. The CapWIN governance structure places emphasis on the importance of local jurisdiction participation in CapWIN’s voting and deliberation structure. The governance model created has a strong and complete role for each and every local jurisdiction as well as the state and federal department/agencies who are currently members of CapWIN. This structure is based on a true partnership.

Graph 3
Texas Open Collaboration Data Systems (TOCS) using CAPWIN Technology



The data available to individuals in these workflows is provided on a “need to know” basis providing HIPAA compliance as a matter of course based on the policy defining each role and the information necessary to fill that role. Data is housed or made available from a secure remote location with full encryption of all messages to and from individuals in the workflow. Existing data sources are provided and maintained as a matter of policy from the originating agency.

These strategies respond directly to **NFC Goal 6**, and expedite the others. Data sharing between partner agencies will allow mental health needs to be addressed with the same urgency as physical health needs, supporting accomplishment of **NFC Goal 1**. Technology such as telemedicine and videoconferencing enable mental health screening and assessment in locations they might otherwise be unavailable. These strategies support accomplishment of **NFC Goals 3 and 4**.

2. Apply evidence to healthcare delivery.

Effective treatment and services based on rigorous research take 15-20 years to be incorporated into routine practice, and even then, practice and application is inconsistent (2001). Participants in the NFC Summit cited variation in approach between partner agencies as a barrier to accomplishment of goals. The need for common standards has been identified repeatedly by a variety of constituencies in a variety of forums. A cross-agency standard of care for behavioral health services will be developed for adoption by TWG agencies. Resiliency and Disease Management (website link to RDM report) in the current mental health system purchases only evidence-based practices and these will be used as a starting point for discussion.

Through TWG, a common standard of care with particular data to report will be agreed upon. These will then be adopted through rules, standards, contracts, or other mechanisms appropriate to each partner agency. Using common standards ensures that consumer needs are addressed with the most appropriate care, regardless of their entry point into the Taxpayers can be assured resources are being used most effectively for services that promote and support recovery, which in turn, build a business case for additional resources.

Establishing common standards based on scientific evidence will accomplish **NFC Goal 5.2**. A common standard of care will facilitate alignment of state and federal funding streams (**NFC Goal 2.3**) and facilitate the development of a comprehensive state mental health planning process (**NFC Goal 2.4**).

3. Prepare the workforce.

The IOM states that healthcare is not just another service industry (2001). Its' fundamental nature is characterized by people taking care of each other in times of need and stress. Stable, trusting relationships are critical to healing or managing an illness, so the importance of adequately preparing the workforce with skills to support consumer recovery cannot be underestimated.

The behavioral health system in Texas has utilized electronic and web tools to accomplish training goals. Training for co-occurring specialists has been made available via the web. By all measures, this medium has worked well to provide affordable, accessible training to a statewide audience. The training goal will be to increase the number of providers culturally and linguistically competent and skilled in selecting, implementing, evaluating, and sustaining evidence-based practices. An important training topic will be development of individualized plans of care and addressing the unique needs of individuals with history of trauma. Providers in all systems will be trained to work in full partnership with consumers and their families, help people make informed choices, and achieve and sustain recovery.

Affordable, sustainable training to develop the competencies of all workforce members to prevent, identify early, or appropriately serve persons with mental illness is a previously identified need. It directly accomplishes **NFC Goal 5.3**. By training more culturally and linguistically competent staff people, health disparities will be reduced and ultimately eliminated accomplishing **NFC Goal 3**. Also, **NFC Goal 6.1** is addressed as electronic technology tools are made available for workforce development.

4. Align payment policies with quality improvement

The IOM calls for purchasers to carefully reexamine their payment policies to remove barriers impeding quality improvement. Payment methods should provide an opportunity for providers to share in the benefits of quality improvement, and for consumers and purchasers to be informed about quality and direct their decisions accordingly. TWG self-assessment activities will include a comprehensive examination of the impact of payment policies, leading to plans to improve policies that are achieving a less than optimal effect. Alignment of payment policies to achieve the optimal impact is consistent with **NFC Goal 2.3**.

Linking, Organizing, and Leveraging Current Activities to Achieve Project Goals

The Community MHBG is a significant source of mental health funding in Texas. It currently

funds innovations in infrastructure and services by the SMHA and funds technical assistance centers operated by consumers and family members. Joint meetings of the MHPAC and the TWG are planned to ensure that the MHBG Plan complements activities proposed in the CMHP. Designated staff will be jointly responsible to ensure that plans meet respective requirements and are fully aligned with the other. The CMHP will provide the improved infrastructure that supports the delivery of services funded by the MHBG. The TWG will also discuss major grants and other projects so that all resources can be coordinated in the most effective manner. The inventory of resources and needs assessment will drive planning processes.

A sample of current projects in the behavioral health system reflect the extent to which they are complementary to mental health system transformation, and include:

Strategic Prevention Framework State Incentive Grant (SPF-SIG) convenes the Texas Epidemiological Workgroup (TEW) with 19 members that are also TWG agencies. TEW is developing a tool to collect common data elements that can be shared across agencies to assess substance abuse prevention and mental health promotion needs in Texas youth (Appendix 2).

Co-Occurring State Incentive Grant (COSIG) transforms the service delivery system from one requiring specialists to treat individuals with co-occurring disorders to one that builds the competencies of existing providers. It pilots vouchers for other services to support recovery.

Access To Recovery Grant (ATR) provides self-directed choice of treatment and recovery support services to drug court participants through an electronic voucher system.

Data Infrastructure Grant (DIG) allows DSHS to develop capacity to report required measures through the Uniform Reporting System (URS). The value of the URS data would be substantially increased through interagency matching capacity.

Jail Diversion requires local mental health authorities to form community collaborations that include law enforcement to develop jail diversion strategies. MHBG funds will be used in FY2006 to provide incentives to accelerate the implementation of local strategies.

Resiliency & Disease Management (RDM) provides system-wide evidence-based services linked to assessment of clinical and supports needs. It represents a substantively different method of funding and delivering mental health services. It includes fidelity tools and use of data to monitor implementation and track outcomes and is resiliency and recovery focused.

Consumer-Operated Services Grant Program (COS) provides funding and technical assistance to local consumer groups to develop peer support and consumer provided services through a contract with Texas Mental Health Consumers.

Healthcare Delivery Model for Children in Foster Care is a comprehensive healthcare delivery model for foster children that integrates physical and behavioral healthcare involving a system-wide HHSC team. A system of care approach is used incorporating wraparound planning and braided funding from each of the agencies.

Uniform Assessment and Evidence-Based Practices is ensured with RDM uniform assessment of need and delivery of evidence-based practices. Adopting common standards and linking data can allow other agencies to purchase services aligned with agreed-upon evidence-based practices. Integrating the statewide implementation of evidence-based approaches with the use of electronic medical records is unprecedented in state purchased mental health services and is one cornerstone of a transformed system.

Each of these initiatives is a part of the transformation of mental health services and will be a synergistic contributor to accomplish NFC goals. As different agency activities are discussed and

opportunities are identified, the TWG will capitalize on that potential. Through ongoing planning and collaboration, the TWG will ensure that all available resources are put to best use to accomplish the goals of a transformed system.

Ensuring Development of Individualized Plans of Care

Current behavioral health care data systems allow DSHS to determine if consumers are receiving appropriate, individualized plans of care through review of assessment, treatment plans, and services actually delivered against evidence-based performance measures. Expanding data infrastructure will allow all TWG agencies to ensure provision of individualized plans of care.

Definitions and use of individualized plans of care by agencies will be determined by the TWG along with a review of current rules and policies for service plan development. Implementing uniform standards of care and training will ensure that all service providers understand what is expected and have the skill set to work collaboratively with consumers and their families to develop individualized service plans.

In addition to these strategies, three innovative projects are designed to facilitate development and implementation of individualized plans:

- **Access to Recovery:** Texas is implementing ATR that provides vouchers to eligible drug court offenders enabling them to choose and purchase from an array of support services designed to augment treatment and recovery support and improve outcomes.
- **Mental Health Self-Directed Care:** Texas will use MHBG funds to implement a model of self-directed care, person-directed planning, and access to flexible funds.
- **COPSD Vouchers:** Texas has implemented a voucher based program for persons with co-occurring disorders. This project includes individualized service planning.

Each of these programs is being tested and evaluated. Results are expected to be promising and may offer a guide for state agencies to ensure individualized service plans are developed.

Section D – Proposed Approach: Sustainability

Continuous improvement and maintenance of the transformed infrastructure will be sustained and guided by the CMHP and oversight structure developed and managed by the TWG. Transformation will be assured through integration of planning processes, development of aligned strategic plans, and alignment of the CMHP into existing legislatively mandated planning processes. Integrated strategic planning, budgeting, workforce development, training, performance measures, oversight, and service delivery design strategies will be embedded in the administrative structures of each TWG member agency. Strategies with support from multiple agencies are viewed favorably by the Texas Legislature and support of the Governor and the Legislature also indicates sustainability of the transformation.

Grant funds will be used to build infrastructure, leaving the state the relatively modest cost of maintaining the infrastructure. Based on experience with the Dallas Jail Diversion Project (JDIM), maintenance expenses are more than offset through increased efficiency. According to staff in Dallas, the monthly maintenance expenses associated with the system are recouped by a single person being diverted from jail prior to booking who would otherwise have been incarcerated for a single day.

Twenty-seven communities across Texas have technological capacity to provide telemedicine, but telepsychiatry is not yet reimbursable under the state Medicaid plan. In conjunction with system transformation, a telepsychiatry pilot will be implemented leading to inclusion in the state Medicaid plan. This effort will increase the sustainability of that aspect of the project, as well as promote continued development of the technology across the state.

The TWG involve appropriate partners and will continue to expand this network. For example, the Texas Institute for Health Policy Research is involved in developing local community collaboratives and will be involved in transformation activities at the local level. Various foundations have expressed strong support for sustaining these efforts and their activities will continue beyond the period of the grant.

Maintenance and further development of the infrastructure developed under this grant will be assumed by the partner agencies, as will the continued accomplishment of New Freedom Commission goals. Projects will be identified every two years in the Comprehensive Mental Health Plan, and funds will be requested through appropriate partner agencies in their LAR.

Section E – Staff, Management, and Relevant Experience

Leadership of the Transformation Working Group

Commissioner Sanchez will convene the Transformation Working Group, and in conjunction with Deputy Commissioner Wanser, will provide leadership to the group. Both of these dynamic leaders have a broad and powerful vision of a transformed system, and extensive experience with projects that have fundamentally changed systems.

Most notably, Commissioner Sanchez has led the evolving transformation of four legacy state agencies into one consolidated agency. Although still in the process of optimization, this change is resulting in a more effective service delivery system and the removal of historical barriers to cross-agency case collaboration. Accomplishment of this merger has required the integration of diverse perspectives and the systematic application of change management strategies, including business case development, disciplined use of project management guidelines and comprehensive communication plans.

Deputy Commissioner Wanser is a key executive who worked closely with Dr. Sanchez in the agency transformation. He will continue to work full-time on transformation of the behavioral health system in Texas. He has dedicated his career to transforming systems and has built bridges between mental health services and substance abuse services resulting in projects of regional and national significance. His efforts initiated the required use of evidence-based practices in the Texas mental health system. He played a vital leadership role in the development of Texas' nationally recognized Co-occurring Psychiatric and Substance use Disorder (COPSD) treatment project and was responsible for the development of a behavioral health Medicaid managed care carve-out project that blended public resources for mental health and substance abuse and fundamentally changed both service delivery systems resulting in increased client choice and service capacity without reduced quality. The changes for transformation involve situations analogous to those with which Dr. Wanser has a proven track record.

Both Drs. Sanchez and Wanser routinely address a variety of constituencies in many public

forums, including the Texas Legislature. Both are highly effective in this role, evidencing outstanding oral communication skills. Both have authored and co-authored published articles and numerous papers for professional presentation, evidencing outstanding written communication skills.

Membership of the Transformation Working Group

Governor Rick Perry has designated the following individuals to serve as the TWG. In addition to committing executive level staff to membership and active participation on the TWG, each member agency has committed to dedicate approximately 10% of one or more staff positions to work with the TWG toward achieving mental health transformation. Brief statements regarding members experience and commitment to mental health system transformation follow.

Governor's Office Heidi Lopez-McConnell will represent the Governor's Office. She has been a senior-level policy advisor to Governor Rick Perry on a broad range of health issues including mental health, substance abuse, and Medicaid since 2001. A graduate of Yale University and the Lyndon B. Johnson School of Public Affairs, Ms. McConnell was integrally involved in the development and passage of HB2292, the landmark legislation of the 78th Texas Legislature which reorganized the Health and Human Service Commission. Her four years in the executive branch are complemented by a three-year tenure at the Texas Legislative Budget Board, a permanent joint committee of the Texas Legislature that develops recommendations for legislative appropriations for all agencies of state government. Ms. McConnell will bring expertise in mental health policy and systems change and a mandate from Governor Perry to assist in the direction and development of the Comprehensive State Mental Health Plan.

Health and Human Services Commission (*Systems Oversight, CHIP/Medicaid*) Deputy Executive Commissioner for Health Services Charles E. Bell, M.D., will represent the commission, which is the oversight agency for all agencies within the Health and Human Services System (HHS) as well as being the operating agency for a number of health and human service programs. Health Services coordinates policy development and initiatives among the commission and four new departments. The office also houses the Medicaid/CHIP program and coordinates Medicaid and CHIP policy development and initiatives systemwide. Dr. Bell will dedicate 10% of his time to the TWG.

Texas Department of State Health Services (*Public Health, Mental Health and Substance Abuse Authority*) DSHS Commissioner Eduardo J. Sanchez, M.D., M.P.H. is the chief health officer for Texas. He oversees mental health and substance abuse prevention and treatment, disease prevention and bioterrorism preparedness, family and community health services, and environmental and consumer safety and regulatory programs. Dr. Sanchez will serve as the transformation leader. Approximately 10% percent of his time will be dedicated to the TWG. DSHS Deputy Commissioner for Behavioral and Community Health Dave Wanser, Ph.D. provides oversight of the strategic direction for behavioral, family, and community health. 100% of his time will be dedicated to the TWG.

National Alliance for the Mentally Ill-Texas (*Organization of Families of Adults with Mental Illness*) Tom Hamilton will represent NAMI-TX. Mr. Hamilton is a co-owner of Medora Investments, LLC a private investment company located in Houston, Texas. He retired in December 2002 as the CEO and chairman of EEX Corporation. He is involved in civic activities, most notably as a member of the Board of Trustees of the MHMR Authority of Harris County, Texas, one of the largest community mental health centers in the US. Tom became involved in the area of mental health when his son was diagnosed with schizophrenia in 1992. He is a past

president of NAMI Texas, past director of the Texas Society of Psychiatric Physicians (TSPP) Foundation, served as a director of Tomball Pines, Inc., a HUD section 811 housing project for low-income persons with mental illness, and was the NAMI Liaison to the Corresponding Committee on Jails and Prisons of the American Psychiatric Association. Mr. Hamilton will dedicate 10% of his time to the TWG.

Texas Mental Health Consumers (*Organization of Mental Health Consumers*) Executive Director, Mike Halligan represent TMHC. TMHC is a non-profit agency designed to encourage, educate, train, and organize persons with mental illness to advocate for themselves and support each other. Mr. Halligan is a consumer of mental health services and has worked as a direct care provider for mentally ill and mentally retarded consumers, adults and children. He has also volunteered for several victim programs including Rape Crisis Services, the Child Assault Prevention Project, Building Bridges, People Against Violent Crime, and Court Appointed Special Advocate (CASA). He currently serves on the TMHPAC and the National Association of Mental Health Planning and Advisory Councils. He serves on numerous state committees dealing with issues relating to mental illness and is a licensed professional counselor in Texas. Mr. Halligan will dedicate 10% of his time to the TWG.

Parents of children/youth with severe emotional disturbance and mental illness:

Valarie Garza is a single parent of 3 boys. Daniel, age 19, was diagnosed bipolar with psychotic features at age 10. Daniel's challenges have provided her family extensive experience with various child-serving agencies. The Children's Partnership integrated system of care project demonstrated children and families with significant challenges can be successful with the right support. Ms. Garza serves as a Parent Representative on The Children's Partnership Board of Directors and on the Travis County System of Care Team. She currently works as a Parent Care Coordinator within the Travis County System of Care in Manor Independent School District. She currently serves on the advisory board for Child Protective Services. Ms. Garza will commit 10% of her time to the TWG.

Stephany Bryan is a single mother of three, whose youngest child, now a teenager, was diagnosed with SED at the age of two and a half. She has successfully navigated the mental health, child protective, education and human service systems in order to maintain her son at home, at school and in the community. As a national family leader for the last 11 years, she has extensive experience providing communities with technical assistance as they move toward developing partnerships with children and families. Ms. Bryan has provided parent-to-parent consultation and technical assistance in a professional and personal capacity. She currently serves as Regional Technical Assistance Coordinator through The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) under contract with the federal Center for Mental Health Services to provide technical assistance to system of care communities. Ms. Bryan will dedicate 10% of her time to the TWG.

The Department of Family and Protective Services (*Child Protective Services*) Commissioner Cary Cockerell will represent DFPS. Mr. Cockerell pioneered the first Texas youth advocacy program using paid mentors to work with youth. He established an education program for expelled middle school students called Pathways, now a statewide model for mandated juvenile justice alternative education programs. He was also instrumental in adding three juvenile courts in Tarrant County, adding an automated information system for client data, and leading a major building expansion program. He will dedicate 10% of his time the TWG.

The Texas Department of Criminal Justice (*Criminal Justice*) Dee Wilson will represent TDCJ. Ms. Wilson has served as the Executive Director for the Texas Department of Criminal Justice -

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) since 1987. The Council of State Governments identified TCOOMMI as one of four exemplary state approaches to facilitate improved outcomes for people with mental illness released from incarceration. She has worked in the mental health and criminal justice field for over 25 years and is actively involved in policy, legislative and program initiatives for offenders with mental illnesses, mental retardation and other special needs. She will devote 10% of her time to the TWG.

The Texas Juvenile Probation Commission (*Juvenile Justice*) Vonzo Tolbert, Director of Planning, will represent TJPC. Mr. Tolbert is responsible for all agency tasks related to strategic planning and provides consultation, education, policy analysis and program development for agency activities on mental health issues. Mr. Tolbert has over 22 years experience in analysis, implementation, management, and development of public policy programs in Texas. Mr. Tolbert will dedicate 10% of his time to the TWG.

Texas Youth Commission (*Juvenile Justice-facilities*) Assistant Deputy Executive Director for Rehabilitation Services, Dr. Corinne T. Alvarez-Sanders will represent TYC. Dr. Sanders oversees agency resocialization and specialized treatment programs, case management, education, and medical, psychiatric and health services. Specialized programs offered are the nationally recognized Capital and Serious Violent Offender Treatment Program for homicide offenders, sexual behavior treatment programs, substance abuse treatment programs, female offenders program, aggression management program, services for juveniles with serious emotional disturbances, mental illness and/or mental retardation. Dr. Alvarez-Sanders will dedicate approximately 10% of her time to the TWG.

In addition to the required partners, Governor Perry has designated the following additional agencies as participants in the mental health system transformation project:

Texas Education Agency (*Public Education*) Commissioner of Education, Dr. Shirley J. Neeley oversees 1,037 school districts and about 200 charter schools. Dr. Neeley will commit 10% of her time to the TWG.

The Texas Department of Housing and Community Affairs (*Housing Authority*) Director Edwina P. Carrington oversees operations of TDHCA, a state agency that administers over \$400 million annually toward the creation or retention of affordable housing and a host of community service programs. Ms. Carrington will commit 10% of her time to the TWG.

The Department of Assistive and Rehabilitative Services (*Vocational Rehabilitation*) Commissioner Terry Murphy's leadership abilities are evidenced by achievements throughout his career. On a national level, he has served as the Council of State Administrators of Vocational Rehabilitation's Representative for Region VI. In November 1999, he was elected as President-Elect of the National Council of State Agencies for the Blind (NCSAB) and served as President of NCSAB from February 2000 until December 2001. Currently, he serves as the Secretary/Treasurer of the Council of State Administrators of Vocational Rehabilitation and will remain in this position until April 2001. Commissioner Murphy will commit 10% of his time to the TWG.

Texas Workforce Commission (*Labor Force programs*) Deputy Executive Director Gene Crump Jr. is charged with providing direction and guidance in strategic operations and planning, coordinating, and evaluating the agency's performance. He will dedicate 10% of his time to the TWG.

Texas Veterans Commission (*Veteran's Services*) Director of Finance and Information

Resources, Mr. Buerschinger has 30 Years experience in Veterans Claims Representation and Counseling Administration. He has coordinated claims representation services on behalf of veterans and veterans' children in Texas mental health facilities and also represents the agency on the Texas Homeless Network and Texas Interagency Counsel on the Homeless. Mr. Beurschinger will commit 10% of his time to the TWG.

Veterans Administration Heart of Texas Health Care Network (Veterans Health Services)

Federally appointed as the State Mental Health Liaison, Dr. Kathryn Kotrla represents the Veterans Health Services (Texas Veterans Integrated Services Networks- VISNs) in Texas. Dr. Kotrla is a psychiatrist with 30 years of experience in the area of veteran's health. She serves as liaison to support collaborative planning between the VA and state mental health, substance abuse and aging services and spearheaded a joint mental health initiative with DSHS. She will dedicate 10% of her time to the TWG.

The Texas Department of Aging and Disability Services (Long-term care) Commissioner Jim Hine is the recipient of the 2004 Texas Lutheran University Distinguished Alumni award and the 2003 Texas Public Employees Association Agency Administrator of the year award. In 2001, he received the Bob Bullock Award for Outstanding Public Stewardship and the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Commissioner's Award for his outstanding contributions toward the prevention, intervention, and treatment of child abuse and neglect. In 1993 he was the Computerworld Smithsonian Award finalist for Visionary use of Information Technology in the Field of Government and Non-profit Organizations. Commissioner Hine will dedicate 10% of his time the TWG.

The Office of Rural Community Affairs (ORCA) Terrie Hairston, Director of the Rural Health Division, is responsible for day-to-day operations of the division. She is also responsible for providing leadership and direction for health initiatives affecting rural parts of the state. Ms. Hairston will commit 10% of her time the TWG.

State Legislators

Representative Suzanna Hupp and Senator Jane Nelson have been appointed by Governor Perry to participate in the TWG.

Representative Suzanna Hupp has served in the Texas House of Representatives since 1996. During the 2001 Legislature, Representative Hupp served on the House Appropriations subcommittee on Human Services. In November of 2003, Speaker Tom Craddick appointed Representative Hupp as Chair of the House select committee on child welfare and foster care. Speaker Craddick has appointed Representative Hupp as Chair of Human Services for the 79th Legislature. Representative Hupp's has extensive knowledge and experience on human services issues has aided her ability to lead the Human Services committee to reforming Child Protective Services and Adult Protective Services.

Senator Jane Nelson is the Senate's second highest ranking Republican and Chairman of the Health and Human Services Committee. She has championed several causes important to Texas patients, including Texas' first comprehensive medical privacy law, HMO accountability, medical liability reform and the "prompt pay" law to eradicate health care billing bureaucracy. Her advocacy work has garnered awards, including the prestigious Nathan Davis Award from the American Medical Association and Tarrant County Senior Services 2003 Citizen of the Year .

Staff to Assist in Development, Implementation, Evaluation, and Sustaining the CMHP
Key positions to work directly with the TWG

Project Director Vijay Ganju, Ph.D., has provided a letter of commitment accepting the position of project director. He will assist Dr. Wanser to ensure all project deliverables are completed in accordance with specifications. Dr. Ganju serves as Director for the Center for Mental Health Quality and Accountability, National Association of State Mental Health Program Directors Research Institute (2001-present). The Center's mission is to promote quality and accountability in state mental health systems through development of a coordinated, coherent strategy related to research, implementation and knowledge management. A major focus is developing partnerships among funders, policymakers, consumers and family members. The Center is working with various university-based research centers to improve implementation of evidence-based practices in the 50 states.

Associate Project Director Susan Stone, M.D., J.D. has agreed to serve as associate Project Director. Dr. Stone completed her law degree at the University of Texas Law School and has been an active member of the State Bar of Texas since 1985. She completed her medical degree at the University of Texas Health Sciences Center in Houston and has been a practicing physician since 1990. Dr. Stone completed her residency in psychiatry at that same institution, serving as chief psychiatric resident her final year. Dr. Stone is Board Certified in Psychiatry, with Added Qualifications in Forensic Psychiatry. Since completion of her training, Dr. Stone has served as Associate Medical Director and Director of Forensic Services for the Texas Department of Mental Health and Mental Retardation, as well as Ethics Advisor for the Texas Department of Criminal Justice. She is currently in private practice and consults with organizations interested in addressing the needs of individuals with mental illness who have forensic involvement.

External Evaluators The LBJ School of Public Affairs at the University of Texas will conduct the site-specific evaluation for the TWG. Co-Principal Investigators Dr. David Warner, Wilbur Cohen Professor of Public Affairs and Dr. Pat Wong, Associate Professor have both published extensively on human service delivery systems, focusing on delivery of mental health services in Texas. Additional investigators will include Dr. Gary Chapman, Dr. Bill Spelman, and Dr. Kristine Niemeyer whose professional expertise directly relate to transformation activities to be evaluated. Their expertise is fully described in Section F.

Other Full-Time Project Staff

Staff Evaluator-This full time position will oversee contracts with academic partners to conduct project evaluation. In addition, this position will be responsible for ensuring collection of GPRA data. Drs. Stacey Stevens and Molly Lopez will oversee these efforts and ensure GPRA data is used to continuously improve services.

Project Information Technology Manager-This full time position will oversee contracts with information technology providers and ensure that new components developed as part of the project will properly interface existing systems.

Additional Project Staff

Dr. Rudy Arredondo was appointed by Governor Perry to serve as Chair of the DSHS Advisory Council. The council provides oversight and guidance to activities of DSHS. Dr. Arredondo is director of the Southwest Institute for Addictive Diseases at Texas Tech University Health Sciences Center and also served as a commissioner on the President's New Freedom Commission.

The grant will be managed by the **DSHS Mental Health and Substance Abuse Division** which is responsible for managing the mental health and substance abuse services system. Many of the previously mentioned initiatives are housed in the division, among them, the RDM that restructured the public mental health service delivery system into a disease management model. Efforts of division staff will be supported by the **DSHS Center for Policy and Innovation (CPI)**. CPI staff has collectively over 50 years experience in the design, delivery and oversight of mental health services. These staff have specialized expertise in a variety of areas including; services for children/youth with severe emotional disturbance, juvenile justice, child welfare, psychosocial and vocational rehabilitation, interagency coordination and collaboration, systems of care and innovative financing strategies (including extensive knowledge of federal and state rules and procedures involving disability determination, vocational rehabilitation and public education), promotion and prevention strategic frameworks, and evidence-based treatment and recovery models.

The **Office of the Medical Director** will also support to the project. DSHS Medical Director, Steve Shon, M.D., directed the Texas Medication Algorithm Project, which has been adopted by several other states and recognized as a model by the President's New Freedom Commission and the Centers for Medicare and Medicaid Services.

In addition to the staff working full-time on the project, many staff involved in agency operations will lend their talents to the Mental Health System Transformation Project. They will help ensure that ongoing agency activities are appropriately leveraged to accomplish project goals and assist as needed in modifying current system operations to complement the goals of transformation. Each partner agency will identify one or more staff currently working in three key areas of agency operation: policy, program, and information systems. This staff time will be an in-kind contribution to the project. Staff from partner agencies will interface with the project team on a regular basis to modify business rules, policies, or procedures that may impede the further progress of transformation efforts, and assist as needed with system transformation projects.

Project staff reflect the diversity of Texas in terms of race, ethnicity, gender, culture, and language. Current members of DSHS staff are nationally recognized experts in the delivery of culturally competent mental health services and serve on national committees, task forces, and other significant projects. The majority of the staff involved has received formal training in project management, including change management, as part of the DSHS transformation. All project staff has experience in managing change and projects of various sizes. Further training will be provided to staff in DSHS and offered to partner agencies.

MEMORANDUM OF UNDERSTANDING FOR MENTAL HEALTH SYSTEM TRANSFORMATION

ARTICLE 1. GENERAL PROVISIONS

This memorandum of understanding (MOU) is entered into by the following state agencies, consumers and family members, hereinafter referred to as “*The Mental Health Transformation Working Group*”(MHTWG), to guide and support the development and implementation of a Statewide Comprehensive Mental Health Plan to respond to the needs and preferences of consumers and families in Texas. The parties to this MOU are:

- Office of the Governor, State of Texas (OOG)
- Texas Department of State Health Services (TDSHS)
- Texas Health and Human Services Commission (THHSC)
- Texas Department of Family and Protective Services (TDFPS)
- Texas Department of Criminal Justice (TDCJ)
- Texas Juvenile Probation Commission (TJPC)
- Texas Youth Commission (TYC)
- Texas Department of Assistive and Rehabilitative Services (TDARS)
- Texas Department of Housing and Community Affairs (TDHCA)
- The Texas Workforce Commission (TWC)
- Texas Department of Aging and Disabilities (TDADS)
- Texas Education Agency (TEA)
- Department of Veteran Affairs/VA Heart of Texas Health Care Network
- Texas Veterans Commission (TVC)
- Office of Rural Community Affairs (ORCA)
- Texas Mental Health Consumers (TMHC)
- NAMI Texas, Family member
- Parent Representative
- Representative Suzanna Hupp, Texas House of Representatives Committee on Human Services
- Senator Jane Nelson, Texas Senate Committee on Health & Human Services

This MOU facilitates the development of a comprehensive strategy for transformation of the state’s mental health system and is in support of a grant application to be submitted to the federal Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), as authorized under Section 520A of the federal Public Health Service Act, as amended.

The **MHTWG** recognizes that mental health, as a key component of public health, is a challenge that extends beyond the purview of any single state agency. Mental health issues affect individuals’ ability to learn, work, function, and interact productively within their families and in their specific communities. As such, a diverse set of needs exist across the state, and mental health transformation efforts must be broad, comprehensive, and driven by: the systems responsible for the design and administration of health and human services; systems that provide and purchase mental health services for their populations; and consumers who need access to the mental health service system. The state plays a critical role in building a solid foundation for delivering and sustaining

effective mental health and related services designed to foster resilience and recovery, and address the unique needs of each community.

The **MHTWG** realizes that numerous agencies purchase behavioral health services and that more resources than necessary are being spent to achieve each agency's respective mandates due to the inadequacy of mental health services and its impact on the public health of all Texans. Through the combined efforts of state agencies that provide, deliver, fund, purchase or administer mental health services and supports for their populations, the result of the transformation should be to develop an extensive, coordinated, and competent system of services and supports that work to foster consumer and family independence and the ability to live, work, learn, and participate fully in their communities. From a consumer and family perspective, transformation activities should result in a single, effective, transparent and navigable system that will be sustained over time.

Through this memorandum, the **MHTWG** members agree to focus on six areas, as outlined in this MOU: guiding principles; interagency collaboration; data sharing and evaluation; best practices; workforce capacity and competency; and grant expectations.

ARTICLE 2. GUIDING PRINCIPLES

The work of the **MHTWG** promotes *systemic best practice principles* that support *improved outcomes for all Texans* with or at risk for mental health or related disorders. These principles include: family-centered practice: cultural competence; community-based services: early identification and screening: strengthening parent capacity to protect and provide for their children: access to and availability of appropriate services: competent and trained providers; consumer and family participation in planning: and individualizing services that respond to the unique needs of Texans.

A truly effective, widely accepted *transformed mental health system must be relevant to the entire population*, including all Texans across the life span with or at risk for mental health and co-occurring problems. A transformed system must include promotion and prevention activities as well as treatment and recovery activities.

The parties to this MOU understand that all provisions of this MOU *will not equally apply to all agencies* listed as parties to this MOU. Agencies will use the context of the MHTWG and the RFA to identify specific provisions of the MOU that are applicable.

ARTICLE 3. INTERAGENCY COLLABORATION

Agencies shall work together to achieve *cross-system coordination* of mental health services and supports designed to address existing fragmentation; reduce or eliminate duplication of services; maximize resources; increase the availability of high-quality services; increase the flexibility of resources used at the state and local levels; expand the array of services and supports; and other transformative activities designed to increase the effectiveness of the mental health system.

Agencies agree to *participate in collaborative planning activities* to develop initial and ongoing cross-agency needs and resource assessments, and develop, evaluate and oversee a comprehensive mental health plan.

ARTICLE 4. DATA SHARING AND EVALUATION

Agencies agree that the ability *to share relevant information across agencies* will better meet the needs and preferences of mental health consumers and their families. Alignment of data collection (within legal obligations), analysis, evaluation and reporting is essential to a seamless accountable service system.

Agencies agree that information technology development will enable cross agency data matching and sharing to the degree necessary to improve outcomes, increase coordination of care across agencies, minimize duplication, increase accountability and increase the effectiveness of the mental health system.

Agencies agree to *provide, consistent with applicable law, data* necessary to evaluate system performance, client outcomes, grant goals, and develop common data tools if necessary to meet the requirements for evaluation.

Agencies agree to adopt *outcome measures* for individuals accessing mental health services based on the National Outcome Measures (NOMS), domains as described in the MOU Appendix 1.

ARTICLE 5. BEST PRACTICES

Agencies agree to adopt a *shared set of performance measures* for treatment of individuals with mental, emotional or behavioral health disorders.

ARTICLE 6. WORKFORCE CAPACITY AND COMPETENCY

Agencies agree to adopt *shared standards of practice* for mental health providers, which include evidence-based practices, training and metrics for competency.

Agencies shall agree to *uniform standards of individualized, research-based treatment and intervention* strategies and services, and criteria for evaluation of mental health services they provide, fund or purchase.

Agencies shall agree to identify ways to *increase the number of culturally and linguistically competent*, trained and licensed or certified professional and paraprofessional practitioners.

ARTICLE 7. STAFF COMMITMENTS/GRANT EXPECTATIONS

Agencies agree to *facilitate meaningful consumer and family participation*.

Agencies agree to show a *commitment to cultural competence and to eliminating disparities*.

Agencies agree to *dedicate high-level executives to participate on the MHTWG*.

Agencies agree to *dedicate high level staff to on-going regular participation in the MHTWG* to carry out transformation activities related to the above, including: providing data related to the grant and MHTWG identified outcomes and identifying gaps in services and capacity at the state and local levels.

ARTICLE 8. TERMS OF AGREEMENT

This MOU shall be effective upon adoption by each signatory agency, organization and individual.

This MOU shall be reviewed at least every two years and revised as needed to further implementation of the Comprehensive State Mental Health Plan.

This MOU can be expanded, modified, or amended, as needed, at any time by the consent of all of the agencies, and with approval by SAMHSA, the funding entity.

