

# **Texas Comprehensive Mental Health Plan**

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***Update Report for Fiscal Year 2010***

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# TEXAS COMPREHENSIVE MENTAL HEALTH PLAN (CMHP) UPDATE: FY 2010

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# TEXAS COMPREHENSIVE MENTAL HEALTH PLAN (CMHP) UPDATE: FY 2010

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## ***Introduction***

In 1999, the U.S. Surgeon General published a report on [Mental Health in America](#), declaring that mental health is part of overall health, mental illnesses are real, mental illnesses are as treatable as physical health disorders, and the focus of treatment should be on recovery. In 2001, President Bush established the New Freedom Commission on Mental Health (NFC) to address the problems in the current mental health service delivery system, including the stigma surrounding mental illnesses, the unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance, and the fragmented mental health service delivery system. In his charge to the NFC, the President directed its members to study the problems and gaps in the mental health system and make concrete recommendations for immediate improvements that the Federal government, State governments, local agencies, as well as public and private health care providers, can implement.

The NFC's findings confirm that there are unmet needs and that many barriers impede care for people with mental illnesses. In its final report, [Achieving the Promise: Transforming Mental Health Care in America](#), the NFC stated that to realize the vision for mental health in America as “a future when everyone with a mental illness will recover, mental illnesses can be prevented or cured, mental illnesses are detected early, everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community,” the following goals must be achieved:

- ◆ Goal 1: Americans understand that mental health is essential to overall health.
- ◆ Goal 2: Mental health care is consumer and family driven.
- ◆ Goal 3: Disparities in mental health services are eliminated.
- ◆ Goal 4: Early mental health screening, assessment, and referral to services are common practice.
- ◆ Goal 5: Excellent mental health care is delivered, and research is accelerated.
- ◆ Goal 6: Technology is used to access mental health care and information.

Following the release of the New Freedom Commission report in 2003, Texas convened a summit to evaluate the state of the Texas mental health system and to develop action steps to transform the system. At the summit, Mr. Charles Curie (then SAMHSA Commissioner) and six of the Commissioners on the NFC (which included three Texans) met with and provided guidance to state participants. Six workgroups were formed to address each NFC goal and each group noted barriers and potential solutions to transforming mental health in Texas ([Texas New Freedom Summit, 2004](#)). After the summit, many innovative initiatives to achieve New NFC goals were implemented; however, these initiatives typically occurred in isolation or with less than full participation of all stakeholders. The summit, the Governor's subsequent request for a [Memorandum of Understanding](#) among state agencies to collaboratively advance mental health transformation, and the [House Concurrent Resolution 193 on Mental Health Transformation](#) were timed perfectly with the issuance of SAMHSA's Mental Health Transformation State Incentive Grant (MHT-SIG); all of which would help support transformation of the Texas mental health system.

In October 2005, SAMHSA awarded Texas a five-year MHT SIG to the Governor's Office which is administered through the Texas Department of State Health Services (DSHS). In the “Texas Mental Health Transformation (MHT) Project,” the state is charged with transforming state infrastructure to provide a solid foundation for delivering evidence-based mental health and related services, fostering

recovery, improving quality of life, and meeting the multiple needs of mental health consumers across the life span.

To guide transformation efforts, the Mental Health Transformation Working Group (TWG) comprised of representatives from the Governor's office, state agencies, consumer and family members, veterans groups and the state legislature was convened in 2005 and in 2006, the Texas [Needs Assessment and Resource Inventory \(NARI\)](#) and the initial Texas [Comprehensive Mental Health Plan \(CMHP\)](#) was developed and submitted. The state has made progress on goals presented in the CMHP and is implementing plans and developing infrastructure for system transformation to continue.

This update to Texas' CMHP intends to:

1. Provide an update on mental health transformation accomplishments in FY 2009, including (a) a new conceptualization of the project, (b) an updated version of the Texas CMHP goals and subgoals, and (c) progress on all project activities.
2. Present priority projects and measures for the remainder of the grant period
3. Describe how transformation will be sustained when federal funding ceases
4. Present the MHT Evaluation Plan and how achievement of Texas CMHP goals will be tracked and measured for the remainder of the grant period

The original Texas CMHP and yearly update reports are the historical records for transformation in Texas. These documents provide descriptions of accomplishments and changing strategies throughout the grant period. These reports, along with a calendar and other relevant documents from Texas MHT activities, may be accessed on the Texas Mental Health Transformation website: [www.mhtransformation.org](http://www.mhtransformation.org).

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## *Fiscal Year 2009 Accomplishments*

### **MHT Conceptualization**

In FY 2009, a unifying conceptualization for the Texas MHT Project was developed. The purpose of the conceptualization is to allow for better communication about how infrastructure activities can lead to mental health system transformation and to provide an evaluation framework to determine what factors contribute to successful infrastructure implementation and outcomes.

The new conceptualization includes three aspects: 1) a mission statement, 2) categories for infrastructure activities, and 3) an evaluation conceptual model.

1. Mission Statement.

*The Texas MHT Project aims to accomplish the NFC/Texas Goals statewide through the use of **mental health infrastructure innovations**<sup>1</sup> that increase effective mental health services for all Texans. The Texas MHT Project will enhance innovative, consumer-focused, practical, and sustainable infrastructure solutions to systemic problems that hinder mental health service effectiveness.*

2. Infrastructure Activity Categories

- ◆ “Consumer Action” refers to an infrastructure that establishes or advances consumer input into or direction of MH services.
- ◆ “Training” refers to an infrastructure that establishes or advances training related to MH services.
- ◆ “Service Integration” refers to an infrastructure that establishes or advances alternative MH service processes.
- ◆ “Use of Evidence-based Practices” refers to an infrastructure that establishes or advances the use of EBPs in MH services.
- ◆ “Technology” refers to an infrastructure that establishes or advances technology related to MH services.
- ◆ “Community Collaboratives” refers to any activities in which any of the seven Community Collaboratives are involved.

3. Conceptual Model. The conceptual model graphically demonstrates how factors related to the innovative infrastructure activities and activity implementation will affect short and long-term transformation outcomes at the local and state levels. The model will be used for communicating about and evaluating transformation in Texas. Additional detail on the model is presented in the Evaluation section of this CMHP update report.

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<sup>1</sup> “**Infrastructure**” is the foundation or the bundle of facilities, services, installations, policies, processes, and procedures that *facilitates* the production of goods and/or services. “**Innovation**” refers to a new way of doing something, including incremental, radical, and/or revolutionary changes in any of the following: thinking, products, processes, or organizations. In our conceptualization, “**mental health infrastructure innovations**” are defined as novel infrastructure or the novel use of infrastructure that increases effective mental health services.

## Updated FY 2010 CMHP Goals and Subgoals

The original Texas CMHP included transformation goals and subgoals based on the six NFC goals ([click here](#) to view this report). As transformation is a process, goals and strategies have adjusted course during the grant period when they were found to be impractical, unfeasible, or as new opportunities were identified. As a result, the Texas transformation subgoals and activities have changed with the course of transformation. The table below presents the updated goals and subgoals for the FY 2010 Texas CMHP Update Report.

**FY 2010 Texas CMHP Goals and Subgoals**

NFC Goals	Texas Goals	Texas Subgoals
NFC 1: Americans understand that mental health is essential to overall health	Texas 1: Texans understand that mental health is essential to overall health	1.1. Anti-stigma activities at the state and local levels will assess and address stigma.
		1.2. Systems of care at the state and local levels will assess and address both mental and physical health issues.
NFC 2: Mental health care is consumer and family-driven	Texas 2: Texas mental health services are consumer and family-driven	2.1. Person-centered planning at the state and local levels will inform individual plans of care developed in partnership with the consumer and/or family members.
		2.2. A resiliency and recovery culture at the state and local levels will exist within the mental health service system.
		2.3. Leadership, networking, and information exchange opportunities at the state and local levels will exist for consumers, family members, youth, and their organizations.
NFC 3: Disparities in mental health services are eliminated	Texas 3: Texas mental health services address the needs of <i>all</i> Texans	3.1. Disparity, quality, and variety of mental health services at the state and local levels will be assessed and addressed for various Texas subpopulations, including racial/ethnic groups, veterans and their families, children/youth, SMI, older adults, and rural populations.
		3.2. Employment and housing opportunities at the state and local levels will be assessed and addressed for mental health populations.
NFC 4: Mental health screening, assessment & referral to services are common practice	Texas 4: Mental health screening, assessment and referral are common practices in Texas	4.1. Health screening, assessment, and referral practices at the state and local levels will be assessed and addressed for various Texas subpopulations, including racial/ethnic groups, veterans and their families, children/youth, SMI, older adults, and rural populations.
		4.2. Health screening, assessment, and referral practices will be assessed and addressed at the state and local levels within various settings including school systems, primary health care practices, and mental health agencies.
NFC 5: Excellent mental health care is delivered & research is accelerated	Texas 5: Texas mental health services provide excellent mental health care.	5.1. Research and dissemination at the state and local levels will promote best practices for recovery and resiliency.
		5.2. Workforce training at the state and local levels will be developed and expanded related to recovery and resiliency.
		5.3. A comprehensive array of services at the state and local levels will exist for mental health populations.
NFC 6: Technology is used to access mental health care and information	Texas 6: Texas mental health services utilize technology to provide mental health information and services	6.1. Technology at the state and local levels will be developed and used to expand interagency data coordination and exchange across agencies.
		6.2. Technology at the state and local levels will be developed and used to expand access to healthcare services.

## Progress on Infrastructure Projects

In FY2009, progress was achieved on transformation subgoals. Workgroups have broken into teams to implement specific projects that have been organized into the newly conceptualized **mental health infrastructure innovation** categories. These infrastructure innovation categories are:

**1. Consumer Action**

An infrastructure that establishes or advances consumer input into MH services.

**2. Training**

An infrastructure that establishes or advances training related to MH services.

**3. Service Integration**

An infrastructure that establishes or advances improved MH services or processes.

**4. Use of Evidence-based Practices**

An infrastructure that establishes or advances the use of EBPs in MH services.

**5. Technology**

An infrastructure that establishes or advances technology related to MH services.

**6. Community Collaboratives**

Infrastructure projects undertaken by the Community Collaboratives.

A listing of FY 2009 accomplishments by each infrastructure innovation category is provided below. A majority of these activities are part of ongoing transformation projects. More detailed information on projects immediately follows in the FY 2010 Innovative Infrastructure Priority Projects section of this report.

### 1. Consumer Action

Significant projects were implemented in FY 2009 to facilitate development of innovative consumer, family, and youth (CFY) infrastructure. Activities to date are essential steps in the process of developing a statewide infrastructure of consumers, youth, and families who will drive transformation.

#### **FY2009 Consumer Action accomplishments include:**

- Established viaHOPE (*The Consumer, Family, Youth Training and Technical Assistance Center*).
  - Conducted an assessment of training and peer certification needs among CFY and stakeholders.
  - Developed the CFY brand “viaHOPE”.
  - Hired a Youth Voice Coordinator.
  - Developing a CFY network statewide.
  - Developing a statewide peer specialist training and certification program.
  - Providing statewide CFY training and technical assistance.
  - Developing an online site to provide accessible training statewide.
- Several Community Collaboratives sponsored the Michael Nye *Fine Line: Mental Health/Mental Illness* anti-stigma art exhibition at the state capitol.
- Developing MHT Online, a network to promote statewide information sharing and exchange.
- Provided Leadership Skills and Community Transformation Training at Community Collaborative sites.
- Established positions for consumer and family member liaisons in Community Collaboratives.
- Supported CFY leadership development by sponsoring National Alternatives Conference attendance.

## 2. Training

The state has made progress developing its training infrastructure to improve and expand the workforce delivering evidence-based behavioral health services. Several new training initiatives were implemented in FY 2009 and others were integrated within agencies.

### **FY2009 Training accomplishments include:**

- viaHOPE provided training for CFY based on recovery and resiliency principles.
- viaHOPE is developing peer specialist training and certification.
- Developing and implementing family and professional partners training.
- Developed the MHT-Hogg Foundation workforce training partnership.
- Provided trauma-focused CBT training and oversight for the Resiliency POC.
- Provided MHT internships to university students.
- Incorporated a behavioral health component in Promotoras certification training.
- Incorporated a behavioral health component in EPSDT Medicaid (TX Health STEPS) clinician online training.
- Provided crisis intervention team training for law enforcement through crisis service system redesign in community collaboratives and other sites throughout the state.
- Incorporated the behavioral health component in School Health Specialists Train-the-Trainer.
- Completed a MHT TWG agency survey of behavioral health training resources and needs.
- Received appropriations during the last legislative session for psychiatric residency stipends in state hospitals.

## 3. Service Integration

Several projects and pilots are informing integration efforts and direction from the legislature support movement toward integration. Although work remains, the state has made strides developing and implementing physical and behavioral health integration projects.

### **FY2009 Service Integration accomplishments include:**

- Developed a web-based screening tool (health risk assessment) for physical and mental health issues to be tested in Community Collaboratives.
- Implementing the Adult Recovery POC self-directed care for adults with severe mental illness.
- Initiating clusters of integrated pediatric and mental health services across the state.
- Advancing primary/behavioral health care integration in Community Collaboratives.
- Conducting the Medicaid pilot in Dallas on presumptive eligibility for adolescents in the juvenile justice system.
- Implementing residential treatment program for juvenile offenders with mental health needs (Peavy Switch Program).
- Participating in the Texas Models for Change Mental Health Juvenile Justice Action Network.
- Increasing consumer choice in local mental health authorities through local planning and network development (LPND).
- Conducting the DARS Ticket to Work Partnership Plus Model Program.
- Developing competitive employment support through the DARS Medicaid Infrastructure Grant.
- Incorporating the inclusion of behavioral health components in agency assessments and surveillance (e.g. BRFSS).

- Assessing the provision of mental health assessment training in schools via TxCEDS (Texas Collaborative for Emotional Development in Schools).
- Assessing school staff perception of behavioral health needs, resources, and collaboration in schools and with the community.
- Establishing crisis redesign hotlines and mobile units at the community level.

#### 4. Use of Evidence-based Practices

The Texas NARI and CMHP identified several barriers and opportunities to advancing the use of evidence-based practices including increasing awareness and promoting use of evidence-based practices for different populations, coordinating the implementation of evidence-based practices across agencies, and providing support to the workforce to develop competencies in evidence-based practices. The state understands that an infrastructure is necessary to sustain and support the delivery of best practices, including training and agency contracting for services and has made progress to achieve its goals.

##### **FY2009 accomplishments include:**

- Continued implementation of the *Money Follows the Person Grant demonstration project* to transition individuals from nursing homes to community services.
- Established the State of Texas Alternatives to Restraint and Seclusion (STARS) online reporting and training system.
- Completed a report identifying the needs of returning military service personnel and their families and received funding during the legislative session for returning veterans mental health training and coordination.
- Conducted the Child and Adolescent Mental Health Symposium on evidence-based practices.
- Completed the School-Based Behavioral Health Resources Survey.
- Developed the online Evidence-Based Practice Clearinghouse.
- Established the Aging Texas Well Evidence-Based Clearinghouse.
- Established the HB 2439 Clearinghouse for best practices network development.
- Implementing and evaluating the Children’s Resiliency and Adult Recovery Proof of Concept Studies which are testing the use of best practices.

#### 5. Technology

The state identifies the increased use of technology as key to supporting transformation of the mental health system. Technology is a consistent thread within the CMHP, and priority projects include the use of technology and data to assess and address behavioral health issues.

##### **FY2009 Technology accomplishments include:**

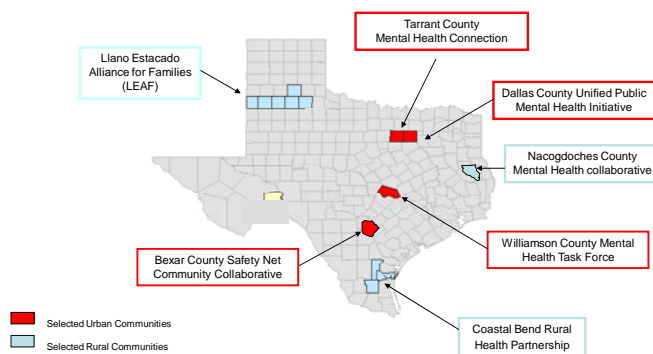
- Implementing and evaluating the outcomes of SB 839 which calls for electronic data sharing between the state mental health authority and criminal justice entities to enhance jail diversion.
- Implementing the Clinical Management for Behavioral Health Services System (CMBHS) electronic health record with behavioral health treatment providers.
- Identifying technology that will be used to deliver online training through the CFY viaHOPE Training and Technical Assistance Center.
- Implementing the Texas STARS online Reporting System with state hospitals to reduce the use of restraint and seclusion.

- Implementing online Clearinghouses of best practice information and resources (EBP Clearinghouse, Aging Texas Well Clearinghouse, HB 2439 Clearinghouse).
- Developing the web-based Health Risk Assessment to pilot in Community Collaborative physical and behavioral health sites.
- Advancing telemedicine use in Community Collaboratives.
- Establishing statewide Medicaid reimbursement for mental health services using telemedicine.
- Developing MHT online to improve networking and community development opportunities for consumer, youth, and family members.

## 6. Community Collaboratives

A basic assumption of Texas Mental Health Transformation is that transformation must occur at both the state and local levels. Activities at the state level alone will not result in improvement at the local level and local level transformation projects should be used to inform state activities and affect broader dissemination of successful transformation efforts. Seven collaborative sites have partnered with the state to implement transformative projects in their communities. The limited funding from MHT assists collaboratives with leveraging local resources and provides opportunities for local collaboration. The map below presents the geographic locations of the Community Collaboratives, demonstrating the coverage and diversity of the state that is represented.

**Geographic Locations of MHT Community Collaboratives**



Each community collaborative has selected and has been implementing transformation projects in their communities. The transformation projects underway in FY 2009 for each of the Community Collaboratives are listed below.

### Bexar County Public Safety Net Collaborative

- **A Crisis Care Center** provides law enforcement officers with a location to bring individuals suspected of being mentally ill for evaluation and treatment at the earliest point of contact possible. Activities include walk in screening and assessment and 10 beds for 23 hour stabilization and/or transfer to residential or hospital treatment. Prior to opening, many of these individuals were taken into custody and were ultimately incarcerated.
- **The Restoration Center** (Public Safety Triage and Detoxification Unit) includes a secure minor medical, sobering area, a 27 bed licensed and accredited detoxification Unit, a court room used by the City Magistrate and soon to be used by County Felony and Misdemeanor Drug Courts, and 250 licensed intensive outpatient slots.

- **The Outpatient Competency Restoration Program** intervenes and diverts individuals from the criminal justice system into appropriate care and treats individuals with mental illness who are charged with crimes in the community rather than in hospitals.
- **The Consumer and Family Support Conference** “Translating the Language of Mental Health...Yes We Can” educates consumers and family members about mental health problems, health problems, community resources, substance abuse, and developmental disabilities and also offers health and mental health professionals an opportunity to learn what families and consumers are seeking from healthcare providers.
- **The Crisis Intervention Training for School Administrators and Campus Law Enforcement officers** provides school districts with tools for de-escalating conflicts with students and allows these students to remain in the school setting.
- Implementation site of the state’s online **Health Risk Assessment**.

#### **Coastal Bend Rural Health Partnership**

- **Consumer & Family Member Mental Health Conference** creates an opportunity for community members, consumers, family members, law enforcement, and providers from three counties to convene and address mental health issues.
- **The Voices Leadership Group** increases Consumer Engagement & Empowerment. Public speaking, advocacy, and leadership skills training have been provided to consumer and family members.
- **Technology Integration** to Improve Crisis Intervention between CHRISTUS Spohn Health Systems ([www.christusspohn.org](http://www.christusspohn.org)) and Coastal Plains Community MHMR ([www.cpmhmr.org](http://www.cpmhmr.org)).
- **Service Integration** between Community Action Corporation of South Texas ([www.cacost.org](http://www.cacost.org)) and Coastal Plains Community MHMR.
- **Project First Response**, a mental health policy proposal to the Hogg Foundation for Mental Health, is being submitted for potential funding. The project proposes to bring together key community players to create a new policy on how to respond to and avert potential crisis utilizing a peer support response.
- **Training for nursing staff in schools** in ESC Region 2 has been provided to reduce stigma and provide school nurses with resources to help students with mental health issues.
- **Transportation Initiatives** have resulted in improved transportation services for consumers in this very rural area through coordination with TXDOT and the use of 5310 voucher program.
- **Training Transportation Drivers** has resulted in stigma reduction toward persons with mental illness. Texas Department of Transportation has requested driver training for the entire region.
- Implementation site of the state’s online **Health Risk Assessment**.

#### **Dallas County Unified Public Mental Health Initiative**

- Inactive this period due to changes in leadership.

#### **Llano Estacado Alliance for Families (LEAF)**

- **Telemedicine for care integration between primary care facilities and hospitals** is being installed at a Federally Qualified Health Center, a Mental Health and Mental Retardation clinic, and a county jail. This will enable the clients and health professionals working with these clients to have primary and mental health care access through telemedicine.
- **Family and Consumer Education Events** have included a Family Partners 8-session series and the Parent Academy.

- **A Youth Mentoring Project** by the LEAF, local YMCA and school districts are connecting 5<sup>th</sup> and 6<sup>th</sup> grade students who may be at high risk with community leader mentors.
- Implementation site of the state’s online **Health Risk Assessment**.
- Wayland Baptist University exhibited **Michael Nye’s “Fine Line”** in conjunction with continuing education **Speaker Series** on Suicide, Depression, Bi-Polar Disorder, Infant & Toddler Mental Health, Post-traumatic Stress Disorder, and ADHD & Adolescent Behavioral Disorders.
- **The “Bust It” stigma reduction campaign** was conducted with students.
- **The Hope Project** included a poster contest with the top 12 posters compiled into a calendar. The accompanying curriculum on famous people with mental illness was conducted in 21 area schools with 6300 students and 756 teachers and school personnel participating.
- **The Integrated Suicide Prevention Team** hosted a **“Sho-Out”** (Suicide Prevention Community Palooza), a youth initiative involving church youth groups and child-serving agencies.
- **The Hali Project** on advocacy training has resulted in zero “due process” hearings.
- Expanded **telecommunication infrastructure** with the purchase of two telehealth systems in the FQHC and the community MHMR center.

#### **Nacogdoches County Mental Health Collaborative**

- **The Patient Information Index** is a web-based directory of regional mental health clients which enables health providers, mental health providers, and law enforcement to securely view information such as name, date of birth, social security number, current medications, history of violence, medication allergies, and the provider name and contact information.
- **Videoconferencing and Telemedicine** will occur through a HRSA award, expanding the scope of existing videopsychiatry to include videoconferencing with hospitals, judges, and sheriff departments.
- **The Psychiatric Emergency Service Center** utilizes electronic health records and provides intensive mental health services to people in crisis and consists of an extended observation and a residential unit.
- **A Mental Health Awareness Campaign** hosted Michael Nye’s *Fine Line* exhibit and held a Mission Possible conference.
- Participate as an implementation site of the state’s online **Health Risk Assessment**.

#### **Tarrant County Mental Health Connection**

- **An Alcohol Diversion Program** (High-school based alcohol court) has been implemented as a pilot project in Tarrant County to offer students with alcohol violations an alternative to being removed from school and placed at alternative schools.
- **Early Autism Screening** using the Modified Checklist for Autism in Toddlers (MCHAT) for early screening in pediatric settings.
- **Datalink** is a customized automated online system to process, validate, and manage client/agency referrals, intakes, assessments, service plans, and client notes. It provides web-based online data management services and reporting for multiple users and agencies at different sites, including behavioral/mental healthcare, counseling, foster care, and family/social services.
- **Training in Trauma Focused-Cognitive Behavioral Therapy** is being provided to community clinicians.
- The **Bridging the Gap Symposium** is in its third year of implementation and provides the latest research in evidence-based practices on children’s mental health to providers, stakeholders, and the community.

- **Cultural Competence Training** is being conducted for over executive and front-line staff of child-serving agencies.

#### **Williamson County Mental Health Task Force**

- **A Mental health conference** is being held to increase collaboration among local providers.
- **Project Emerson** will develop and maintain emergency electronic health records.
- The [Williamson County Mental Health Information Website](#) has been developed to provide resources and serve the mental health needs of Williamson County citizens.
- **On-site school-based mental health services** are being expanded to rural school districts.
- **The Mental Health Task Force**, which includes representatives from the County Judges' office, Sheriff's Office, County Commissioners, law enforcement, hospitals, FQHCs, school districts, United Way, and MHMR Center, meets monthly to do case review, discuss and resolve issues.
- **Telepsychiatry** is being utilized to assess individuals and obtain prescriptions when not meeting criteria for admittance.
- Development of a **Crisis Respite Center** has enhanced Williamson County's capacity to assist persons with mental illness.
- Implementation site of the state's online **Health Risk Assessment**.

# TEXAS COMPREHENSIVE MENTAL HEALTH PLAN UPDATE: FY 2010

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## ***Sustainability Strategies***

Texas will employ a variety of strategies to sustain mental health transformation beyond the grant period. These strategies include integrating mental health transformation within agencies and Community Collaboratives, supporting the growth and development of viaHOPE, seeking continued support and funding for mental health transformation activities from the Texas Legislature, and seeking grant funding for transformation projects.

### **1. Integrate Mental Health Transformation:**

Real transformation cannot continue if projects and activities are not standardized as a normal part of state operations. Many of the transformative projects have been incorporated within TWG agencies and communities as a part of their ongoing activities and services. Only this ongoing implementation of the infrastructure innovation within the system will influence outcomes and improvements over time.

- **The Texas Transformation Working Group (TWG)**

The TWG was convened by the Governor's Office and its continuation after grant completion is a topic to be covered in the quarterly TWG meeting on September 11, 2009. The hope is that the TWG will continue in some form after FY 2010 as it has been a venue for discussion and opportunities for system transformation that would not have occurred otherwise. Interviews with TWG representatives and open discussion about the continuance of TWG and its subsequent structure and roles will continue for several months with a final decision made by the next quarterly meeting on December 11, 2009.

- **MHT administration moves to DSHS Division of Mental Health and Substance Abuse Services**

To ensure that transformation work continues after the grant period, the MHT project and staff will be housed within the Division of Mental Health and Substance Abuse Services at DSHS. The Division will provide ongoing support to Texas MHT, a direct connection to DSHS executive administration, and because of its involvement in behavioral health at the state and local levels, this division is the best fit for continued transformation efforts at all levels of the mental health system.

- **TWG Agency Transformation Activities**

TWG agencies began transformative projects during the MHT grant period that will continue as part of the agency's regular activities after the grant period ends. Examples of integrated projects/activities include:

- The STARS reporting project (HHSC)
- Crisis service system redesign (DSHS)
- Integrated web-based Health Risk Assessment (DSHS, Community Collaboratives)
- CMBHS electronic medical record (DSHS)
- Family Liaison positions at each youth facility (TYC)
- Behavioral Health Unit established within agency (TJPC)
- Ticket to Work Partnership Plus Model (DARS)
- Medicaid Reimbursement using Telemedicine (multiple agencies, communities)
- Behavioral health data collection in assessment and surveillance (DSHS)
- Continue/expand the Money Follows the Person demonstration grant (DADS)



- **viaHOPE Texas Mental Health Resource**

A major goal of the President’s New Freedom Commission was to make the mental health system “consumer and family driven”. The viaHOPE Texas Mental Health Resource was created to function as a training and technical assistance center for consumers, family members, youth consumers, and professionals. It will continue with support from MH Block Grant funds after the end of the grant period.

- **Community Collaboratives**

The MHT grant provided opportunities for Community Collaboratives to convene key stakeholders, identify transformation needs in their communities, and leverage MHT funds to support transformative change in their communities. Although MHT funding will cease upon grant completion, collaboratives have indicated that they will continue to work together on transformation projects by leveraging local resources and seeking other funding sources to support specific projects.

## 2. The Texas Legislature:

During the past two legislative sessions, MHT-TWG agencies and stakeholders have successfully conveyed the importance of behavioral health to overall health and the need for expansion and continued support of innovative infrastructures for mental health. As a result, over the past two sessions significant funding was secured by TWG agencies for mental health system infrastructure and services. Outcomes of transformation evaluation will provide evidence of what is working in the state and allow agencies and stakeholders to demonstrate the value of a transformed mental health system. Legislative activity affecting MHT during the 2007 and 2009 sessions include:

- **80<sup>th</sup> Texas Legislature (2007)**

Provided a \$599 million increase in funding for the 2008-2009 biennium across all TWG agencies, including \$82 million for Mental Health Crisis Service System Redesign. A list of all new services and funds can be found in the [2007 CMHP Update Report](#).

- **81<sup>st</sup> Texas Legislature (2009)**

Despite the economic downturn, new funds were appropriated for behavioral health during the 81<sup>st</sup> Legislature. A commitment to mental health transformation was demonstrated with new funds allocated, change occurring to state Medicaid benefits, and bills passed that will support efforts to transform the behavioral health service system. A TWG legislative [update report](#) provides additional detail on TWG agency specific bills related to MHT.

### **New appropriations to the state mental health and substance abuse authority:**

- \$25.7 million for Community Mental Health Transitional Services
- \$29.3 million for Community Mental Health Intensive Ongoing Services
- \$1.2 million for Veteran’s Mental Health Training and Coordination
- \$850,000 for psychiatric residency stipends

### **Medicaid Benefit - Adult Substance Abuse Treatment**

Article IX, Sec. 17.15 of SB 1 provided an Adult Substance Abuse Treatment Medicaid Benefit that can begin as early as January 1, 2010 if federal approval is received. The benefit will provide coverage for comprehensive substance abuse treatment services under Medicaid to

persons who are at least 21 years of age, have a substance abuse disorder, and otherwise qualify for Medicaid. This benefit was approved and contingent upon its use resulting in the reduction of costs for other more expensive services such as emergency room visits and hospital stays.

**Other Bills Relevant to MH Transformation**

- **HB 2196** - Establishes a workgroup under the auspices of the Health and Human Services Commission to recommend best practices in policy, training, and service delivery to promote the integration of health and behavioral health services.
- **SB 1325** - Creates a peer-to-peer mental health intervention program for military veterans.

**3. Seeking External Grant Funds:**

Texas TWG agencies and MHT-funded Community Collaboratives intend to seek external funding sources to support particular transformation projects. During the current grant period, TWG agencies (TJPC and DSHS) and a community collaborative (Tarrant County) have applied for project specific grants. Other grant funding opportunities will be sought during the final grant year.

- **Jail Diversion and Trauma Recovery Program** (SAMHSA grant to begin September 30, 2009)  
Texas has received a SAMHSA grant to create the infrastructure for trauma-focused screening, assessment and therapy for veterans and others with PTSD and related disorders; Texas will pilot the program in a well-defined jail diversion program in Bexar County. Development, implementation, and evaluation will be a collaborative effort between state and local entities, and successful portions of the pilot will be disseminated across Texas beginning in Harris and Nueces Counties. The population to be served includes adults with PTSD and related disorders, giving priority to veterans, especially those from Operations Iraqi Freedom and Enduring Freedom.
- **Tarrant County Child Traumatic Stress Network** (application submitted to SAMHSA in 2009)  
The Mental Health Connection of Tarrant County (a partner in the MHT POC Resiliency study) has proposed to establish the Tarrant Child Traumatic Stress Network (TCTSN). The TCTSN will serve children and youth ages 3-18 and their families who seek services for traumatic stress due to physical abuse, sexual abuse, neglect, family violence, community violence, separation due to military deployment, natural disasters, grief or loss, and other significant traumas. The community will provide training and technical assistance on two child-trauma evidence-based practices and enhance trauma screening, assessment, referrals, and other aspects of care.
- **Texas Models for Change Mental Health/Juvenile Justice Action Network** (Funded in 2008 by the National Center for Mental Health and Juvenile Justice/MacArthur Foundation)  
Through participation in the Action Network, Texas, Bexar and Tarrant counties will learn about innovative strategies to remove barriers and better assist juvenile offenders with mental health disorders. It is intended that Bexar and Tarrant counties will serve as learning laboratories to inform the state about barriers to the implementation of innovative service delivery approaches and that the state will then provide support and assistance, addressing the multiple levels of systemic reform that will be necessary to make changes to help local communities succeed.

- **Primary and Behavioral Health Care Integration Grants (PBHCI)** (Applications submitted to SAMHSA in 2009). Bexar County, Coastal Bend and Tarrant County Community Collaboratives have applied for grant funds to improve the physical health status of people with serious mental illnesses (SMI) by supporting communities to coordinate and integrate primary care services into publicly funded community mental health and other community-based behavioral health settings.

## **TEXAS COMPREHENSIVE MENTAL HEALTH PLAN UPDATE: FY 2010**

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### ***FY 2010 Operational Plans***

This section presents the MHT Project Team Operational Plan for FY 2010 organized by Texas goals and subgoals. The majority of Texas MHT projects are developed and implemented over more than one grant fiscal year. As a result, the operational plan table presented in this section lists MHT funded projects that began in FY 2009 and will continue into FY 2010 or that will begin in FY 2010. The projects are linked to the corresponding NFC Goal, Texas NFC subgoal, and include activity milestones, timelines and outcomes.

In addition to MHT activities supported by MHT Project Team and Contracts, transformation activities are initiated and implemented across the TWG, TWG Work Groups, TWG Agencies, and Community Collaboratives. Appendix A shows all Texas MHT projects (MHT funded or otherwise) that have been developed and implemented over the course of the grant. This table lists projects by the Texas goal and subgoal, the infrastructure innovation category it addresses, the entity responsible for the project, and the year or intended year of completion.

**MHT Project Team Operational Plan FY 2010**

**MHT Project Team Operational Plan FY 2010** includes activities for MHT Project Contracts but **does not** include MHT project activities by the TWG, TWG Work Groups, TWG agencies, or Community Collaboratives)

<b>TX 1. TEXANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH</b>				
<b>Subgoals</b>	<b>Activities (Contractor/Project)</b>	<b>Milestones</b>	<b>Timeline</b>	<b>Outcomes</b>
1.1. Anti-stigma activities at the state and local levels will assess and address stigma.	Develop and implement a state-wide anti-stigma campaign through Via Hope by August 2010—TTAC/ANTI-STIGMA	<ul style="list-style-type: none"> <li>◆ Amend 2010 contract with TTAC to include anti-stigma campaign</li> <li>◆ Determine dates for campaign roll out</li> <li>◆ Roll out campaign</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complete Nov 2009</li> <li>▪ Complete Dec 2009</li> <li>▪ Through Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>▪ Statewide anti-stigma campaign slogan and materials</li> </ul>
1.2. Systems of care at the state and local levels will assess and address both mental and physical health issues.	Develop and implement integrated screening for physical and mental health issues in Community Collaboratives through Intellica/Community Collaboratives by August 2010—INTELLICA & COMMUNITY COLLABORATIVES/HRA	<ul style="list-style-type: none"> <li>◆ Develop web-based screening tool</li> <li>◆ CCs integrate physical and mental health referrals and services</li> <li>◆ Train and consult with CCs in web-based tool and integrated service management</li> <li>◆ Pilot-test use for increasing clinical outcomes in clientele</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complete Sep 2009</li> <li>▪ Complete Dec 2009</li> <li>▪ Aug 2009-Aug 2010</li> <li>▪ Through Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>▪ Web-based screening tool for MH population</li> <li>▪ Trained agencies and staff</li> <li>▪ Effectiveness of tool for assessing and identifying physical and mental health needs in MH population</li> <li>▪ Effectiveness of integrated health referrals and services on clinical health outcomes</li> </ul>

TX 2. TEXAS MENTAL HEALTH SERVICES ARE CONSUMER AND FAMILY DRIVEN				
Subgoals	Activities (Contractor/Project)	Milestones	Timeline	Outcomes
2.1. Person-centered planning at the state and local levels will inform Individual plans of care developed in partnership with the consumer and/or family members.	Promote the use of person-centered planning in individual care in LMHAs by August 2010—NEW			
	Develop and pilot a program for self-directed care for adults with severe mental illness through UIC and NITBHA—UT CSWR/ <a href="#">ADULT POC STUDY</a>	<ul style="list-style-type: none"> <li>◆ Develop financing procedures, service network, and administrative structure</li> <li>◆ Recruit 300 persons</li> <li>◆ Collect baseline and follow-up data</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Jan 2009</li> <li>◆ Complete Sep 2009</li> <li>◆ Complete Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Financing procedures, service network, and administrative structure for self-directed care</li> <li>◆ Effectiveness of self-directed care on clinical outcomes</li> </ul>
2.2. A resiliency and recovery culture at the state and local levels will exist within the mental health service system.	Establish training for consumers, family, and youth based on resiliency and recovery principles through Via Hope by August 2010—TTAC/TRAINING	<ul style="list-style-type: none"> <li>◆ Conduct Needs Assessment</li> <li>◆ Allocate resources</li> <li>◆ Provide training and technical assistance services in priority areas</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Jun 2009</li> <li>◆ Begin Sep 2009</li> <li>◆ Through Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ A training resource center</li> <li>◆ Track needs, use, and satisfaction of consumers, youth, and families</li> </ul>
	Establish web-based mental health training on resiliency and recovery principles for professionals for CEU credit through Via Hope by August 2010—TTAC/TRAINING	<ul style="list-style-type: none"> <li>◆ Subcontract with Essential Learning</li> <li>◆ Promote training to agencies and organizations</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Sep 2009</li> <li>◆ Through Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ A web-based training resource</li> <li>◆ Track needs, use, and satisfaction of professionals</li> </ul>
2.3. Leadership, networking, and information exchange opportunities at the state and local levels will exist for consumers, family members, youth, and their organizations.	Provide consumer leadership training in Community Collaboratives through THI by August 2010—THI/NEW			
	Develop and implement online communities and networks to promote consumer information sharing and exchange on MHT Online through MHT Online/Via Hope by August 2010—UT LBJ & TTAC/MHT ONLINE	<ul style="list-style-type: none"> <li>◆ Develop web-based services for communication</li> <li>◆ Implement website services</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Sep 2009</li> <li>◆ Through Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Website services for communication</li> <li>◆ Track use and satisfaction of website services</li> </ul>

<b>TX 3. TEXAS MENTAL HEALTH SERVICES ADDRESS THE NEEDS OF ALL TEXANS</b>				
<b>Subgoals</b>	<b>Activities (Contractor/Project)</b>	<b>Milestones</b>	<b>Timeline</b>	<b>Outcomes</b>
3.1. Disparity, quality, and variety of mental health services at the state and local levels will be assessed and addressed for various Texas subpopulations including racial/ethnic groups, veterans and their families, children/youth, SMI, older adults, and rural populations.	Support seven Community Collaborative across the state involving multiple agencies at the local level through THI—THI/COMMUNITY COLLABORATIVES	<ul style="list-style-type: none"> <li>◆ Develop a toolkit for developing Community Collaboratives (CCs)</li> <li>◆ Provide oversight, training and technical assistance</li> <li>◆ Provide support of individual CC activities</li> </ul>	<ul style="list-style-type: none"> <li>◆ Through Aug 2010</li> <li>◆ Through Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Toolkit for establishing CCs</li> <li>◆ Effectiveness of service integration for multiple projects in multiple areas of the state</li> </ul>
	Determine scope and project activities for 2009 Texas legislation/funding related to Returning Veterans & their Families—NEW			
3.2. Employment and housing opportunities at the state and local levels will be assessed and addressed for mental health populations.	Convene a workgroup with housing and employment representatives to assess status and opportunities to meet at least three times by August 2010—NEW			

<b>TX 4 MENTAL HEALTH SCREENING, ASSESSMENT AND REFERRAL ARE COMMON PRACTICES IN TEXAS</b>				
<b>Subgoals</b>	<b>Activities (Contractor/Project)</b>	<b>Milestones</b>	<b>Timeline</b>	<b>Outcomes</b>
4.1. Health screening, assessment, and referral practices at the state and local levels will be assessed and addressed for various Texas subpopulations including racial/ethnic groups, veterans and their families, children/youth, SMI, older adults, and rural populations.	Analyze DSHS data related to Texas subpopulations and mental health services across the state by August 2010—NEW			
4.2. Health screening, assessment, and referral practices will be assessed and addressed at the state and local levels within various settings including school systems, primary health care, and mental health agencies.	Assess the provision of mental health needs assessment training in schools in the train-the-trainer model—UT LBJ/TXCEDS (TX Collaborative For Emotional Development in Schools) EVALUATION	<ul style="list-style-type: none"> <li>◆ Develop content and procedures</li> <li>◆ Provide training services in the ESC train-the-trainer model</li> <li>◆ Develop and implement evaluation plan</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Dec 2010</li> <li>◆ Jan-May 2010</li> <li>◆ Jan-Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Train school personnel</li> <li>◆ Track use and satisfaction</li> </ul>

TX 5. TEXAS MENTAL HEALTH SERVICES PROVIDE EXCELLENT MENTAL HEALTH CARE				
Subgoals	Activities (Contractor/Project)	Milestones	Timeline	Outcomes
5.1. Research and dissemination at the state and local levels will promote best practices for recovery and resiliency.	Establish and assess the use of the web-based Evidence-based Clearinghouse for effective mental health practices through UT CSWR—UT CSWR/EBP CLEARINGHOUSE	<ul style="list-style-type: none"> <li>◆ Develop website</li> <li>◆ Develop pilot test</li> <li>◆ Develop and implement evaluation plan</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Feb 2009</li> <li>◆ Complete Jun 2009</li> <li>◆ Complete Sep 2009</li> </ul>	<ul style="list-style-type: none"> <li>◆ Resource website</li> <li>◆ Track use and satisfaction</li> </ul>
5.2. Workforce training at the state and local levels will be developed and expanded related to recovery and resiliency.	Develop and implement peer specialist training and certification in Texas through Via Hope by August 2010—TTAC/PEER PROVIDER CERTIFICATION	<ul style="list-style-type: none"> <li>◆ Develop recommendations from in- and out-of-state practices and needs assessment</li> <li>◆ Develop content/procedures</li> <li>◆ Provide training and certification services</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Sep 2009</li> <li>◆ Complete Dec 2009</li> <li>◆ Jan 2010-Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Peer training and certification program</li> <li>◆ 50 peer specialists trained and certified and 7 peer trainers trained</li> <li>◆ Track employment</li> </ul>
	Develop and implement family and professional partners training in Texas by August 2010—TTAC/PEER PROVIDER CERTIFICATION	<ul style="list-style-type: none"> <li>◆ Develop content/procedures</li> <li>◆ Provide training services</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Feb 2010</li> <li>◆ Apr 2010-Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Training programs</li> <li>◆ 10 family partners trained</li> <li>◆ 10 professional partners trained</li> <li>◆ Tracking employment</li> </ul>
	Establish MHT-Hogg Workforce training partnership—DSHS & HOGG/WORKFORCE	<ul style="list-style-type: none"> <li>◆ Determine scope of work</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Sep 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Partnership in workforce development</li> </ul>
	Provide Trauma-focused CBT training and oversight for working with children through UT CSWR & Tarrant County Community Collaborative—UT CSWR/ <a href="#">CHILD POC STUDY</a>	<ul style="list-style-type: none"> <li>◆ Train 30 community practitioners in CBT for children</li> <li>◆ Recruit 150 children</li> <li>◆ Provide oversight</li> <li>◆ Collect baseline and follow-up data on 150 children</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Mar 2009</li> <li>◆ Complete Feb 2010</li> <li>◆ Mar 2009-Sep 2010</li> <li>◆ Complete Sep 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ A cadre of trained, experienced professionals in trauma-focused CBT for children</li> <li>◆ Effectiveness on clinical outcomes for children</li> </ul>
5.3. A comprehensive array of services at the state and local levels will exist for mental health populations.	Assess and address current and future Medicaid financing structure for peer and family partner providers—NEW			
	Assess and address the use of peer and family partner providers within the crisis redesign policy—NEW			

<b>TX 6. TEXAS MENTAL HEALTH SERVICES UTILIZE TECHNOLOGY TO PROVIDE MENTAL HEALTH INFORMATION AND SERVICES</b>				
<b>Subgoals</b>	<b>Activities (Contractor/Project)</b>	<b>Milestones</b>	<b>Timeline</b>	<b>Outcomes</b>
6.1. Technology at the state and local levels will be developed and used at to expand data coordination and exchange across agencies.	Assess the use of electronic health care records through CMBHS by August 2010—UT LBJ/CMBHS EVALUATION	<ul style="list-style-type: none"> <li>◆ Develop and implement CMBHS across agencies</li> <li>◆ Develop and implement an evaluation plan for CMBHS use</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Sep 2009</li> <li>◆ Jul 2009-Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Comprehensive electronic health records</li> <li>◆ Track use and effectiveness for better services</li> </ul>
	Determine scope and role on newly-formed national level Data Standards and Health Information Exchange—NEW			
6.2. Technology at the state and local levels will be developed and used at to expand access to healthcare services.	Assess data sharing procedures between state health services-mental health and criminal justice entities—UT LBJ/SB 839 EVALUATION	<ul style="list-style-type: none"> <li>◆ Develop and implement data sharing plans</li> <li>◆ Develop and implement an evaluation plan for use</li> </ul>	<ul style="list-style-type: none"> <li>◆ Complete Jan 2009</li> <li>◆ Complete Sep 2009</li> <li>◆ Jul 2009-Aug 2010</li> </ul>	<ul style="list-style-type: none"> <li>◆ Data sharing procedures</li> <li>◆ Tracking use and effectiveness for better services</li> </ul>

## TEXAS COMPREHENSIVE MENTAL HEALTH PLAN UPDATE: FY 2010

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### ***Evaluation***

There are two aims for Texas Mental Health Transformation evaluation: (1) to collect standardized information for all projects past and present, and (2) to assess effectiveness of select infrastructure innovation projects using the TX MHT Conceptual Model.

**MHT Evaluation Aim 1:** Document standardized information for all projects. This information will include its *purpose, NFC Goals, description of infrastructure innovation, barriers/issues it addresses, and results*. This compilation of project summaries will serve as a repository of information for all TX MHT Projects as well as to document procedures and results to help guide future continuation or extension projects based on them. Information from project summaries will be used to update the SAMHSA [Mental Health Transformation Tracker](#) and posted on the Texas MH Transformation [website](#).

**MHT Evaluation Aim 2:** Determine the effectiveness of MHT Infrastructure Innovations and related factors using the TX MHT Conceptual Model (graphic and brief description follows). For select projects, project staff will use the Conceptual Model to focus efforts for innovation development and implementation, and evaluation staff will use the Conceptual Model to focus data collection and analysis for innovation effectiveness and related factors. Evaluating the development, implementation, effectiveness, and related factors of MH Infrastructure Innovations will allow us to determine what works and which factors are related within and across different projects and content areas. This information is important for dissemination of transformation projects across the state. Initial evaluation activities will be completed by the end of FY 2010.

The Texas MHT Conceptual Model is currently being used in evaluation studies for six different projects, including the statewide use of an electronic health record, the sharing of information between mental health and criminal justice entities, the use of an evidence-based clearinghouse, the use of the train-the-trainer model in school systems, the use of web-based training for professionals, and the development of training and certification for peer providers in Texas. In the final analyses, the results of the model should indicate which factors related to infrastructure development and implementation relate to better service performance. This information will then be used to help successfully disseminate practices statewide.

A brief description and graphic of the Texas MHT Conceptual Model are provided on the following page but is not intended to represent the full details of Texas MHT evaluation. For additional information on the model and evaluation, please contact Jessica Hartos, PhD, Texas MHT Evaluation Coordinator at [Jessica.hartos@dshs.state.tx.us](mailto:Jessica.hartos@dshs.state.tx.us) or Sam Shore, MHT Project Director at [sam.shore@dshs.state.tx.us](mailto:sam.shore@dshs.state.tx.us).

**Texas MHT Conceptual Model**

The TX MHT Conceptual Model specifies the variables that will be used to determine the effectiveness of MH Infrastructure Innovations and related factors. Each colored box of the model (i.e. Innovation, Control Variables, Mediating Variables, Intermediate/"Short Term" Outcomes, and Health/"Long-Term" Outcomes) represents one factor that would affect the effectiveness of the Infrastructure Innovation. The arrows represent the direction of influence of the factors. In each colored box, white circles represent latent variables and white rectangles represent variables for data collection.

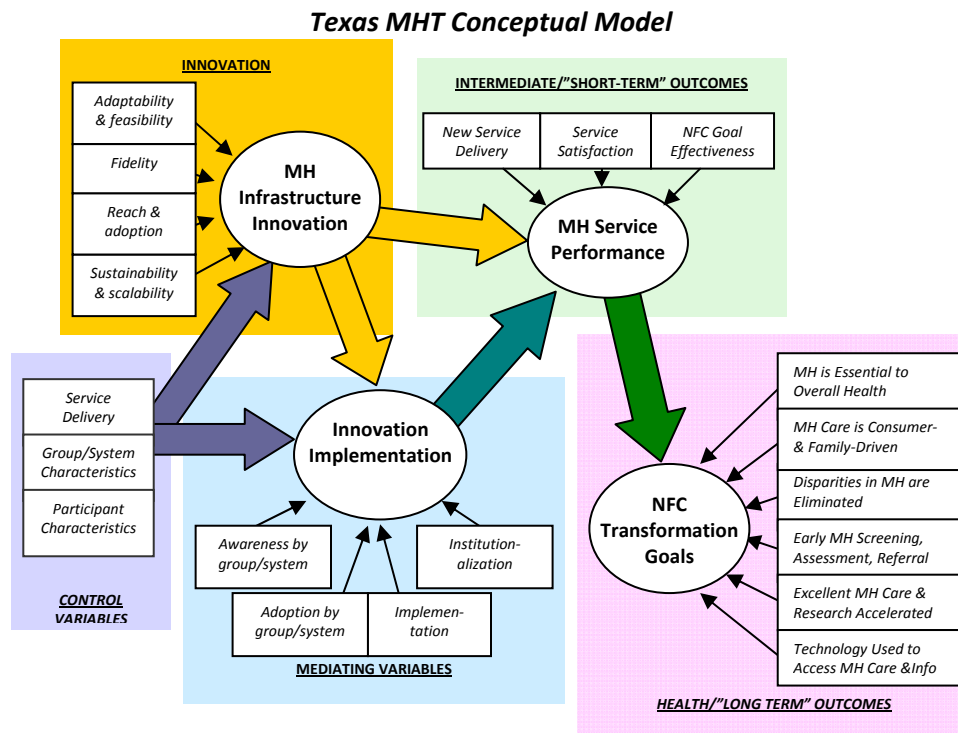
*Innovation* (yellow box) - Development of each MH Infrastructure Innovation will depend on factors related to adaptability & feasibility, fidelity, reach & adoption, and sustainability & scalability within the group or system in which it will be used.

*Mediating Variables* (aqua box) - The extent to which the MH Infrastructure Innovation is implemented and integrated within the group or system it is used will depend upon mediating variables related to awareness, adoption, implementation, and institutionalization.

*Control Variables* (light blue box) – The baseline service delivery, characteristics of the group/system, and characteristics of the participants are control variables that would affect the innovation and the implementation of the innovation in the target group or system.

*Intermediate/"Short-Term" Outcomes* (light green box) – The outcomes of the new service delivery, service satisfaction, and goal effectiveness of the infrastructure in the target group or system.

*Health/"Long-Term" Outcomes* (lilac box) – The outcomes related to achievement of Texas MHT goals at the state level that are determined over time.



# TEXAS COMPREHENSIVE MENTAL HEALTH PLAN UPDATE: FY 2010

## Appendix A: Texas MHT Goals and Activities FY 2006 - 2010

### TX MHT Goals and Activities FY 2006-2010

**MHT Activities FY 2006-2010** includes all MHT activities initiated/implemented by the TWG, TWG Work Groups, TWG Agencies, Community Collaboratives, and MHT Project Contracts.

**Activity coding:** black = initiated prior to FY 2009 and completed  
 blue = initiated prior to FY 2009 and continues through FY 2009 or FY 2010 (or beyond)  
 green = initiated in FY 2009  
 purple = will initiate in FY 2010

TX 1. TEXANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH				
Subgoals	Activities	Infrastructure	Timeline	Responsible Party
1.1. Anti-stigma activities at the state and local levels will assess and address stigma.	Establish permanent senior-level position for <a href="#">Deputy Commissioner of State Health Services</a>	Service Integration	FY 2007	TWG Agency—DSHS
	Sponsor the <a href="#">Anti-Stigma Art Exhibition</a> by Michael Nye	Consumer Action	FY 2008-2009	Community Collaboratives
	Develop and implement a state-wide anti-stigma campaign	Consumer Action	FY 2010	MHT Project Contract—TTAC
1.2. Systems of care at the state and local levels will assess and address both mental and physical health issues.	Advance primary/ <a href="#">behavioral health integration in Community Collaboratives</a>	Service Integration & Community Collaboratives	FY 2007-2010	Community Collaboratives
	Initiate clusters of integrated pediatric and mental health services across the state	Service Integration	FY 2008-2010	TWG Agency—DSHS/HHSC
	Develop and implement integrated screening for physical and mental health issues in Community Collaboratives	Service Integration	FY 2009-2010	MHT Project Contract—Intellica

TX 2. TEXAS MENTAL HEALTH SERVICES ARE CONSUMER AND FAMILY DRIVEN.				
Subgoals	Activities	Infrastructure	Timeline	Responsible Party
2.1. Person-centered planning at the state and local levels will inform individual plans of care developed in partnership with the consumer and/or family members.	Conduct the <a href="#">Money Follows the Person Behavioral Health Pilot</a> for transitioning from nursing homes to community services	Evidence-based Practices	FY 2008-2010	TWG Agency—DADS & DSHS
	Develop and pilot a program for self-directed care for adults with severe mental illness	Service Integration	FY 2009-2010	MHT Project Contract—UT CSWR
	Promote the use of person-centered planning in individual care in LMHAs	Service Integration & Training	FY 2010	MHT Project—TBD
2.2. A resiliency and recovery culture at the state and local levels will exist within the mental health service system.	Establish training for consumers, family, and youth based on resiliency and recovery principles	Training	FY 2009-2010	MHT Project Contract—TTAC
	Establish web-based mental health training based on resiliency and recovery principles for professionals for CEU credit	Training & Technology	FY 2009-2010	MHT Project Contract—TTAC
2.3. Leadership, networking, and information exchange opportunities at the state and local levels will exist for consumers, family members, youth, and their organizations.	Establish consumer and family involvement in Transformation Working Group (TWG)	Consumer Action	FY 2006	TWG
	Establish consumer involvement in TWG Work Groups	Consumer Action	FY 2007	TWG Work Groups
	Establish a <a href="#">Community Consumer Voice Assessment Tool</a>	Consumer Action	FY 2007	MHT Project Contract—THI
	Establish a permanent position for Coordinator for Consumer Voice	Consumer Action	FY 2007-2009	MHT Project Contract—THI then TTAC
	Provide consumer leadership trainings, including Consumer Voice, Voices and Choices, and Meeting of the Minds, within Community Collaboratives	Consumer Action & Training	FY 2007-2010	MHT Project Contract—THI
	Establish family liaisons in TYC facilities statewide	Consumer Action	FY 2007 – 2010	TWG Agency - TYC
	Sponsor youth training in consumer voice at the <a href="#">Youth Summit</a>	Consumer Action & Training	FY 2008	MHT Project Contract—THI
	Encourage Texas consumers, family members and youth to attend the National Alternatives Consumer Conference	Consumer Action	FY 2008-2009	MHT Project Contract—THI
	Foster a statewide consumer/family network	Consumer Action	FY 2008-2010	MHT Project Contract—THI then TTAC
	Establish Via Hope, a <a href="#">Training and Technical Assistance Center (TTAC)</a> , for consumers, youth, family, and other stakeholders	Consumer Action & Training	FY 2009-2010	MHT Project Contract—TTAC
	Establish a permanent position for Youth Coordinator for TTAC	Consumer Action & Training	FY 2009-2010	MHT Project Contract—TTAC
	Develop and implement online communities and networks to promote consumer information sharing and exchange on MHT Online	Consumer Action & Technology	FY 2009-2010	MHT Project Contract—UT LBJ

TX 3. TEXAS MENTAL HEALTH SERVICES ADDRESS THE NEEDS OF ALL TEXANS.				
Subgoals	Activities	Infrastructure	Timeline	Responsible Party
<b>3.1. Disparity, quality, and variety of mental health services at the state and local levels will be assessed and addressed for various Texas subpopulations including racial/ethnic groups, veterans and their families, children/youth, SMI, older adults, and rural populations.</b>	Conduct the symposium “Connecting Community with State Agencies and Other Stakeholders: A Dialogue on Transformation Challenges”	Service Integration	FY 2008	MHT Project Contract—THI
	<a href="#">Support seven Community Collaborative across the state involving multiple agencies at the local level</a>	<a href="#">Service Integration &amp; Community Collaboratives</a>	FY 2007-2010	MHT Project Contract—THI
	Conduct Medicaid pilot in Dallas related to presumptive eligibility for adolescents in the juvenile justice system.	Service Integration	FY 2008	TWG Agency—HHSC
	<a href="#">Establish a Behavioral Health Unit within the juvenile probation commission</a>	Service Integration	FY 2008	TWG Agency—TJPC
	<a href="#">Provide a residential treatment program for juvenile offenders with mental health needs (Peavy Switch)</a>	Service Integration	FY 2008-2009	TWG Agency—TJPC
	Form a network to be responsive to juvenile justice youth with mental health issues ( <a href="#">Texas Models for Change Mental Health Juvenile Justice Action Network</a> )	Service Integration	FY 2008-2009	TWG Agency—TJPC (BJA-MacArthur Grant)
	Establish the State of Texas Alternatives to Restraint and Seclusion (STARS) reporting system	Evidence-based Practices	FY 2008-2010	TWG Agency—DSHS & MHT funds
	Identify and address the needs of returning military service personnel and their families	Evidence-based Practices	FY 2008-2009	TWG Work Group—Vets
	<a href="#">Establish alternative funding for including leveraging funding and creating consumer finance pools in Community Collaboratives</a>	Service Integration	FY 2008-2010	Community Collaboratives
	<a href="#">Increase consumer choice in LMHAs through Local Planning and Network Development (LPND)</a>	Service Integration	FY 2008-2010	TWG Agency—DSHS
	Recommend alternative funding options (the Children’s Coordinated Mental Health Funding Project)	Service Integration	FY 2008-2010	TWG Work Group—Child and Adolescent & MHT funds
	Determine scope and project activities for 2009 Texas legislation/funding related to Returning Veterans & their Families	Service Integration	FY 2010	MHT Project
<b>3.2. Employment and housing opportunities at the state and local levels will be assessed and addressed for mental health populations.</b>	Conduct the DARS Ticket to Work Partnership Plus Model program	Service Integration	FY 2008-2010	TWG Agency—DARS
	Develop competitive employment support through the DARS Medicaid Infrastructure Grant (MIG)	Service Integration	FY 2008-2010	TWG Agency—DARS
	Establish positions for <a href="#">Consumer and Family Member Liaisons</a> in Community Collaboratives	Consumer Action	FY 2008-2010	Community Collaboratives
	<a href="#">Assess current housing programs for collaboration opportunities among state agencies</a>	Service Integration	FY 2009	TWG Work Group—Housing
	Convene a workgroup with housing and employment representatives to assess status and opportunities	Service Integration	FY 2010	MHT Project—TBD

TX 4 MENTAL HEALTH SCREENING, ASSESSMENT AND REFERRAL ARE COMMON PRACTICES IN TEXAS.				
Subgoals	Activities	Infrastructure	Timeline	Responsible Party
4.1. Health screening, assessment, and referral practices at the state and local levels will be assessed and addressed for various Texas subpopulations including racial/ethnic groups, veterans and their families, children/youth, SMI, older adults, and rural populations.	Conduct surveillance (BRFSS) of Behavioral Health Indicators in Texas	Service Integration	FY 2007, 2009	TWG Agency—DSHS
	Provide information, referral, and services through Aging and Disability Resource Centers	Service Integration	FY 2008	TWG Agency—DADS
	Conduct a Needs Assessment for training, technical assistance, and peer certification needs among consumers, family, youth and stakeholders	Consumer Action	FY 2009	MHT Contract – TTAC
	Analyze DSHS data related to Texas subpopulations and mental health services across the state	Service Integration	FY 2010	MHT Project—TBD
4.2. Health screening, assessment, and referral practices will be assessed and addressed at the state and local levels within various settings including school systems, primary health care, and mental health agencies.	Conduct the School-Based Behavioral Health Resources Survey	Evidence-based Practices	FY 2009	TWG Work Group—Child and Adolescent & MHT Project Contract – UT CSWR
	Assess the provision of mental health needs assessment training in schools—TXCEDs (TX Collaborative For Emotional Development in Schools) EVALUATION	Service Integration	FY 2009-2010	MHT Project Contract—UT LBJ

TX 5. TEXAS MENTAL HEALTH SERVICES PROVIDE EXCELLENT MENTAL HEALTH CARE.				
Subgoals	Activities	Infrastructure	Timeline	Responsible Party
<b>5.1. Research and dissemination at the state and local levels will promote best practices for recovery and resiliency.</b>	Assess the extent to which recovery and resiliency are used as agency outcome measures	Evidence-based Practices	FY 2007	TWG Work Group—Consumer Voice
	Conduct the Children’s Mental Health Summit related to evidence-based practices	Evidence-based Practices	FY 2008	TWG Work Group—Child and Adolescent
	<a href="#">Establish the Aging Texas Well Evidence-based Clearinghouse</a>	<a href="#">Evidence-based Practices</a>	<a href="#">FY 2008-2010</a>	<a href="#">TWG Agency—DADS</a>
	Conduct the Child and Adolescent Mental Health Symposium related to evidence-based practices	Evidence-based Practices	FY 2009	TWG Work Group—Child and Adolescent & MHT funds
	Establish and assess the use of the web-based Evidence-based (EBP) Clearinghouse for effective MH practices	Evidence-based Practices & Technology	FY 2009-2010	MHT Project Contract—UT CSWR
	Establish the HB 2439 Clearinghouse	Evidence-based Practices & Technology	FY 2009-2010	TWG Agency—DSHS
<b>5.2. Workforce training at the state and local levels will be developed and expanded related to recovery and resiliency.</b>	<a href="#">Implement the DSHS Behavioral Health Internship Program</a>	<a href="#">Training</a>	<a href="#">FY 2007-2010</a>	<a href="#">MHT Agency—DSHS</a>
	<a href="#">Conduct the training course, Policy Research Project</a> , at UT LBJ	Training	FY 2007	MHT Project Contract—UT LBJ
	Develop and include a behavioral component to the Promotoras Certification Program	Training	FY 2007-2010	TWG Agency—DSHS, DSHS Contract UT-GCATT
	Establish Early Periodic Screening Diagnosis and Treatment (EPSDT) Medicaid Clinician Online Training (TX Health Steps)	Training	FY 2008	TWG Agency—DSHS
	<a href="#">Establish crisis intervention team training for law enforcement</a>	Training	FY 2008	TWG Agency—DSHS
	Provide a behavioral health component of the School Health Specialists Train-the-Trainer Activities	Training	FY 2008-2010	MHT Agency—DSHS & MHT funds
	Develop and implement peer specialist training and certification	Training	FY 2009-2010	MHT Project Contract—TTAC
	Develop and implement family and professional partners training	Training	FY 2009-2010	TWG Agency—DSHS & MHT Project Contract—TTAC
	Establish MHT-Hogg workforce training partnership	Training	FY 2009-2010	TWG Agency—DSHS
	Provide Trauma-focused CBT training and oversight for working with children	Training	FY 2009-2010	MHT Project Contract—UT CSWR
<b>5.3. A comprehensive array of services at the state and local levels will exist for mental health populations.</b>	Establish Crisis Redesign Policy to achieve equity in state funding and expand community MH crisis services	Service Integration	FY 2007	TWG Agency—DSHS
	Establish Crisis Intervention activities in Community Collaboratives	Service Integration	FY 2008-2010	Community Collaboratives
	<a href="#">Establish Crisis Redesign hotlines and mobile units</a>	Service Integration	<a href="#">FY 2009-2010</a>	<a href="#">TWG Agency—DSHS</a>
	Assess and address current and future Medicaid financing structure for peer and family partner providers—NEW	Service Integration	FY 2010	MHT Project—TBD
	Assess and address the use of peer and family partner providers within the crisis redesign policy—NEW	Service Integration	FY 2010	MHT Project—TBD

TX 6. TEXAS MENTAL HEALTH SERVICES UTILIZE TECHNOLOGY TO PROVIDE MENTAL HEALTH INFORMATION AND SERVICES.				
Subgoals	Activities	Infrastructure	Timeline	Responsible Party
6.1. Technology at the state and local levels will be developed and used at to expand data coordination and exchange across agencies.	Conduct proof of concept and pilot studies for data exchange using <a href="#">Clinical Management for Behavioral Health Services (CMBHS) information system</a>	Technology	FY 2007-2009	TWG Agency—DSHS & MHT funds
	Establish the <a href="#">HB 921 Health Care Policy Council Data Sharing Workgroup</a>	Technology	FY 2007	TWG Agency
	Develop Clinical Management for Behavioral Health Services (CMBHS)	Technology	FY 2008	TWG Agency—DSHS & MHT funds
	<a href="#">Advance electronic medical record use in the Community Collaboratives</a>	Technology	FY 2007-2010	Community Collaboratives
	Advance data sharing among local agencies in the Community Collaboratives	Technology	FY 2007-2010	Community Collaboratives
	Develop the <a href="#">Office of Court Administration Interagency Registry</a>	Technology	FY 2009-2010	TWG Agency—DSHS
	Implement electronic health care records through CMBHS	Technology	FY 2009-2010	Community Collaboratives
	Assess electronic health record use through CMBHS	Technology	FY 2009-2010	MHT Project Contract—UT LBJ
	Determine scope and role on newly-formed national level Data Standards and Health Information Exchange	Technology	FY 2010	MHT Project
6.2. Technology at the state and local levels will be developed and used to expand access to healthcare services.	Conduct pilot for <a href="#">Medicaid reimbursement for mental health services</a> using telemedicine	Technology	FY 2007	TWG Agency—DSHS
	Expand Medicaid reimbursement for mental health services using telemedicine	Technology	FY 2008	TWG Agency—DSHS
	Establish websites related to mental health services in <a href="#">Community Collaboratives</a>	Technology	FY 2008	Community Collaboratives
	Advance <a href="#">telemedicine use in Community Collaboratives</a>	Technology	FY 2008-2010	Community Collaboratives
	Establish statewide <a href="#">Medicaid reimbursement for mental health services</a> using telemedicine	Technology	FY 2009-2010	TWG Agency—DSHS
	Implement SB 839 mental health/criminal justice data sharing to enhance jail diversion	Technology	FY 2009-2010	TWG Agency—DSHS & TDCJ
	Assess data sharing procedures between state mental health and criminal justice entities	Technology	FY 2009-2010	MHT Project Contract—UT LBJ