

Back to School

Advancing School-Based **MENTAL HEALTH CARE IN TEXAS**



A collaborative effort of:
Texas Department of Mental Health and Mental Retardation
Texas Education Agency
Texas Federation of Families for Children's Mental Health
Mental Health Association in Texas

Funded by:
National Association of State Directors of Special Education
National Association of State Mental Health Program Directors

August 2003

EXECUTIVE SUMMARY

Despite the challenges inherent in coordinating the activities of multiple agencies in a large state, Texas has an extensive history of interagency collaboration and family involvement. Most recently, the Texas Department of Mental Health and Mental Retardation, the Texas Education Agency, the Texas Federation of Families for Children's Mental Health, and the Mental Health Association in Texas partnered to advance school-based mental health care in seven communities across the state. This partnership resulted in a grant from the National Association of State Mental Health Program Directors in conjunction with the National Association of State Directors of Special Education.

The Texas State Education/Mental Health Oversight Team consists of family members and representatives of local and state education and mental health agencies. The Team envisions the provision of an array of school-based mental health care, including prevention, early intervention, and intensive services. This triangle of care will enhance the learning environment for all students -- allowing teachers to teach, students to learn, increasing the community's support, and providing opportunities to educate the community regarding the mental health needs of all children and their families.

To begin the grant activities, the State Education/Mental Health Oversight Team hosted a conference featuring presentations on school-based mental health care by national experts. While there, interagency teams from each of the seven communities met to begin to assess and design the implementation of school-based mental health care in their local communities. Technical Assistants from the State Oversight Team were assigned to each of the sites to help in their efforts. Sites were encouraged to construct plans that were feasible, practical, and doable with existing funds.

After returning to their communities, the seven teams proceeded, with continued support and technical assistance from the State Oversight Team, to design their plans to advance school-based mental health care. In June, each of the seven sites submitted plans which detailed their histories of collaboration around school-based mental health care, current operational initiatives and family involvement, gaps in care, their visions of a shared education/mental health agenda, the expected barriers, near term changes, and long term improvement.

In total, the plans reflect a variety of experiences, a range of available resources, and a diversity of strategies identified to develop or enhance school-based mental health services and supports. Strategies ranged from developing a plan for school-based mental health care, to establishing a resource clearinghouse, developing mental health training for school personnel, implementing mental health services on school campuses, and expanding the provision of a wide array of school-based mental health services and supports.

The overall goal of the State Oversight Team became clear -- to continue to provide the technical assistance and support to enable the seven sites to move further along in

working together -- from coordination of services to collaboration; from collaboration to co-location, and from co-location to integration.

A second goal of the State Oversight Team is to continue to assess the need for and provision of school-based mental health care for all children in the state. Over the next 18 months, the State Oversight Team, with the addition of members representing the field of substance abuse treatment and prevention, will develop recommendations for a legislatively mandated study of school-based mental health and substance abuse programs. Texas Education Agency, in its role as lead agency in the legislation, will submit these recommendations to the 79th Texas Legislature, scheduled to convene in January of 2005. To assist these efforts, the Texas Department of Mental Health and Mental Retardation will be transferring approximately \$5,800 in remaining planning grant funds to the Texas Education Agency.

Finally, the State Team's long-term goal is to address the gaps in school-based mental health care in Texas. Specifically, the State Team, with other partners, hopes to:

- ◆ identify sources of sustainable funding for school-based mental health care,
- ◆ increase the presence of licensed mental health professionals providing counseling services in the schools,
- ◆ identify methods to provide cross-discipline training related to education and mental health, and
- ◆ identify and revise those state policies and rules that impede the provision of quality school-based mental health care.

Together, the Texas Education Agency, the Texas Department of Mental Health and Mental Retardation, the Texas Federation of Families for Children's Mental Health, the Mental Health Association in Texas, and their partners in the seven localities/regions around the state, are advancing school-based mental health care for all Texas children.

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ADVANCING SCHOOL-BASED MENTAL HEALTH CARE IN TEXAS

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HISTORY OF COLLABORATIVE EFFORTS IN TEXAS

In the face of numerous challenges, Texas has demonstrated substantial success in its collaborative efforts. Like other large states, Texas' sheer size, along with issues related to geographic, cultural, socio-economic, linguistic, and ethnic diversity have posed a variety of challenges to collaboration. Nevertheless, the major child and youth-serving agencies, the over 1,200 independent and charter school districts, and the 39 Local Mental Health Authorities across the 254 counties of Texas have achieved varying degrees of success over the past several years. Brief descriptions of state and local collaborative efforts are provided below.

Summary of Major State Collaborative Efforts

1987 The 70th Texas Legislature passed legislation mandating a joint memorandum of understanding to implement a system of local interagency staffing groups to coordinate services for children, youth, and their families with multi-agency needs. Participating agencies included the Texas Commission for the Blind (TCB), Texas Department of Health (TDH), the Texas Department of Human Services (TDHS), the Texas Department of Mental Health and Mental Retardation (TDMHMR), the Texas Education Agency (TEA), the Texas Juvenile Probation Commission (TJPC), the Texas Rehabilitation Commission (TRC), and the Texas Youth Commission (TYC).

Current Status: Begun as a pilot in four counties, all 254 counties in Texas now have Community Resource Coordination Groups (CRCGs). CRCGs require private sector and family involvement on the State and local teams. Many CRCGs have expanded from serving only children to serving adults and/or families in need of multi-agency services. The State Office is funded by contributions from 15 state agencies.

1988 Texas received a Child and Adolescent Service System Program (CASSP) grant to begin to develop a coordinated, community-based system of care for children with serious emotional disturbance. The CASSP grant was the springboard to develop children's mental health services across the state of Texas. This grant marked the beginning of formal collaborative efforts among state children's mental health, education, other youth-serving agencies, and families who had children with serious emotional disturbances. Perhaps most importantly, the CASSP grant provided technical assistance and encouragement for TDMHMR to involve family members in the planning and development of children's mental health services.

Current Status: Children's mental health services are now available in every county. For almost ten years, TDMHMR has funded a parent in a full-time Parent Liaison position and has recently committed that position to the system of care initiative in Texas. TDMHMR remains very committed to involving family members in every aspect of service design and implementation.

1989 The 71st Legislature passed legislation requiring interagency training on effective assessments and interventions for children and families. This training was designed for specific direct service staff of the Texas Department of Human Services, Texas Department of Mental Health and Mental Retardation, the Texas Education Agency, the Texas Juvenile Probation Commission, and the Texas Youth Commission.

Current Status: That training function was eventually rolled into the statewide implementation of the Community Resource Coordination Groups.

The 71st Legislature also appropriated \$4 million per biennium to foster the development of interagency collaboration between TEA and TDMHMR. Local school districts and local mental health authorities used those funds to develop and/or expand community-based support services for children with serious emotional disturbances. The community-based support services include family support, respite care, case management, home-based services, parent enhancement training, or other services that support the family, school, and student in remaining in the community.

Current Status: Although reduced by budget cuts over the years, \$987,300 remains in the non-educational community based support services fund.

1990-1995 The School of the Future project, initiated by the Hogg Foundation for Mental Health at the University of Texas at Austin, was a large-scale, four-site demonstration of a full-service school providing specialized child and family services, including mental health and substance abuse treatment and parent education and training. The focus of the project was on the local community and the involvement of parents and teachers in decision-making. Data indicated that children and families received substantial benefits as a result of the collaboration between the schools and the participating agencies. The primary benefit, as expected, was increased accessibility of services.

Current Status: The official School of the Future project ended with the final year of the grant, however most of the schools involved continue to offer a blend of social services.

1991 The state agencies for education, mental health, substance abuse, juvenile probation, human services, health, early childhood intervention, and juvenile corrections submitted a \$43 million coordinated budget request (the Texas Children's Mental Health Plan) to the 72nd Texas Legislature. This request included funds for school-based mental health prevention and intervention services.

- The Texas Department of Mental Health and Mental Retardation received \$22,186 million in general revenue appropriations for the Texas Children's Mental Health Plan. Requests For Proposals were developed by an interagency team and distributed to lead field staff in each of the eight agencies. Proposals were written by local interagency teams and

were reviewed and scored by interagency teams, including representatives from education, mental health, and families receiving services.

- Locally, funds were managed and monitored by 45 interagency teams made up of local representatives from all of the major child-serving state agencies.
- Four school-based, comprehensive health and social services sites were established in elementary schools. Programs provided an integrated array of treatment and prevention services, including student assistance teams, school-based health clinics, psychological services, substance abuse prevention and counseling.

Current Status: Local interagency teams continue to assess the needs of the community's children and families and make recommendations to the Local Mental Health Authorities on suitable services and expenditures. Due to budget cuts, most of the school-based services disappeared during the late 1990s. Since that time, however, TDMHMR has once again emphasized the importance and cost-effectiveness of school-based services. Currently, 28 of the 39 Local Mental Health Authorities offer school-based mental health care as part of their array of services and supports.

1996 A grant from the Robert Wood Johnson Foundation (RWJ) established pilots that explored the possibilities for blending funds across agencies to serve Texas children and families facing serious emotional disturbances.

Current Status: The RWJ-funded pilots were expanded in 1999 with the passage of enabling legislation for the Texas Integrated Funding Initiative.

1999 The 76th Legislature authorized the Texas Integrated Funding Initiative (TIFI), an expansion of the RWJ pilots. Membership of the state and local oversight teams was specified in legislation. Required members were families and representatives from the major child-serving agencies, including mental health and education. Families and youth were required to make up at least 50% of the membership of the state Texas Integrated Funding Initiative Consortium.

Current Status: The TIFI initiative is in transition due to recent legislative changes. The thirteen sites, some of which are currently pooling or blending their funds, are planning to continue their work towards integrated funding to provide an array of services and supports to those children who are the most in need. On a related note, three sites in Texas -- El Paso, Fort Worth, and Austin-Travis County -- received large SAMHSA Systems of Care grants and are steadily moving towards establishing systems of care in their communities. The Fort Worth initiative is specifically focused on school-based mental health care.

2002 Texas was awarded a planning grant from the National Association of State Mental Health Program Directors, in conjunction with the National Association of State Directors of Special Education, to develop a state plan to promote school-based mental health care for children. This plan was submitted in the fall of 2003.

Summary of Local Efforts

As a state, Texas has consistently demonstrated an extensive history of collaboration that continues to grow and develop. As detailed below, the seven sites selected for this grant are at varying stages in their collaborative efforts.

- Abilene Abilene's Local Mental Health Authority has primarily provided training (suicide prevention, family violence prevention, self-esteem training, and anti-victimization training) to students. Representatives from the Local Mental Health Authority and local schools attend meetings, forums, and workshops together.
- Austin Austin was a School of the Future project site and a Children's Mental Health Plan school-based site. In 2000, Austin received a large SAMHSA grant to create a formal structure for integrated funding using a wraparound model of service with strong parent and family leadership.
- El Paso The El Paso Local Mental Health Authority and local schools have attended meetings together and have worked together on some projects. However, for the most part, representatives from mental health and the schools have worked separately to meet the needs of children and their families.
- Houston Together, the Mental Health and Mental Retardation of Harris County and the local schools have provided a wide array of school-based mental health care in several school districts since 1991. Houston was also one of the four School of the Future sites.
- Lubbock Lubbock offers small pockets of formal collaborative linkages. Their efforts related to school-based mental health care have been somewhat limited, although they have recently joined together to plan for the delivery of mental health services for identified children in an Alternative Educational setting.
- Tarrant/
Denton
Counties The Local Mental Health Authority provided some limited campus-based services several years ago but discontinued the programs due to problems related to funding, space, and attendance. Few efforts have occurred since that time.
- Tyler The Local Mental Health Authority and Independent School District have collaborated for over 10 years and have established numerous innovative programs, including a 6-week campus-based, extended year service to students with serious emotional disturbance.

CURRENT OPERATIONAL INITIATIVES ON SCHOOL-BASED MENTAL HEALTH CARE

State Initiatives

As described previously, 28 of the 39 Local Mental Health Authorities currently provide some level of school-based care. Services typically include counseling, skills building, and day treatment.

The Texas Integrated Funding Initiative (TIFI) continues to provide technical assistance and oversight to the thirteen TIFI sites. Child and Family Teams coordinate the delivery of services and determine whether the services will be delivered at the child's home, school, or other community location.

In 2003, the 78th Legislature, during their regular session, passed legislation requiring the Texas Education Agency, the Texas Department of Mental Health and Mental Retardation, the Texas Department of Health, and the Texas Commission on Alcohol and Drug Abuse to assess school-based mental health and substance abuse programs. The legislation called for the agencies to develop recommendations regarding further development of those programs, including the incorporation of information regarding substance abuse prevention, mental health education, and access to related services.

Over the next 18 months, the State Oversight Team, with the addition of members representing the field of substance abuse prevention and treatment, will develop recommendations for this legislatively mandated study. *Back to School: The State Plan for Advancing School-based Mental Health Care in Texas* will serve as the foundation of the Team's efforts and will inform their recommendations. Texas Education Agency, in its role as lead agency in the legislation, will submit those recommendations to the 79th Texas Legislature, scheduled to convene in January of 2005. To assist these efforts, the Texas Department of Mental Health and Mental Retardation will be transferring approximately \$5,800 in remaining planning grant funds to the Texas Education Agency.

Local Initiatives

Abilene. Local substance abuse prevention and treatment agencies provide educational information to elementary, middle, and high schools. For some students, the school district will pay for five sessions of individual counseling in the community. The school district also offers Student Assistant Services to a limited number of youth with mental health needs. Family involvement is limited.

Austin. Austin-Travis County Mental Health and Mental Retardation Center provides clinical services on two school campuses. The Children's Partnership through their SAMHSA Systems of Care grant provides wraparound services and supports to children with the highest needs in each of two school districts through parent care coordinators and an integrated funding pool. The Youth and Family Assessment Center (a joint program of the school district and Travis County Health and Human Services) provides prevention, social services, and wraparound supports to students with low intensity needs and at-risk youth in schools in six underserved areas of the city. Families have been involved for many years in service design, planning, implementation, and evaluation.

El Paso. El Paso Community Mental Health and Mental Retardation Center is involved in *Focus on First Graders*, an initiative to integrate schools, community supports, and mental health services for 60 first graders. Parent education, social workers, school counselors, health services, and funding for mental health services are available at varying degrees in the different schools. Family involvement has been somewhat limited thus far. El Paso's efforts are tied to the SAMHSA Systems of Care grant recently received.

Harris County (Houston). The Mental Health and Mental Retardation Authority of Harris County provides school-based mental health care, including rehabilitation services, medication services, and service coordination, at four sites in two independent school districts. Houston's Integrated Funding Initiative (TIFI site) is based at a local school district. Families have long been involved in Houston's service planning and implementation.

Lubbock. Current collaborative activities in the Lubbock area include joint meetings, collaboration on this grant, and the planned co-sponsoring of a conference. Of note, however, is that the Local Mental Health Authority and the Independent School District have collaborated recently to plan and deliver mental health rehabilitative services jointly to identified children in an Alternative Educational setting. Family involvement in Lubbock is strong and growing.

Tarrant/Denton Counties. Recently the Fort Worth Independent School District and the City of Fort Worth collaborated through the Mental Health Connection to obtain a SAMHSA grant that is helping to build a school-based system of care. Denton County is in the process of developing a countywide system of care as one of the TIFI sites. The Tarrant County Mental Health Association will soon be developing mental health education and prevention curricula for use in the schools. Prior to the efforts surrounding these grant activities, family involvement has been somewhat limited. For the purposes of this planning grant, however, Denton parents have provided the primary push towards collaboration.

Tyler. The Local Mental Health Authority, in collaboration with the Independent School District and Head Start, provides the *Summer Adventure Program*, an extended year service to students in special education. A second collaboration prevents court referrals for truancy by providing the student with individual and group counseling, and home - based services. Through the *Classworks* program, counselors from the Local Mental Health Authority are assigned to an elementary campus to provide mental health services. Family involvement in service design and delivery is minimal.

POSITIVE ASPECTS: STRENGTHS AND RESOURCES AVAILABLE

Through the State

Clearly, one of the major strengths of the state of Texas is its long history of successful collaborations and family involvement. Through collaborative efforts, families and representatives of the various agencies came to know each other first as colleagues, then as contacts, and later as comrades. Philosophically, Texas believes that children are best served in their natural environments -- their homes, their schools, and their communities.

Practically, Texas is committed to improving the service delivery system as a whole in ways that will benefit the children and families of Texas.

At the Seven Sites

The seven sites identified similar resources and strengths. Most noted that the agencies are committed to working together, identifying and sharing resources to benefit the mental health of children. Similar to the state as a whole, many of the sites noted the strength of previous collaborative efforts on behalf of children with mental health needs. Finally, several of the sites identified the potential positive outcomes of the provision of school-based mental health care as catalyst for meeting the near-term changes and long-term improvements.

GAPS IN SCHOOL-BASED MENTAL HEALTH CARE

The gaps in school-based mental health care identified across sites tend to fall into one of four categories: 1) financial resources, 2) human resources, 3) training resources and 4) policies.

Almost all of the sites identified an ongoing lack of funding as a major gap to providing school-based mental health care. Coming from communities in a state that is 47th in the union for mental health funding, this gap is not unexpected. Some sites observed that not all Local Mental Health Authorities elect to take advantage of the option to create flexible funding for non-traditional services and supports for youth with intensive needs. As a result, high-need youth and families in those communities may not be able to access the types of services they really need.

The second category of responses focused on human resources. Specifically, respondents noted a lack of board certified child and adolescent psychiatrists in Texas and a lack of mental health professionals in schools. Indeed, Texas has only 156 child and adolescent psychiatrists who are certified by the American Board of Psychiatry and Neurology. While 71% of Texas public schools have school guidance counselors, only 28% of schools in Texas actually employ licensed mental health professionals. As it stands currently, counselors have such high workloads that they are rarely able to provide actual mental health interventions. Indeed, academic counseling, student schedules, and disciplinary issues often take priority. As budgets get tighter, school counselors are often asked to take on more and more administrative duties. As a result, it is very difficult, if not impossible, for school counselors to provide effective mental health services at the level of intensity and frequency needed for a large number of students.

The third category of responses centered on the lack of consistent cross-discipline training related to education and mental health. Several respondents noted that educators often do not have the experience in identifying the early indicators of emotional disturbance, nor do they have experience in identifying and accessing community resources. In fact, many of the sites acknowledged that there seems to be a knowledge deficit related to resources available at the state and local levels.

The final category of responses related to the policies and practices of meeting the mental health needs of students. Respondents feared that some non-disruptive students might have mental health needs that go unidentified in a school setting. Also, there were

concerns that after school and summer access to school-based offices/services is limited and results in decreased opportunities to serve families.

Additionally, some sites recognized that, because of budget limitations, local mental health providers must prioritize those children who receive services. According to these respondents, the definition of a child priority population promulgates an eligibility-based service design rather than one based on the needs of the child and family. Also, the eligibility requirements for serious emotional disturbance are quite different in the education and mental health systems. The federal education law is much more stringent. If students do not qualify as having a serious emotional disturbance as defined by federal education law, most schools have limited resources to address the mental health problems of other students. Finally, one of the sites noted that schools, by their nature, might find it difficult to integrate mental health care into their already full days. Mental health services must often compete with the school's focus on the Texas Assessment of Knowledge and Skills (TAKS), inconsistent administrative support, and the lingering stigma related to mental illness.

STATE AND LOCAL PLANNING PROCESSES

Using funds awarded through the State Planning Grant from the National Association of State Mental Health Program Directors and the National Association of State Directors of Special Education--Policymaker Partnership, the Texas State Education/Mental Health Oversight team hosted a conference on school-based service delivery in February 2003. This conference featured presentations from nationally known experts on school-based mental health care and from the Texas Federation of Families for Children's Mental Health. Key stakeholders from each of the seven sites were invited to attend. The Texas Integrated Funding Initiative and the Texas Federation of Families for Children's Mental Health paid for the travel, food, and overnight lodging of family members from each of the sites.

The first of many regional planning meetings was held at the conference. For some of the sites, this meeting marked the first time they had met their counterparts at the other agencies. Representatives of the State Oversight Team were assigned to each individual site as a technical assistant. Beginning at the conference and continuing throughout the planning process, the technical assistant offered the site ongoing support and expertise.

The local and regional teams, consisting of representatives from mental health, education, family members, and other community stakeholders, met regularly to design their plans for school-based mental health care in their areas. Site plans were submitted to and reviewed by the State Oversight Team in June 2003. Elements of each of those plans were integrated into the overall state plan for advancing school-based mental health care in Texas.

VISIONS FOR A SHARED EDUCATION AND MENTAL HEALTH AGENDA

The State Education/Mental Health Oversight Team envisions the provision of an array of school-based mental health care, including prevention, early intervention, and intensive services. The Austin-Travis County Team described this array as a triangle: the base of the triangle is prevention; the middle is early intervention, and the tip of the triangle is intensive assessment and treatment. This triangle of care will enhance the learning

environment for all students -- allowing teachers to teach, students to learn, increasing the community's support, and providing opportunities to educate the community regarding the mental health needs of all children and families.

Examples of the visions of local collaborative efforts include:

- "A system of care that meets the needs of each child and family and organizes resources into a coordinated, community-based, integrated network using evidence-based practices." (*Tarrant/Denton Counties*)
- "Children and adolescents with mental health needs lead secure, productive, and satisfying lives at school, at home, and in the community.... Relationships with families, service providers, school personnel, policy makers, and other members are open and mutually supportive of the mental health of children and adolescents. All students and school personnel enjoy coming to school because they feel safe and valued." (*Abilene*)
- "To support educational professionals, teachers, and families in providing a strength-based environment that promotes good mental health, including, but not limited to, the delivery of mental health services to youth in a non-threatening, naturally occurring setting where these problems are frequently expressed." (*El Paso*)

NEAR-TERM CHANGES

Sites were asked to identify both their near-term changes (to be accomplished before September 1, 2004) and long-term improvements. Depending on their history of collaborative efforts, current operational initiatives, and their near-term changes and long-term improvements, the sites were assigned by the State Oversight Team to one of four stages of interagency development (coordination, collaboration, co-location, and integration) corresponding to the degree to which they worked together.

Sites were considered to be in the "coordination" stage if the local education and mental health representatives attended meetings together and coordinated the provision of a limited array of services. Sites in the coordination category were El Paso, Lubbock and Tarrant/Denton Counties.

Sites were considered in the "collaboration" stage when the schools, mental health providers, and parents were coming together to plan and design services jointly, but the ownership and location of those services remained under the auspices of the provider. The only site considered to be in the collaboration category was Abilene.

Sites were considered in the "co-location" stage if mental health services and supports were being offered at a school or other non-mental health agency locations, but the boundaries of service provision were clear. Sites in the co-location category were Austin, Harris County and Tyler.

Finally, sites were considered in the "integration" stage if the boundaries between service systems had blurred to the extent that a seamless system is being created and the provider of the service is not readily apparent.

Given the different stages, it is the overall intent of the State Education/Mental Health Oversight team to help the seven sites progress in working together according to these categories.

To accomplish that, the State's Near Term Changes and Strategies are described below. Appendix II provides additional details.

Goal 1. Assist sites in the coordination stage (El Paso, Tarrant, Lubbock) to progress to the collaboration or co-location stage. To do that, the State will:

- *Strategy 1.1.* *Assist the Tarrant/Denton Counties team to establish a resource clearinghouse for materials related to evidence-based practices in school-based mental health care.*
- *Strategy 1.2.* *Assist the El Paso team to integrate existing mental health case management supports into the area/schools of greatest need.*
- *Strategy 1.3.* *Assist the El Paso team to develop mental health training for all school personnel.*
- *Strategy 1.4.* *Assist the Lubbock team to develop a plan for the implementation of school-based mental health care.*

Goal 2. Assist sites in the collaboration stage (Abilene) to progress to the co-location or integration stage. To do that, the State will:

- *Strategy 2.1.* *Assist the Abilene team to develop and provide educational materials to parents (on and off school campus) on issues related to mental health.*
- *Strategy 2.2.* *Assist the Abilene team to identify target population of students and implement mental health counseling on school campus.*

Goal 3. Assist sites in the co-location stage to progress towards the integration stage. To do that, the State will:

- *Strategy 3.1.* *Assist the Austin team to complete an assessment of existing school-based mental health and social services for students in three selected school districts.*
- *Strategy 3.2.* *Assist the Austin team to assess the need for school-based mental health care, focusing on student needs and desired*

educational outcomes.

- *Strategy 3.3. Assist the Austin team to develop a communication plan that ensures cross-community communication and coordination among various groups and initiatives that affect mental health of students.*
- *Strategy 3.4. Assist the Houston team to fill in service gaps at current project sites by providing extended service hours in the evening and on Saturday morning, increasing the number of providers, and providing staff development for school personnel and service providers.*
- *Strategy 3.5. Assist the Tyler team to expand existing school-based campuses from three campuses to four or more.*

LONG-TERM IMPROVEMENTS

Long-term improvements and strategies will be accomplished in FY 2005 and beyond. The major goal for the State partners is to continue to provide technical assistance and support to enable the local sites to maintain their progress in interagency development. Appendix III provides additional details.

Goal 1. Continue to assist sites in the coordination stage (El Paso, Tarrant, Lubbock) to progress to the collaboration or co-location stage. To do that, the State Education/Mental Health Oversight Team will:

- *Strategy 1.1. Assist the El Paso team to identify community partners and establish a core group of educators, mental health professionals, and families that meet regularly to address the issue of integration.*
- *Strategy 1.2. Assist the El Paso team to formalize the collaborations of mental health, schools, and families through Memoranda of Understandings (MOU).*
- *Strategy 1.3. Assist the Tarrant/Denton Counties team to assess local and state policy, legislation, and funding needs to support the development of school-based systems of care. Enabling legislation will be identified and a coordinated strategy will be developed to educate lawmakers and policymakers on issues related to school-based mental health care.*
- *Strategy 1.4. Assist the Tarrant/Denton Counties regional coordinator to develop a plan to sustain development of school-based mental health training and stakeholder development and training.*
- *Strategy 1.5. Assist the Tarrant/Denton Counties team to implement systems change to support increased strengths-based, collaborative*

support across stakeholders and families for children with emotional, behavioral, or mental disorders.

Goal 2. Continue to assist sites in the collaboration stage (Abilene) to progress to the co-location or integration stage. To do that, the State will provide technical assistance and support for local sites to accomplish the following:

- *Strategy 2.1. Assist the Abilene team to plan and evaluate a pilot of school-based mental health care designed to reduce recidivism.*

Goal 3. Continue to assist sites in the co-location stage (Austin-Travis County, Harris County, and Tyler, Texas) to progress to the integration stage. To do that, the State will provide technical assistance and support for local sites to accomplish the following:

- *Strategy 3.1. Assist the Austin team to build a comprehensive, coordinated, and accessible community of care within the schools.*
- *Strategy 3.2. Assist the Austin team to develop systems supporting children and youth with mental health needs which ensure family voice and choice as appropriate in consideration of the safety of the child.*
- *Strategy 3.3. Assist the Austin team to improve student outcomes through earlier intervention and easier access to school-based mental health care.*
- *Strategy 3.4. Assist the Houston team to secure funding for site expansion from elementary campuses to feeder middle school campuses in the Humble, Houston, and Alief Independent School Districts.*
- *Strategy 3.5. Assist the Houston team to secure transportation for the provision of evening and Saturday morning services through the provision of in-kind transportation services for all expansion sites.*
- *Strategy 3.6. Assist the Tyler team to adapt and expand school-based services to Tyler Independent School District (TISD) Head Start campuses.*
- *Strategy 3.7. Assist the Tyler team to expand the current model of school-based mental health care into the local Juvenile Justice Detention Education Services program.*

CONCLUSION

Texas is poised to move forward in the provision of school-based mental health care in seven selected rural, suburban, and urban school districts. School-based mental health care is an efficient, customer-friendly, cost-effective mechanism to deliver needed services and supports to the children and families who need them. It allows the child opportunities to generalize new learning to real-life situations and provides the schools with additional options prior to more restrictive educational placements. Providing mental health services in the schools can prevent or reduce teen pregnancies, teen violence, school dropout, and other high-risk behaviors. Services can help identify and treat those students with substance abuse issues and may help to reduce discipline problems within the school setting. Simply put, school-based mental health care makes sense.

The biggest challenges faced by the State in its efforts to accomplish the goals set forth in this plan are issues related to funding and family involvement. The 78th Regular Legislative Session, ending June 2003, was marked by a \$10 billion deficit, one of the largest in state history. Consequently, almost all state agencies, including the Texas Department of Mental Health and Mental Retardation and the Texas Education Agency, received significant cuts to existing and projected budgets. Additionally, the Texas Legislature passed substantial changes to the Child Health Insurance Program (CHIP) that virtually eliminates the number of children able to access services.

As these budget cuts are passed down to local providers, it is quite probable that mental health services and supports will be reduced and fewer children and families will be able to access services. Paradoxically, these budget cuts may be the catalyst needed for local mental health providers to expand the provision of cost-effective school-based care. The State Oversight Team will continue to be responsible for communicating the cost-effectiveness of school-based care to the local/regional leadership.

The second major challenge faced by the state is related to family involvement. Several of the sites have evidence of strong family involvement woven throughout the design of their systems of care. The majority, however, could benefit substantially from technical assistance and support as they involve family members in every aspect of service design, provision, and evaluation. The State Oversight and Planning Team will make every effort to mentor local sites and provide them with the assistance they need in the transition from parent as the receiver of services to the designer of services.

This legislative session's mandate to assess school-based mental health and substance abuse programs provides great support to the State Oversight Team's shared agenda to advance school-based mental health care in Texas. Indeed, the State Oversight Team will only grow stronger with the addition of the Texas Commission on Alcohol and Drug Abuse and representatives from the substance abuse prevention and treatment community. It is anticipated that the recommendations made by this group will result in additional legislation related to school-based mental health care to be enacted by the 79th Texas Legislature.

Over the long term, the State Team will address the gaps in school-based mental health care in Texas. Specifically, the State Team, with the addition of other partners, hopes to:

- ◆ identify sources of sustainable funding for school-based mental health care,
- ◆ increase the presence of licensed mental health professionals providing counseling services in the schools,
- ◆ identify methods to provide cross-discipline training related to education and mental health, and
- ◆ identify and revise the state policies, rules, and legislation that impede the provision of quality school-based mental health care.

Clearly, there is much to do. Together, however, the Texas Education Agency, the Texas Department of Mental Health and Mental Retardation, the Texas Federation of Families for Children's Mental Health, the Mental Health Association in Texas, and their partners in the seven localities/regions around the state, are steadfast in their commitment to work towards a shared agenda of school-based mental health care for all children and youth.

APPENDICES

APPENDIX I.
Rosters of Planning Teams

Texas State Education/Mental Health Oversight Team

Toward a Shared Agenda: School-based Mental Health Care

Partner	Affiliation
Sally Spill Director, Children's Mental Health Services	Austin-Travis County Mental Health and Mental Retardation
Jan Clay Director, Student Services	Bastrop Independent School District
Peter Kircher Behavioral Specialist	Bryker Woods Elementary School
Connie S. Wilson, Ph.D.	Dallas Independent School District
Mary Ellen Nudd Vice-President	Mental Health Association in Texas
Allison Brock	Office of Representative Sylvester Turner
Sonya A. Hosey	Texas Council on Developmental Disabilities
Debbie Berndt Director Children's Mental Health Services	Texas Department of Mental Health and Mental Retardation
Diane Hall System Development Specialist Children's Mental Health Services	Texas Department of Mental Health and Mental Retardation
Robin Peyson Associate Director of Planning Children's Mental Health Services	Texas Department of Mental Health and Mental Retardation
Norma Rios Executive Assistant Children's Mental Health Services	Texas Department of Mental Health and Mental Retardation
Tom Cowan Director, Interagency Coordination	Texas Education Agency
Linda Crawford	Texas Education Agency
Gene Lenz Director, Special Education	Texas Education Agency
Tammy King Wooten	Texas Education Agency
Patti Derr Executive Director	Texas Federation of Families
Sharon Sheldon	Texas Integrated Funding Initiative
Cindy Martin Assistant Director	Texas Interagency Council on Early Childhood Intervention
Steve Barnett, M.D.	Pediatrician

Abilene Regional Planning Council

Partner	Affiliation
Elaine Adams	Abilene Independent School District
Jane Allred	Abilene Independent School District Houston Student Achievement Center
David Baum	Abilene Independent School District Counseling
Carl McQueen	Abilene Independent School District Counseling
Michael Jones	Betty Hardwick MHMR Center
Robbye Plummer	Betty Hardwick MHMR Center
Marie Farrell	Early Childhood Intervention, Advancing Babies Chances
Kamy Jenkins	Early Childhood Intervention, Advancing Babies Chances
Laurie Stevens-Beck	Harmony Family Services
Angie Penton	Harmony Family Services
Kermit Klaerner	Mental Health Association
Libby Connally	Office of Congressman Charles Stenholm
Priscilla Rayford	Parent
Melanie Copeland	Parents Anonymous
Jo Cox	Region 14 Education Service Center
Larry Davis	Region 14 Education Service Center/AISD
Christine Krause	Woodson ECC, AISD

Austin-Travis County Regional Planning Team

Partner	Affiliation
Dianna Groves	Austin Independent School District (AISD) Counseling
John Moore	AISD Student Support Services
Stan Brein	AISD, Safe and Drug Free Schools
Josie Kluth	Austin Child Guidance Clinic
Mike Hastie	Austin Child Guidance Clinic
Steve Hamman	Austin Independent School District
Naomi Tafoya	Austin Independent School District
Suzanna McVey	Austin Travis County MHMR
Kelley Broadaway,	Austin Travis County MHMR
Angel Testani	Austin-Travis County MHMR
Sally Spill	Austin-Travis County MHMR Children's Mental Health Services
Wendy Andreades	Austin-Travis County MHMR Children's Mental Health Services
Katy McElroy	Austin-Travis County MHMR Children's Mental Health Services
Donald Dumas	Austin-Travis County MHMR Center & The Children's Partnership
Judy Frederick	Children's Hospital/Austin ISD Student Health
Robin Hansen	Children's Partnership
Princess Katana	Children's Partnership
Stephany Bryan	Children's Partnership (Lead Parent) Federation of Families (Parent Representative)
Don Loving	Communities in Schools
Suki Steinhauser	Communities in Schools
Sam Woollard	Community Action Network
Stacy LaPointe	Community Resource Coordination Group
Allison Cloth	Hogg Foundation Research Fellow
Susan Millea	AISD Student Health Advisory Committee
Becky Lott	Manor Independent School District
Valarie Garza	Manor ISD, Parent Representative
Darrell Overton	Manor Middle School

Austin-Travis County Regional Planning Team (Continued)

Partner	Affiliation
Leah Cook	Manor ISD
Mary Ellen Nudd	Mental Health Association in Texas
Stephen Barnett, M.D.	Pediatrician
Cheryl Koury	Pflugerville Independent School District
Deborah Michel	Pflugerville ISD
Vicky Esparza-Gregory	Pflugerville ISD
Scott Kvapil	Region XIII Education Service Center
Albert Felts	Region XIII Education Service Center
Mary Margaret Salls	Regional XIII Education Service Center
Barri Rosenbluth	SafePlace
Chrystal Heinz	SafePlace
Armin Steege	Seton Shoal Creek
Lisa Butterworth	Skippy Express
Sonya Hosey	Texas Council for Developmental Disabilities
Laura Hamilton	Texas School for the Deaf
Laura Atkins	Travis County Health and Human Services Children's Services
Laura Peveto	Travis County Health and Human Services Prevention and Early Intervention
Gail Penney-Chapmond	Travis County Juvenile Probation Probation Services
Henry McMahon, Parent Representative	Vice-Chair, AISD Special Education Citizens Advisory Member, AISD Student Health Services Committee

El Paso Regional Planning Team

Partner	Affiliation
Debbie Crinzi	Burnhamwood Charter School
Susan Rutledge Crews	Charter School
Bessie Le Roy	Clint Independent School District
Olivia Campos	Clint Independent School District
Sue Gray	Clint Independent School District
Davin Magno	El Paso Community MHMR Center
Birgit Heidelberger	El Paso Community MHMR Center (EPCMHMRC)
Grace Olivas	El Paso Community MHMR Center (Parent Liaison)
Carlos Martinez	El Paso Independent School District (EPISD)
Thomas Gabaldon	EPISD
Teresa Weisbart	EPISD
Dr. Linda Holman	EPISD
Kathleen Payton	National Alliance for the Mentally Ill - El Paso
Wes Temple	Region 19 Education Service Center
Robbie Stinnett	Region 19 Educational Service Center
Lisa Tomaka	SAMHSA: Border Children's Mental Health
Carlos Guerra	San Elizario Independent School District
Hilda Lopez	Socorro Independent School District

Harris County Regional Planning Team

Partner	Affiliation
Deena Hill	Alief Independent School District
Gloria Beckham	Harris County Department of Education
Grace Jennings	Houston Independent School District
Susan Marsh	Houston Independent School District
Belkis Weatherly	Houston Independent School District
Leslie Gerber	Houston Mental Health Association
Ann Gibbons	Humble Independent School District
Mary Gustafson	Humble Independent School District
Gwen Hanson	Humble Independent School District
Susan Luethold	Humble Independent School District
Elaine Wilkerson	Humble Independent School District
Brenda Addison	Juvenile Probation Department
Patricia Sibley	Mental Health and Mental Retardation Authority of Harris County
Connie Almeida	MHMRA of Harris County
Linda Lamb	National Association for the Mentally Ill-- Houston (Parent Representative)
Belinda Price	Office of the District Attorney
Mike Box	Region IV Education Service Center
Jackie Townsend	Region IV Education Service Center
Cheryl Barker	Spring Independent School District
Dede Drexler	Spring Independent School District

Lubbock Regional Planning Team

Partner	Affiliation
Kathy McGee	Buckner Children's Home
Ida Fletcher	Buckner's Children's Home
Mark Swoboda	Catholic Family Service
Michael Sullivan	Community Health Centers of Lubbock
Liz Lopez	Community Health Centers of Lubbock
Laurie Kinder	Early Childhood Intervention
Charlotte Burt	Early Childhood Intervention
Tonya Hettler	Federation of Families (Parent)
Rod Knott	Juvenile Probation Department
David Allison	Licensed Practical Counselor Licensed Chemical Dependency Counselor
Terry Tennison	Lubbock Independent School District (LISD)
Sam Miller	Lubbock Regional Mental Health and Mental Retardation
David Allen	Lubbock Regional Mental Health and Mental Retardation
Aaron Sanborn	Lubbock Regional Mental Health and Mental Retardation
Rosalinda Erevia	Lubbock Regional Mental Health and Mental Retardation Parent and Family Educator
Maralyn Billings, Ph.D.	Region VII Education Service Center
Val Meixner	Region XVII Education Service Center
Peggy Klenclo	Region XVII Education Service Center
Kim Clemmons	Roosevelt Independent School District (RISD)
Gloria Moore	Slaton Independent School District (SISD)
Mike Harris	SISD
Derella Payne	SISD Parent
Clara Harris	Slaton Nurse
Carol Marchbanks	Texas Department of Health
Camille Gilliam	Texas Department of Protective and Regulatory Services
Teneta Tyler	Texas Department of Protective and Regulatory Services
Laurie Truelove	Texas Rehabilitation Commission
Sondra Dawn	Texas Rehabilitation Commission
Eugene Wang, Ph.D.	United Way
Mike Jones	Wilson Independent School District (WISD)

Tarrant/Denton Counties Regional Planning Team

Partner	Affiliation
Mary May	Birdville Independent School District
Vicki Warren	City of Fort Worth/ Fort Worth ISD Community Solutions
Claudette Fette	Denton County Federation of Families
Maggie Dodd	Denton Independent School District
Virginia Gallian	Denton Independent School District Board of Trustees
Roxanne Martin	Federation of Families
Kathryn Everest	Fort Worth Independent School District
Lauralee Harris	Mental Health Association
Suzanne Metzgar	Parent
Phyllis Gandy	Region XI Education Service Center
Kirstin Painter	Tarrant County Mental Health and Mental Retardation
Sally Schultz	Texas Women's University
Dr. Vincent Ramos	University of North Texas

Tyler Regional Planning Team

Partner	Affiliation
Walter R. Womack	Andrews Center, Children's Mental Health Services
Daniel Hosch	Andrews Center, Children's Mental Health Services
Joan McLemore	Mental Health Association of Tyler
Janice Younger	Parent Representative
Dana Fleming	Region VII Education Service Center
Dr. Wayne Berryman	Region VII Education Service Center
Nelson Downing	Smith County Juvenile Probation Department
Cynthia Griffin	Tyler Independent School District, Special Education

Appendix II.
Near-Term Changes

NEAR-TERM CHANGES (by August 31, 2004)

Goal 1. Assist sites in the coordination stage (El Paso, Tarrant, Lubbock) to progress to the collaboration or co-location stage. To do that, the State will:

➤ Strategy 1.1.	<i>Assist the Tarrant/Denton Counties team to establish a resource clearinghouse for materials related to evidence-based practices.</i>
Primary Stakeholders	MHA Tarrant County, Denton County Federation of Families, Regional Coordinator
Timeline	By August 31, 2004.
Near-Term Changes	Increased networking and communication among stakeholders, increased use of effective practices, improved outcomes.
Youth Outcomes	Increased access to evidence-based practices.
Family Outcomes	Increased access to evidence-based practices.
Service Delivery System Outcomes	Increased training and supports, more efficient and effective use of resources by the 75 school districts in the region.
Community Outcomes	Increased awareness of the importance of school-based mental health care.
➤ Strategy 1.2.	<i>Assist the El Paso team to integrate existing mental health case management supports into the area/schools of greatest need.</i>
Primary Stakeholders	El Paso Community Mental Health and Mental Retardation Center (EPCMHMRC)
Timeline	By August 31, 2003.
Near-Term Changes	Case managers will be available in the highest need schools to address student's mental health issues.
Youth Outcomes	Improved school performance, increased school attendance, decreased disciplinary referrals.
Family Outcomes	Increased follow-through with appointments, decreased stigma.
Service Delivery System Outcomes	Increased utilization rates, decreased no-show rates, increased cost-savings.
Community Outcomes	School becomes the hub for community services.

NEAR-TERM CHANGES (by August 31, 2004)

➤ Strategy 1.3.	<i>Assist the El Paso team to develop a mental health curriculum for all school personnel.</i>
Primary Stakeholders	Region 19 Education Service Center, El Paso Community Mental Health and Mental Retardation Center, El Paso Alliance for the Mentally Ill
Timeline	Curricula developed by December 1, 2003; training January 2004; training in middle schools by August 31, 2004.
Near-Term Changes	Education professionals will have a greater knowledge of children's mental health; behavior improvement; teachers will have an increased understanding and an expanded repertoire of tools and techniques to manage behaviors and support students in their classrooms.
Youth Outcomes	Improved student satisfaction; improved social and emotional functioning.
Family Outcomes	Improved relationship with educators.
Service Delivery System Outcomes	Earlier identification of mental health needs; increase in appropriate referrals.
Community Outcomes	Decreased need to place students in residential treatment or psychiatric hospitals; increased awareness of children's mental health.
➤ Strategy 1.4.	<i>Assist the Lubbock team to develop a plan for the implementation of school-based mental health care.</i>
Primary Stakeholders	Special Education Co-op of four independent school districts, Lubbock Regional Mental Health and Mental Retardation, parents, youth, and community agencies.
Timeline	By August 31, 2004
Near-Term Changes	A plan for the implementation of school-based mental health care will be developed.
Youth Outcomes	Positive development of the youth
Family Outcomes	Families are able to more easily access an array of mental health services.
Service Delivery System Outcomes	Needs are identified and treated earlier resulting in efficiencies and cost-effectiveness.
Community Outcomes	Will have a shared educational and mental health vision and agenda.

NEAR-TERM CHANGES (by August 31, 2004)

Goal 2. Assist sites in the collaboration stage (Abilene) to progress to the co-location or integration stage. To do that, the State will:

➤ Strategy 2.1.	<i>Assist the Abilene team to provide education to parents on mental health issues on and off school campus.</i>
Primary Stakeholders	School district, local mental health authority, PTA, Parent Coordinators, families.
Timeline	December 2003.
Near-Term Changes	Parents will receive information and training related to children's mental health issues and available services.
Youth Outcomes	Earlier identification and treatment of mental health needs.
Family Outcomes	Increased ability to recognize the need for treatment and available services.
Service Delivery System Outcomes	Because mental health needs will be recognized and treated earlier, certain efficiencies and cost-savings will be realized.
Community Outcomes	Increased community awareness of mental health needs and available services.
➤ Strategy 2.2.	<i>Assist the Abilene team to identify target population of students and implement mental health counseling on school campus.</i>
Primary Stakeholders	Students, parents, school superintendent, School Board, local universities.
Timeline	By August 31, 2004.
Near-Term Changes	Targeted students will receive mental health services on their school campus.
Youth Outcomes	Earlier identification and treatment of mental health needs.
Family Outcomes	Easier access to mental health services.
Service Delivery System Outcomes	Because mental health needs will be recognized and treated earlier and in a location that increases the likelihood of participation, certain efficiencies and cost-savings will be realized.
Community Outcomes	Increased availability of services, healthier community.

NEAR-TERM CHANGES (by August 31, 2004)

Goal 3. Assist sites in the co-location stage to progress towards the integration stage. To do that, the State will:

➤ Strategy 3.1.	<i>Assist the Austin team to complete an assessment of existing school-based mental health and social services for students in three school districts.</i>
Primary Stakeholders	Austin Partners in Education, Austin Travis-County MHMR (ATCMHMR), Youth and Family Assessment Center (YAFAC), school districts, Education Service Center Region XIII
Timeline	Database completed by December 31, 2003.
Near-Term Changes	Availability of a database detailing school-based mental health and social services.
Youth Outcomes	Increased access through shared information.
Family Outcomes	Increased access to need identification and service leverage.
Service Delivery System Outcomes	Tools for schools about available resources.
Community Outcomes	Healthier community.
➤ Strategy 3.2.	<i>Assist the Austin team to assess the need for school-based mental health care, focusing on student needs and desired educational outcomes.</i>
Primary Stakeholders	Travis County Research and Planning, Texas Council for Developmental Disabilities, Communities in Schools, The Children's Partnership, school districts, Parents, Planning team members.
Timeline	By August 31, 2004.
Near-Term Changes	Identification of gaps and needs related to school-based mental health services.
Youth Outcomes	Input formalized, increased expression of needs.
Family Outcomes	Input formalized, increased expression of needs.
Service Delivery System Outcomes	Information achieved to define needs.
Community Outcomes	Identification of differences and commonalities across independent school districts that guide definition of needs.

NEAR-TERM CHANGES (by August 31, 2004)

➤ Strategy 3.3.	<i>Assist the Austin team to develop a communication plan that ensures cross-community communication and coordination among various groups and initiatives that affect mental health of students.</i>
Primary Stakeholders	Planning team members.
Timeline	By October 2003.
Near-Term Changes	Increased awareness of services and communication among providers.
Youth Outcomes	Consistent strength-based supporting approach to child success.
Family Outcomes	Increase in number of families that know how to access services.
Service Delivery System Outcomes	Reduction of duplication of effort; maximize effort for greatest impact.
Community Outcomes	Visible, well-identified entity.
➤ Strategy 3.4.	<i>Assist the Houston team to fill in service gaps at current project sites by providing extended service hours in the evening and on Saturday morning, increasing the number of providers, and providing staff development for school personnel and service providers.</i>
Primary Stakeholders	Project-specific agency partners, families, community members.
Timeline	By August 31, 2004.
Near-Term Changes	Services at existing project sites will be expanded, sustainable funding will be explored, and policy barriers will be addressed.
Youth Outcomes	Timely access to mental health services, including prevention-based interventions.
Family Outcomes	Families will experience increased access to services, direct input for intervention planning, and access to joint trainings with service providers.
Service Delivery System Outcomes	Continuous service delivery improvement, additional grant funds secured, in-kind contributions will increase. Campus sites will see improved school attendance and performance and decreased discipline referrals.
Community Outcomes	Community awareness of prevention-based mental health services will increase through the provision of targeted communication from project sites to stakeholders.

NEAR-TERM CHANGES (by August 31, 2004)

➤ Strategy 3.5.	<i>Assist the Tyler team to expand existing school-based campuses from three campuses to four or more.</i>
Primary Stakeholders	Tyler Independent School District expansion campus, Andrews Center's Children's Mental Health Services, students, parents.
Timeline	By December 31, 2003.
Near-Term Changes	15 to 20 youth will receive the mental health services they need at the place and time that they exhibit behavioral problems that negatively impact their academic performance.
Youth Outcomes	Improved social and emotional functioning with peers, teachers, and family; improved mental wellness; improved academic performance.
Family Outcomes	Improved family satisfaction with school and mental health services; improved family relations.
Service Delivery System Outcomes	Improved coordination and compatibility between education and mental health services; more efficient use of limited resources; reduction in referrals to alternative education programs.
Community Outcomes	Fewer youth in the juvenile justice system; decreased need for more intensive care; decreased school suspensions and expulsions.

Appendix III.

Long-Term Improvements

Long-Term Improvements
(FY 2005 and beyond)

Goal 1. Continue to assist sites in the coordination stage (El Paso, Tarrant, Lubbock) to progress to the collaboration or co-location stage. To do that, the State will:

➤ Strategy 1.1.	<i>Assist the El Paso team to identify community partners and establish a core group of educators, mental health professionals, and families that meet regularly to address the issue of integration.</i>
Primary Stakeholders	Border Children's Mental Health Collaborative.
Timeline	Ongoing.
Long-Term Improvement	The existing fears and barriers that have discouraged collaboration between mental health, families, and schools will be identified.
Youth Outcomes	Increased school attendance, increased academic performance, and decreased disciplinary referrals.
Family Outcomes	Increased family support from school and mental health.
Service Delivery System Outcomes	More effective service delivery.
Community Outcomes	Improved environment of community information sharing, problem-solving and idea development that involves all stakeholders.
Strategy 1.2.	<i>Assist the El Paso team to formalize the collaborations of mental health, schools, and families through Memoranda of Understandings (MOU).</i>
Primary Stakeholders	EPCMHMRC, School districts, families.
Timeline	May 2004
Long Term Improvements	Signed MOUs establish a formal commitment to integrate schools and mental health and include the commitment of resources such as funding, staff, and space. Families and community members will be included in the process as equal partners.
Youth Outcomes	Increased school attendance, increased academic performance, and decreased disciplinary referrals.
Family Outcomes	Family involvement in the collaborative effort establishes them as partners.
Service Delivery System Outcomes	More efficient and effective service delivery.
Community Outcomes	Schools become a component in the community-wide system of care.

Long-Term Improvements
(FY 2005 and beyond)

➤ Strategy 1.3.	<i>Assist the Tarrant/Denton Counties team to assess local and state policy, legislation and funding needs to address support for development of school-based systems of care. Identify enabling legislation and develop and implement coordinated strategy for educating lawmakers and policymakers.</i>
Primary Stakeholders	Regional coordinator in conjunction with local advocacy groups.
Timeline	By mid-January 2005.
Long-term Improvement	Legislative changes will enable support for flexible funding, collaboration among agencies, inclusion of family and youth voice and funding for the inclusion of best practices.
Youth Outcomes	Formalized input to local and state policy and legislation.
Family Outcomes	Formalized input to local and state policy and legislation.
Service Delivery System Outcomes	Integration of funding streams for flexible funding and natural community supports, requirements for training in best practices in children's mental health.
Community Outcomes	Increased opportunity to implement school-based mental health care.
➤ Strategy 1.4.	<i>Assist the Tarrant/Denton Counties Regional Coordinator to investigate and develop a plan to sustain development of school-based mental health training and stakeholder development and training.</i>
Primary Stakeholders	Regional coordinator, families, schools, youth.
Timeline	Immediately.
Long-term Improvement	The sustainability of funding for training and program development benefits all regional stakeholders by assuring ongoing school mental health supports and continuity of service delivery.
Youth Outcomes	Access to school-based mental health care.
Family Outcomes	Earlier identification, easier access to treatment for mental health needs.
Service Delivery System Outcomes	Ongoing school mental health supports and continuity of service delivery, resulting in certain efficiencies and cost-effective service delivery.
Community Outcomes	Continued access to school-based mental health care.

Long-Term Improvements
(FY 2005 and beyond)

➤ Strategy 1.5.	<i>Assist the Tarrant/Denton Counties team to implement systems change to support increased strengths-based, collaborative support across stakeholders and families for children with emotional, behavioral, or mental disorders.</i>
Primary Stakeholders	Regional coordinator and stakeholders
Timeline	Ongoing.
Long-term improvement	Increased inclusion of family, increased flexibility and individuation of service delivery, increased strengths based and child-centered interventions, earlier intervention in the service array, improve outcomes.
Youth Outcomes	Increased school performance, increased community inclusion, fewer restrictive placements.
Family Outcomes	Earlier identification and treatment of mental health needs.
Service Delivery System Outcomes	Increased flexibility and individualization, earlier intervention
Community Outcomes	Early intervention will enable children and their families to use less restrictive and expensive services.
Goal 2. Continue to assist sites in the collaboration stage (Abilene) to progress to the co-location or integration stage. To do that, the State will:	
➤ Strategy 2.1.	<i>Assist the Abilene team to pilot and evaluate school-based mental health care designed to reduce recidivism.</i>
Primary Stakeholders	Providers, schools, students, families
Timeline	May 2004
Long-Term Improvement	Specialized school-based mental health services are designed, piloted, and evaluated.
Youth Outcomes	Improved school attendance, improved performance, improved relationships with teachers.
Family Outcomes	Parents are satisfied with the services provided.
Service Delivery System Outcomes	Reduced recidivism in the juvenile justice system.
Community Outcomes	Healthier families, healthier community.

Long-Term Improvements
(FY 2005 and beyond)

Goal 3. Continue to assist sites in the co-location stage (Austin-Travis County, Harris County, and Tyler, Texas) to progress to the integration stage. To do that, the State will:

➤ Strategy 3.1.	<i>Assist the Austin team to build a comprehensive, coordinated, and accessible community of care within the schools.</i>
Primary Stakeholders	Austin-Travis County MHMR, Children's Partnership, Partners in Education, Education Service Center
Timeline	By December 2004.
Long-Term Improvement	A seamless system of care that is accessible, equitable, and available for students.
Youth Outcomes	Child's needs are connected with appropriate resources resulting in increased achievement in school.
Family Outcomes	Achieve complete participation in resources to meet child's needs.
Service Delivery System Outcomes	More responsive delivery system that is uniform and equitable.
Community Outcomes	Decrease in juvenile probation involvement; increase in utilization of resources.
➤ Strategy 3.2.	<i>Assist the Austin team to develop systems supporting children and youth with mental health needs throughout the "triangle of services" (mental health promotion, prevention and early intervention, and treatment) so that family voice and choice are ensured.</i>
Primary Stakeholders	Parents, professionals who work with parents, policy makers, school administrators, teachers, community agencies, family advocacy groups.
Timeline	By July 2004 and ongoing.
Long-Term Improvement	Better collaboration; family actively participating.
Youth Outcomes	More children will have their needs met.
Family Outcomes	Have a more active role, reduction of barriers, and knowledgeable of resources.
Service Delivery System Outcomes	Increased flexibility, policy will reflect family voice and choice,
Community Outcomes	More knowledgeable about school-based resources, better community collaboration, better use of community funds.

Long-Term Improvements
(FY 2005 and beyond)

➤ Strategy 3.3.	<i>Assist the Austin team to improve student outcomes.</i>
Primary Stakeholders	School districts' administrative staff, service providers, Outcomes subcommittee.
Timeline	By September 2005.
Long-Term Improvement	Baseline and first year data will be obtained.
Youth Outcomes	Improved overall outcomes (specific outcomes to be established by the subcommittee).
Family Outcomes	Parents have knowledge and participate in level of services appropriate to their child's functioning.
Service Delivery System Outcomes	Improved partnering of parents, schools, and service providers.
Community Outcomes	Reduction in child abuse and neglect, decrease in disruptive behaviors and crisis on campus.
➤ Strategy 3.4.	<i>Assist the Houston team to secure funding for site expansion from elementary campuses to the feeder middle school campuses in three school districts.</i>
Primary Stakeholders	Oversight board consisting of agency administrators, families who are consumers, private child-serving agencies, and business leaders.
Timeline	By September of 2007.
Long-Term Improvement	Secure grant funding for site expansion and matched local funding for site maintenance.
Youth Outcomes	Access to seamless school-based mental health care.
Family Outcomes	Access to seamless school-based mental health care.
Service Delivery System Outcomes	Will expand within existing sites to increase access to services for educators serving children and youth. Increased cross-disciplinary training.
Community Outcomes	Awareness of prevention-based mental health services; stigma will decrease.

Long-Term Improvements
(FY 2005 and beyond)

➤ Strategy 3.5.	<i>Assist the Houston team to secure transportation for the provision of evening and Saturday morning services through the provision of in-kind transportation services for all expansion sites.</i>
Primary Stakeholders	Children, youth, families, local partners, community members.
Timeline	By September 2006
Long-Term Improvement	Transportation will be expanded.
Youth Outcomes	Increased access to services and decreased time away from the education component of the school day.
Family Outcomes	Decreased time away from work; increased opportunities to participate in intervention plans, including educational opportunities.
Service Delivery System Outcomes	Will have increased opportunities to meet with service providers and to provide uninterrupted educational services.
Community Outcomes	Community members will have increased opportunities to access open trainings offered at expansion sites.
➤ Strategy 3.6.	<i>Assist the Tyler team to adapt and expand school-based services to Tyler Independent School District (TISD) Head Start campuses.</i>
Primary Stakeholders	TISD campus, Andrews Center's Children's Mental Health Services operating unit, TISD Head Start.
Timeline	60 days after issues related to funding, space, and transportation are resolved.
Long-Term Improvement	20 to 40 qualified students will receive school-based mental health care.
Youth Outcomes	Improved readiness for learning, improved classroom behavior, improved social and coping skills.
Family Outcomes	Increased family access to community-based services, increased participation in the Head Start program, improved family relations.
Service Delivery System Outcomes	Improved personnel competence, job satisfaction and retention, more efficient use of limited resources, improved coordination between education and mental health services.
Community Outcomes	Increased citizen contribution to the community's welfare, decreased need for more intensive care.

Long-Term Improvements
(FY 2005 and beyond)

➤ Strategy 3.7.	<i>Assist the Tyler team to expand the current model of school-based mental health care into the Juvenile Justice Detention Education Services program.</i>
Primary Stakeholders	Andrews Center, Smith County Juvenile Probation Department
Timeline	Dependent on resolving funding issues.
Long-Term Improvement	Any youth incarcerated in the Smith County Juvenile Attention Center and qualifying for priority mental health services could receive those services and maintain the continuity of educational services while incarcerated.
Youth Outcomes	Improved mental wellness, improved classroom performance, improved social and coping issues.
Family Outcomes	Improved family relations, decreased contact with the juvenile justice system.
Service Delivery System Outcomes	More efficient use of limited resources, decreased costs, improved working relationship between mental health and juvenile justice system.
Community Outcomes	Fewer youth remaining in the juvenile justice system; decreased need for more intensive care, decrease in the number of youth referred and the level of community violence.

Appendix IV.

Local/Regional Plans