

# Travis County Plan for Children's Mental Health

WELLNESS & PREVENTION



EFFECTIVE INTERVENTION



COORDINATED CRISIS SERVICES



SYSTEM IMPROVEMENTS



*A coordinated five-year plan to improve the wellness of children and youth in Travis County*

## A Letter from Children's Mental Health System Leaders

Dear Community Leaders:

Your leadership and commitment are critical to addressing one of the most pressing and complex issues in Travis County - approximately 43,000 children under the age of 18 have or are at risk of having a mental health disorder. Our community pays the consequences of untreated childhood mental illness in the form of deaths by suicide, increased juvenile justice and adult criminal justice involvement, more children in foster care, higher primary and behavioral health care utilization, lost productivity for parents and more children unable to achieve success in school.

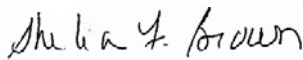
Our children's wellness is essential to supporting the vitality and sustainability of our region. The Travis County Plan for Children's Mental Health outlines action steps in four key areas - wellness and prevention, effective intervention, coordinated crisis services, and system improvements - to build on the strengths of our current systems with the goal of promoting wellness and effectively treating mental disorders among children in Travis County.

As you read this plan, consider how you can participate in its implementation - as a parent or family member, as the head of an organization, as a volunteer or as a policymaker. Your active participation can help set the course for investments in prevention and early intervention, using resources more efficiently and ensuring that more children are engaged and ready for academic success. The underlying issues affecting children's mental health in our community are complex and cannot be addressed in isolation. Please join us in our mission to support wellness for all Travis County children.

Sincerely,



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Superintendent, Manor Independent  
School District



Shelia Brown  
Region VII Director, Texas Dept. of  
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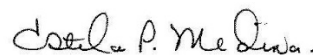
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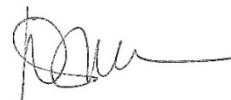
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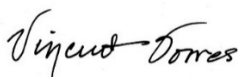
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## Executive Summary

### Plan Purpose and Scope

The Travis County Children’s Mental Health Plan is a coordinated, five-year plan to improve the wellness of children and youth in Travis County. The plan is built upon three assumptions: (1) investments in prevention and early intervention can result in significant savings for the community; (2) social and emotional development are essential to school readiness, academic success and economic prosperity; and (3) a comprehensive, coordinated children’s behavioral health system can help maximize resources, minimize duplication of services, and divert high-risk children and youth from the criminal justice and foster care systems. The desired outcomes of the community planning process are as follows:

- 1. Create actionable items for children’s mental health to support local and regional funding decisions and prioritization;*
- 2. Broaden and strengthen collaborations and partnerships to support improvements in integrated care for children and early intervention for youth at risk of behavioral health problems;*
- 3. Promote children’s mental health throughout the community;*
- 4. Develop a list of community behavioral health indicators to measure the improved behavioral health status of children in Austin and Travis County; and*
- 5. Establish a process to support the implementation of the community plan and future planning cycles.*

This plan is intended to focus on promotion of mental health and treatment of mental disorders among children and youth. The goals, objectives and strategies relate to services across the behavioral health continuum, including those related to substance use disorder. These recommendations are meant to be implemented within the juvenile justice and child welfare systems, primary and behavioral health care systems, schools, and other community settings like community centers, churches and social service providers. Recommendations apply to multiple audiences, including children and families, agencies and providers, and funders and systems.

## Vision

*Children and their families will live in a community that promotes optimal social and emotional development, behavioral health support and recovery, and offers access and inclusion, without stigma, to culturally appropriate services that support those goals.*

## Guiding Principles<sup>1</sup>

- Interagency collaboration
- Individualized strengths-based care
- Cultural and linguistic competence
- Family and youth involvement
- Community-based services
- Accountability

## Plan Framework

The Travis County Behavioral Health Continuum (see Figure 1 below) was used as a key framework, outlining a tiered prevention, intervention and treatment model for behavioral health.

## Key Definitions

**Mental health** is a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, functions in society and meet the ordinary demands of everyday life.

**Mental illness** (used interchangeably with **mental disorder**) is a medical condition that can disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental illnesses are brain-based conditions that often result in a variety of symptoms that can affect daily life.

**Behavioral health care** refers to the continuum of services for individuals at risk of, or currently living with, one or more mental health conditions, substance use disorders or other behavioral health disorders.

**Trauma** occurs from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

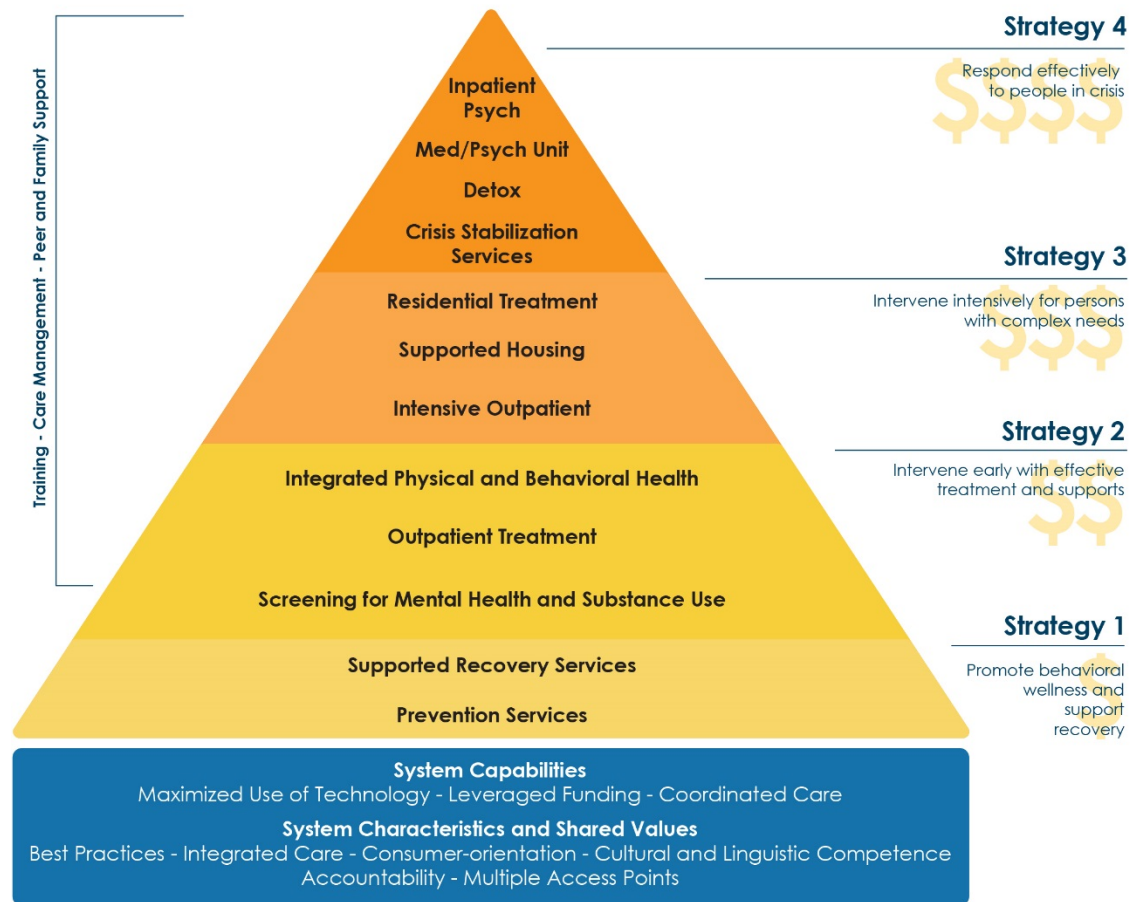
**Wellness** describes the entirety of one's physical, emotional, and social health; this includes all aspects of functioning in the world (physiological, intellectual, social, and spiritual), as well as subjective feelings of well-being.

For a full Glossary of plan definitions, see Appendix 1.





Sources: Hogg Foundation, National Alliance on Mental Illness (NAMI), ChildTrends/Robert Wood Johnson Foundation



Figure 1: Plan Framework #1: Travis County Behavioral Health Continuum



## Goals

-  **Goal #1:** Promote wellness and support resilience for all Travis County children and youth.
-  **Goal #2:** Provide a continuum of intervention services and effective treatment to children and youth exhibiting a range of needs from emerging symptoms to complex mental health needs.
-  **Goal #3:** Respond effectively to children, youth and families in crisis.
-  **Goal #4:** Improve outcomes and accountability in the entire Travis County children’s mental health system.

Strategic investments in these four key areas will lead to improvements across our community. The goals outlined in this plan are the first steps on the road toward a shared vision of health and wellbeing for our children. With this agenda in hand, we can implement changes, measure collective impacts, and become a community with a culture of wellness and prompt treatment for mental illness among children and youth.

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## Goal 1: Wellness and Prevention



### Objectives

1. Ensure that all children and youth in Travis County schools are exposed to nurturing environments that support wellness.
  2. Increase understanding of mental health as a critical component of overall wellness.
  3. Decrease the incidence of adverse childhood experiences (ACEs) for Travis County children and youth.
  4. Integrate physical and behavioral health care for Travis County children and youth.
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## Goal 2: Early & Effective Intervention



### Objectives

1. Ensure a continuum of available, accessible and effective individualized treatment options that are aligned with the mental health needs of children and youth, and that increase the presence of caring adults in their lives.
  2. Reduce exclusionary disciplinary approaches and support the mental health needs of at-risk students in disciplinary and juvenile justice settings.
  3. Ensure the inclusion of adverse childhood experiences (ACEs) and other mental health risk factors when designing screening tools for children and youth.
  4. Reduce barriers to accessing child, youth and family mental health services.
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## Goal 3: Coordinated Crisis Services



### Objectives

1. Support a coordinated 24/7 mental health crisis response system for children and youth to assess, intervene, stabilize, connect to services, and create individualized treatment plans.
  2. Assess the level of need for additional psychiatric emergency services targeted specifically at children and youth.
  3. Ensure choices and supports for caregivers of children and youth with severe mental health needs.
  4. Create an accountable system for youth leaving crisis services to ensure adequate follow-up and continuity of care.
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## Goal 4: System Improvements



### Objectives

1. Strengthen multi-sector collaboration to implement and monitor progress on the Travis County Children's Mental Health Plan.
2. Ensure that the local mental health system (both public and private) is integrated, trauma-informed, evidence-based, adaptable, and responsive to community needs.
3. Ensure that the local mental health workforce has the breadth, capacity, and professional training to meet the mental health needs of a diverse population of children and youth.
4. Develop data collection processes, enhance shared data systems, and use these systems to monitor progress and quality and to promote planning and data-based decision making.

## Children's Mental Health and Mental Illness: A Data Snapshot

In the past two decades, a great deal of new information on children's mental health and mental illness has emerged, informing nationwide transformation of the children's mental health system. Released in 2000, the "Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda"<sup>2</sup> identified the social and emotional health of children as a national priority and called for recognition of children's mental health promotion and treatment of mental disorders as major public health goals.

### Childhood Mental Illness is Pervasive

Following the Surgeon General Report, "Mental Health Surveillance Among Children - United States, 2005-2011"<sup>3</sup> was the first comprehensive Centers for Disease Control (CDC) study to document children aged three to 17 with specific mental disorders, compiling information from a variety of data sources.

Key findings from the report include:

- Millions of American children live with depression, anxiety, ADHD, autism spectrum disorders, Tourette syndrome or a host of other mental health issues.
- ADHD was the most prevalent diagnosis among children aged three to 17.
- The number of children with a mental disorder increased with age, with the exception of autism spectrum disorders, which was most prevalent among six- to 11-year-old children.
- Boys were more likely than girls to have ADHD, behavioral or conduct problems, autism spectrum disorders, anxiety, Tourette syndrome, and cigarette dependence.
- Adolescent boys aged 12-17 were more likely than girls to die by suicide.
- Adolescent girls were more likely than boys to have depression or an alcohol use disorder.<sup>4</sup>

In 2013, Austin Travis County Integral Care (Integral Care) convened a task force on children's mental health to identify improvements for the children's mental health services it provides.<sup>5</sup> The task force report<sup>i</sup> summarized a number of findings related to the mental health of children and youth, both nationally and in Travis County, including the following:

- One out of five children experiences a mental disorder in a given year.
- Suicide is the second leading cause of death among adolescents ages 12 to 17.

<sup>i</sup> The task force report made recommendations relating to services; integration and partnerships; training and workforce; and communications. These recommendations are summarized in Appendix 2.

- Half of all mental illnesses begin by age 14.
- A child with mental illness is more than three times as likely to be arrested before leaving school as are other students.
- In Travis County, approximately 43,000 children under the age of 18 have or are at risk of having a mental health disorder.

### **Youth Alcohol and Drug Use is Correlated with Mental Illness and Often Leads to Adult Addiction**

Youth alcohol and drug abuse impacts wellness and is often connected to mental disorders. Data also suggests that mental disorders can lead to drug abuse, possibly as a means of “self-medication,” and youth suffering from mental illnesses may rely on alcohol, tobacco, and other drugs to temporarily alleviate their symptoms. Conversely, drug abuse also may bring about symptoms of another mental illness.<sup>6</sup>

One source of local data on youth drug abuse is the Austin Independent School District (AISD) Student Substance Use and Safety Survey,<sup>7</sup> administered annually to a random, representative sample of AISD students. The survey provides self-reported data on student knowledge, attitudes, and behavior related to substance use and school safety issues. Key findings from the 2013 survey<sup>ii</sup> include:

- 4% of middle school students and 13% of high school students report using tobacco within the last month.
- 11% of middle school students and 26% of high school students report using alcohol within the last month.
- 8% of middle school students and 20% of high school students report using marijuana (including synthetic marijuana) within the last month.
- 6% of middle school students and 9% of high school students report using others’ medications to get high within the last month.
- 10-25% of high school students on several campuses identify that they have attended school while under the influence of some substance.<sup>8</sup>

Research also demonstrates a correlation with youth drug/alcohol use and adult dependence and abuse. For instance, among those who first tried marijuana at age 14 or younger, 12.7 percent were classified with illicit drug dependence or abuse as adults, compared to 2 percent of adults who had first used marijuana at age 18 or older. Among adults age 18 or older who first tried alcohol at 14 or younger, 14.8 percent were classified with alcohol dependence or abuse as adults, compared to 3.5 percent of adults who had first used alcohol at age 18 or older.<sup>9</sup>

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<sup>ii</sup> Information in the 2013 report comes from the survey administered in the spring of 2011 to a sample of 8,480 students in grades 6-12, 73% of whom submitted valid responses.

In 2012, while use of alcohol and tobacco decreased and marijuana use remained level among Texas youth, nonmedical use of narcotic prescription drugs such as oxycodone and hydrocodone products increased.<sup>10</sup>

### Childhood Trauma Affects Lifelong Health and Well-Being

New research on the brain and the impacts of environment on children has also advanced the understanding of childhood mental disorders as well as conditions in adulthood that are impacted by childhood experiences. The Adverse Childhood Experiences (ACEs) study<sup>11</sup> was a seminal research project conducted in California on 17,000 health care plan participants from 1995 to 1997. Its results suggested that certain childhood experiences such as abuse, neglect, separation from a parent, and substance abuse, domestic violence, and/or mental illness in the household are major risk factors for the leading causes of illness and death as well as poor quality of life in adulthood. The ACEs study has broadened the focus in children’s mental health systems to include the impact of childhood trauma and the development of trauma-informed approaches and systems.

In 2011, the American Academy of Pediatrics (AAP) issued a brief entitled “The Lifelong Effects of Early Childhood Adversity and Toxic Stress,”<sup>12</sup> which called for a new ecobiodevelopmental framework for pediatricians to better address the effects of ACEs and toxic stress, the most dangerous form of stress response, “which results from strong, frequent, or prolonged activation of the body’s stress response systems in the absence of the buffering protection of a supportive, adult relationship.” The impact of toxic stress on child brain development is greatest in the first months and years of a child’s life.

### Poor and Minority Children are More Vulnerable to Toxic Stress

The ACEs study and subsequent research focusing on the effects of poverty on child development have demonstrated that children growing up in poverty experience more stressors and have higher rates of mental disorders as adolescents and adults than do more affluent children. In addition, local mapping conducted by the Children’s Optimal Health initiative has found that concentrations of children with mental health needs are not evenly distributed throughout Travis County (see maps in Appendix 4). Thus, groups of children and youth that are disproportionately poor are

Exposure to toxic stress and the associated burdens of mental illness more often fall on particular groups of young people. These are usually populations who, for reasons of prejudice, loss of family support, or other —“system failures,” already experience some form of disenfranchisement: racial/ethnic minorities; lesbian, gay, bisexual, and transgender youth; children in foster care; homeless youth; incarcerated youth; and, particularly, children and youth living in poverty.

*Are the Children Well? Report,  
ChildTrends/Robert Wood Johnson  
Foundation*

at increased risk for compromised mental wellness, including racial/ethnic minorities; lesbian/gay/bisexual and transgender (LGBT) youth; children in foster care; homeless youth and incarcerated youth.<sup>13</sup> Given that a quarter of Travis County children (63,766) are living in poverty, many are likely to be affected by toxic stress.

### **Childhood Mental Disorders Have Substantial Costs and Consequences**

A number of studies have pointed out the tremendous economic costs of childhood mental illnesses. A 2009 Institute of Medicine Report<sup>14</sup> estimated the monetary burden of mental illness among young people at \$247 billion annually. This includes costs associated with treatment, special education services, crime, and parents' lost productivity due to the child's greater need for care.

It is well documented that youth with untreated mental health and substance use disorders have an increased likelihood of involvement in the juvenile justice system. Studies consistently document that 65% to 70% of youth in the juvenile justice system meet criteria for a diagnosable mental health disorder, and that approximately 25% of youth experience disorders severe enough to significantly impair their ability to function.<sup>15</sup>

Schools and early childcare centers, too, bear the costs and consequences of untreated mental illness. Symptoms of mental disorders can affect children's ability to learn, engage fully in school, and interact with their peers, preventing them from reaching their full potential. Preschool children are three times more likely to be expelled than older children (kindergarten through twelfth grade), and these expulsion rates are often attributed to lack of attention to behavioral and emotional needs.<sup>16</sup> Children in elementary school with mental health problems are more likely to miss school than their peers – in one school year, children with mental health needs may miss as many as 18 to 22 days.<sup>17</sup> The Austin/Travis County School Readiness Action Plan estimates that in 2013, only 51% of area children enter kindergarten school-ready – based on the data above we can assume that a high proportion of children who are not school-ready may also have mental health concerns.<sup>18</sup>

Stigma is the prejudice, avoidance, rejection and discrimination directed at people believed to have an illness, disorder or other trait perceived to be undesirable.<sup>19</sup> Although difficult to quantify, the costs and consequences of stigma are very real. The effect of social exclusion and stigma on those with mental illness has been dubbed a "second illness."<sup>20</sup> Stigma may further contribute to children and youth with mental illness going untreated, due to the child or youth's own fears or those of their parents or guardians.

## The Children's Mental Health System: National Trends and Local Community Assets

In recent years, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services' (HHS) Office of Adolescent Health have supported efforts toward transformation of the child and youth mental health system, including the need for multi-sector, multi-disciplinary approaches in state and local behavioral health care, primary care, child welfare, education, and juvenile justice systems. The Patient Protection and Affordable Care Act of 2010 also contains provisions to support changes in the current system of care, including shifting more resources to prevention and wellness promotion and supporting the integration of physical and behavioral health care. Figure 2 below depicts key elements of national child and youth mental health system transformation efforts.

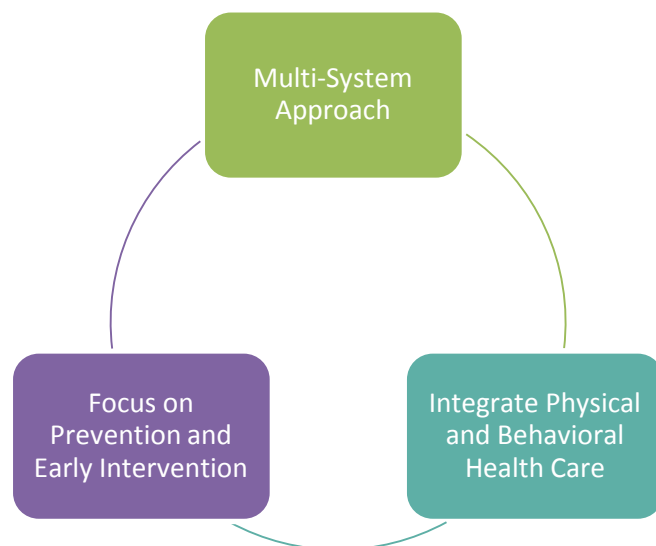


Figure 2: Key Elements of Children and Youth Mental Health System Transformation

### Mental Health Best Practices

The Hogg Foundation for Mental Health outlines the following best practices applicable to children's mental health:

- Recovery and Peer Support
- Outcome Measures
- Integrated Primary, Mental Health and Substance Use Care
- Prevention and Early Intervention
- Seclusion and Restraint Alternatives
- Trauma-Informed Approach
- Criminal Justice Diversion
- Child and Family Mental Health System of Care
- Suicide Awareness and Prevention
- Housing

Source: *A Guide to Understanding Mental Health Systems and Services in Texas*, 2<sup>nd</sup> Edition, Hogg Foundation for Mental Health



In July 2014, the Robert Wood Johnson Foundation and Child Trends released “Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation’s Young People,”<sup>21</sup> which calls for shifting the focus of policy and practice from treating illness to the promotion of wellness and resiliency.

### Summary of Recommendations from “Are the Children Well?”

- Media campaigns to reduce stigma
- Integration of primary and behavioral health care and support to increase pediatricians’ competence and comfort in addressing children’s mental health concerns
- Alignment of mental health funding with current knowledge about the onset of behavioral disorders
- Additional mental health capacity in the child welfare system
- Programs that focus on wellness in addition to illness
- Interventions that impact children in multiple environments
- Resources for parents who have mental illness as well as for those who are caregivers of children with mental disorders
- Later school start time for adolescents to ensure they get enough sleep
- Mental health first aid training for interested youth
- High quality early childhood education initiatives
- Comprehensive mental health resources within schools
- Whole-school tiered approaches to wellness
- Gatekeeper training for all adults who work with youth
- Efforts to rid neighborhoods of environmental toxins and to create more youth-friendly facilities

## Children’s Mental Health in Austin/Travis County: Collaborations, Plans and Service Delivery Models

Austin/Travis County has significant community assets and this plan’s goals, objectives and strategies are intended to build upon these existing strengths. The innovative collaborations, plans, and projects outlined below are critical community assets which helped inform the plan’s development.

### ***Child-Serving Collaborations***

Austin/Travis County has an extraordinary level of collaboration among child-serving agencies. The Ready by 21 Coalition of Central Texas is an umbrella group of youth service providers, educators, government agency representatives and community stakeholders focusing on four dashboard areas, including: academic success and workforce readiness; physical health and safety; social and emotional health and safety; and social and civic engagement. Within the outcomes related to social and emotional health and safety, there are four objectives for young people:



- Have a significant attachment to nurturing adults;
- Avoid risky behaviors;
- Have good mental health and be emotionally resilient; and
- Respect diversity and demonstrate empathy and pro-social behaviors.

The dashboard indicators relating to these objectives are listed below in Table 1.

Other area collaborations specific to child and youth mental health include the Child and Youth Mental Health Planning Partnership (CYMHPP); the Children’s Partnership/Community Partners for Children (CPC) (Travis County Community Resource Coordination Group); the Trauma Informed Care Consortium of Central Texas; the Travis County Collaborative Council (Child Welfare/Juvenile Justice); and the Travis County Youth Substance Abuse Prevention Coalition (YSAPC). These collaborations have contributed in myriad ways to the strong foundation of mental health services for children and youth in Travis County, and the Children’s Mental Health Plan builds on the important projects that these collaborations have already initiated.

*Table 1: Ready by 21 Social & Emotional Wellness Indicators*

<b>Indicator</b>	<b>Definition</b>
<b>Children and Youth in Foster Care</b>	The rate per 1,000 children, ages 0-17, placed in substitute care in Travis County
<b>Substance Abuse</b>	The percent of AISD students who self-report using a particular substance with the given frequency
<b>Sexually Transmitted Infections (STIs)</b>	The number and percentage of youth diagnosed with an STI
<b>Pregnancy</b>	Number and percent of births to females under age 19
<b>Sad, unhappy, depressed or stressed</b>	% of students reporting that they missed one or more school days during the last month because they "felt too sad or depressed to attend."
<b>Suicide</b>	The number of completed suicides per 100,000 youths ages 15-24
<b>Bullying</b>	Percentage of youth in AISD who reported that they had experienced bullying at school in the past year
<b>Teen dating violence</b>	Students reporting hurtful or controlling dating behavior
<b>With disciplinary actions resulting in classroom removals</b>	Percentage of youth with disciplinary offenses that resulted in a removal from the regular classroom (including expulsion, mandatory and discretionary removals to a Disciplinary Alternative Education Program (DAEP), in school suspension and home suspension
<b>Crime</b>	Rate per 100,000 arrests of children ages 10-17 for the offenses of murder, manslaughter, forcible rape, robbery, and aggravated assault

### **Community Advancement Network (CAN) Focus on ACEs**

In early 2014, the Community Advancement Network (CAN) conducted an inventory of prevention and intervention efforts addressing adverse experiences in the lives of children and youth in Travis County, surveying 77 child-serving organizations.<sup>23</sup> The CAN study found that only 21% of organizations surveyed reported screening for ACEs. Based on this study, CAN recommended further work to consider the role of the school and community; increase focus on prevention; address the complex current referral system; and build service capacity for child and youth behavioral health providers.

### **School Readiness Action Plan**

The School Readiness Action Plan, spearheaded by United Way for Greater Austin, has highlighted the need for investment in early childhood programs in Austin/Travis County. United Way's coalition of early childhood advocates, experts, parents, service providers and business leaders put together this ambitious three-year plan to change the landscape of care for young children. The School Readiness Action Plan is a strategic effort to invest in the future of our community by increasing the total percentage of children ready for kindergarten to 70 percent by 2015.

*It is not the number of letters or numbers a child learns in preschool, but rather a child's abilities to avoid risky behaviors, to attend to classroom instruction, and to persevere in tasks, that predict long-term academic success, earnings and community economic return.*

**School Readiness Action Plan for Austin/Travis County**

### **Travis County Community Health Assessment (CHA)**

The 2012 Travis County Community Health Assessment (CHA) highlights mental health as one of the foremost health concerns raised by Travis County residents. While the report does not focus specifically on the mental health needs of children and youth, it documents many mental health concerns that directly impact children, including rising rates of behavioral health conditions among residents in the region, the complex challenges faced by individuals with mental illness and substance use disorders, and lack of local mental health provider capacity. Key CHA informants discussed cultural and language barriers to accessing mental health services, stigma from family and employers about receiving mental health services, and concern regarding school systems' capacity to address mental health.<sup>24</sup>

***Travis County System of Care***

The Travis County System of Care is a spectrum of effective, community-based services and supports for children and youth who have or are at risk for mental health or other challenges and their families. These services are organized into a coordinated network, build meaningful partnerships with families and youth, and address their cultural and linguistic needs, in order to help them to function better at home, in school, and in the community. The Travis County System of Care adheres to the following core values: community-based care, family-driven and youth-guided services, and cultural and linguistic competence.

Travis County System of Care initiatives are the Children's Partnership; Youth and Family Assessment Center; TRIAD; Child Protective Services (CPS) Reintegration Project; and Community Partners for Children. Travis County System of Care partners are: Any Baby Can; ARC of the Capital Area; Austin Child Guidance Center; Austin Travis County Integral Care; Austin ISD; Cal Farley; Communities In Schools; City of Austin Neighborhood Housing and Community Development Department - Community Development Block Grant; Department of Family and Protective Services (Child Protective Services-Travis County); Del Valle ISD; Lifeworks; Manor ISD; Maximus (Medicaid/Texas Health Steps), Pflugerville ISD; Texas Neuro Rehab; Travis County Health and Human Services/Veterans Service; and Travis County Juvenile Probation Department.

***Austin Community Collaboration to Enhance Student Success (ACCESS) Grant***

Children's Optimal Health (COH), Austin Travis County Integral Care, and the Austin Independent School District partnered on the ACCESS Safe Schools/Healthy Students federal grant from 2007 to 2011. This effort highlighted the need to identify and promote protective factors to reduce risk factors for children and youth at the individual, family, school and community levels, and to target the areas of highest prevalence to improve outcomes. As a part of the grant, COH produced a series of studies showing neighborhood differences related to school and community safety, disciplinary actions, student substance use patterns, and patterns of clinical and community supports. The ACCESS grant also provided support for a Youth Services Mapping (YSM) initiative in partnership with Ready by 21. Developed collaboratively by youth service providers, educators, and community planners, the YSM system<sup>25</sup> is a web-based database designed to allow sharing of information and connection to resources and support services.

***Travis County 1115 Medicaid Waiver Projects Focusing on Child and Youth Mental Health***

In December 2011, the Centers for Medicare and Medicaid Services (CMS) approved Texas's application for a Section 1115 Waiver, allowing certain local entities to design and implement transformative projects that support achievement of the triple aim: increased quality, improved patient experience, and reduced cost. These Delivery System Reform Incentive Payment (DSRIP) projects are pay-for-performance initiatives – local entities front the cost of implementation and, if they are successful at achieving agreed-upon metrics, the federal government matches each local dollar with \$1.40 in federal funds.

Two school-based 1115 Waiver projects in Travis County focus on child and youth mental health. Through the waiver, four Travis County School districts are initiating or expanding campus-based counseling services with accompanying health services. Partners in the projects include Austin Independent School District (ISD), Austin Travis County Integral Care, CommUnityCare, Del Valle ISD, Manor ISD, People's Community Clinic, Pflugerville ISD, Seton Healthcare Family. The Travis County Children's Mental Health Plan seeks to build on the successes of these school-based models and to expand school-based behavioral health services to children and youth in schools throughout the county.

***Dell Children's Mental Health and Substance Use Inventories & Mapping Initiative***

The Trauma Services Research Department at Dell Children's Medical Center of Central Texas is currently conducting a geospatial mapping research project which will include maps of substance use and mental health services available in Travis County. Prior to this initiative, no exhaustive list of these services existed.<sup>iii</sup>

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<sup>iii</sup> The Substance Use Services Inventory for Travis County, Texas is complete and now available on Integral Care's website. The Mental Health Services Inventory is under way and will also be published on Integral Care's website once completed. All efforts are being made to be as inclusive as possible of services in these documents and Integral Care will work to ensure that the information remains current. The inventories do not constitute an endorsement of the services listed.



## Surveys

Three surveys were conducted to secure feedback from specific sub-populations: child-serving providers, parents and guardians, and youth.

The survey of child-serving providers was supported by the Travis County Juvenile Justice Department, which is partnering with Integral Care and the Texas Institute for Excellence in Mental Health (TIEMH) on the Texas Mental Health and Juvenile Justice Policy Academy. This project works to strengthen coordination between the juvenile justice and mental health systems by bringing together local leaders to address youth mental health needs and diversion from deeper involvement in the justice system. Appendix 3 provides an overview of the parent and youth survey results. Appendix 4 offers a report of the provider survey compiled by TIEMH.

### ***Parent Survey***

Parent survey responses support the need for more community dialogue about mental health, and demonstrate a desire to access behavioral health services in multiple environments. Parents often seek help from primary care providers and many are worried about mental illness stigma, with 59% indicating that their child's doctor would be their first source of information and 36% indicating that stigma is a concern.

### ***Youth Survey***

79 youths participated in the youth survey. They identified stress (77%) and anxiety and fears (58%) as top mental health concerns. With regard to resources to turn to for help, technologies such as hotlines, mobile phone applications, social media and internet search engines were cited less frequently than were in-person supports such as family or friends.

### ***Provider Survey***

The provider survey was sent to providers and partners in public and private mental health, primary care, juvenile justice, child welfare, and education. Many respondents believe that availability and accessibility of children's mental health services could be improved. Identified strengths of the system included its dedicated and passionate direct service workers, the degree of collaboration, and the relative abundance of resources as compared to other Texas communities. Challenges included a lack of funding for evidence-based practices and workforce retention, a shortage of qualified providers, and a fragmented system that needs more coordination.

## Recommendations

Many participants in the planning process highlighted the fulfilment of basic needs as critical to supporting the activities identified in the children's mental health plan. These needs include:

- *Stable housing*
- *Adequate and healthy food*
- *Transportation*
- *Safe and toxin-free environments (home, school, play areas)*
- *Physical activity/access to recreation opportunities*
- *Quality child care/pre-kindergarten*
- *Health insurance/medical home*
- *Family-friendly employee policies (e.g. paid parental leave)*

Accordingly, this plan supports the *Community Plan to End Homelessness*, the *School Readiness Action Plan*, the *Community Health Improvement Plan*, and other efforts to ensure access to the basic needs listed above, and recognizes that the following goals, objectives and strategies must be achieved in coordination with the efforts of other community collaborations.

The plan's goals are broad statements of desired outcomes, the objectives are more narrow statements of expected outcomes over a period of time, and the strategies further advance the collective goal. Goals are intended to be achieved over a five-year period, with the objectives and strategies completed on a designated timeline within the five-year plan. A set of outcome measures will be developed for each goal area to measure progress.



## Goal 1

<b>Goal #1: Promote wellness and support resilience for all Travis County children and youth.</b>	
<b>Objective</b>	<b>Strategy</b>
<b>Ensure that all children and youth in Travis County schools are exposed to nurturing environments that support wellness.</b>	Maintain and expand universal school-based approaches that support child and youth wellness to all schools across the county (including differentiated instruction, social and emotional learning (SEL) curricula, Positive Behavioral Interventions and Supports (PBIS), a positive and culturally responsive school climate, basic classroom management structures and communication with families).
	Build on strengths of current efforts to enhance after-school programs to include SEL and wellness focus and referral.
	Maintain and expand approaches to support child and youth wellness in early childhood settings countywide, such as SEL curricula and mental health consultants for early childhood centers serving at-risk children.
	Engage with the juvenile justice system, child welfare system and other providers to support resilience for juvenile-justice-engaged youth not in school, and other youth not enrolled in school or participating in the labor market.
<b>Increase understanding of mental health as a critical component of overall wellness.</b>	Create a community education plan to reduce the stigma of accessing mental health services and educate the community and key target populations about environments that promote mental health and early warning signs of mental illness.
	Support the provision of Mental Health First Aid training and other evidence-based trainings, peer support models, and technological tools to promote wellness, prevent suicide and encourage help-seeking behavior among youth.
<b>Decrease the incidence of adverse childhood experiences (ACEs) for Travis County children and youth.</b>	Increase the availability of parenting education and family violence prevention programs that are evidence-based, culturally relevant and tailored to the needs of the community.
	Increase screening for ACEs and for parental mental illness in locations such as primary health care providers and at access points for benefits programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
	Employ evidence-based public health strategies to reduce access to firearms, medication and other lethal items in the home.
<b>Integrate physical and behavioral health care for Travis County children and youth.</b>	Expand use of mental health, suicide risk, and developmental screenings in all pediatric primary care settings.
	Build on current school-based health care (SBHC) efforts in the county so that all schools can serve as access points for behavioral health care services.



## Goal 2

<b>Goal #2: Provide a continuum of intervention services and effective treatment to children and youth exhibiting a range of needs from emerging symptoms to complex mental health needs.</b>	
<b>Objective</b>	<b>Strategy</b>
<b>Ensure a continuum of available, accessible and effective individualized treatment options that are aligned with the mental health needs of children and youth, and that increase the presence of caring adults in their lives.</b>	Increase and improve school-based mental health services by implementing a tiered approach to targeted intervention for at-risk students who do not have a specific mental illness diagnosis but are in need of counseling and support.
	Expand the capacity of community-based providers to deliver mental health services to children, youth and families via home visits.
	Work with Ready by 21 and the City of Austin/AISD Board of Trustees/Travis County Commissioners Court Joint Subcommittee to develop a model of evidence-based mentorship programs for at-risk children and youth.
<b>Reduce exclusionary disciplinary approaches and support the mental health needs of at-risk students in disciplinary and juvenile justice settings.</b>	Partner with schools to ensure that all children and youth referred to disciplinary alternative education programs are assessed and referred for mental health concerns and exposure to violence and trauma.
	Identify and expand effective disciplinary alternatives and other therapeutic day school programs including the Recovery High School model.
	Engage parents, educators and the juvenile justice community in dialogue about developing a local model for alternative disciplinary approaches and reducing school suspension rates.
<b>Ensure the inclusion of adverse childhood experiences (ACEs) and other mental health risk factors when designing screening tools for children and youth.</b>	Create standards for trauma screening tools and support adoption of trauma screening tools by Travis County child-serving agencies and schools.
	Ensure that school or community providers are trained in identifying children exposed to ACEs and that referrals to services are made consistently when an ACE is documented in a school or community setting.
<b>Reduce barriers to accessing child, youth and family mental health services.</b>	Convene area cultural organizations and behavioral health networks to identify language and cultural barriers and develop strategies for children and youth to access behavioral health services.
	Engage primary care and behavioral health professionals to address barriers and solutions to accessing behavioral health services for children and youth.

### Goal 3

<b>Goal #3: Respond effectively to children, youth and families in crisis.</b>	
<b>Objective</b>	<b>Strategy</b>
<b>Support a coordinated 24/7 mental health crisis response system for children and youth to assess, intervene, stabilize, connect to services, and create individualized treatment plans.</b>	Expand Mobile Crisis Outreach Team (MCOT) services and reduce response times for children and youth across Travis County.
	Develop a community standard for an appropriate crisis screening that includes lethality, risk, abuse, safety, parental capacity, and suicide.
	Train front-line personnel in emergency rooms and other key crisis intercept points on how to implement crisis screening and identify risk factors.
	Create options for children and youth to stabilize with supportive care in their homes through expansion of MCOT engagement for 90 days post-crisis, system coordination, and home visits.
	Ensure that postvention support services are available to peers, families, and those who work with children and youth after suicide completion.
<b>Assess the level of need for additional psychiatric emergency services targeted specifically at children and youth.</b>	Analyze data from area providers of emergency and inpatient mental health crisis services for children and youth (including Integral Care, Dell Children's Medical Center, and Seton Shoal Creek) to assess the adequacy of current crisis services.
	Share findings with appropriate key stakeholders and assess needs and options regarding a psychiatric emergency department facility for children and youth.
<b>Ensure choices and supports for caregivers of children and youth with severe mental health needs.</b>	Advocate for expansion of state efforts to support caregivers of children and youth with complex mental challenges, including the YES Medicaid Waiver Program, CPS pilot programs, and utilization of Certified Family Partners.
	Conduct an assessment of local respite care options for caregivers of children with severe mental health needs and of respite care as a covered insurance benefit under public plans.
	Develop consistent message for families on how to access the 24/7 crisis response system.
<b>Create an accountable system for youth leaving crisis services to ensure adequate follow-up and continuity of care.</b>	Engage local Medicaid managed care entities and private payers to ensure effective system navigation and continuity of care for children and youth who have utilized crisis services, including use of patient-centered medical homes.
	Implement pilot project to evaluate the success of transition plans for children and youth transitioning from crisis services to other levels of care.

## Goal 4

<b>Goal #4: Improve outcomes and accountability in the entire Travis County children's mental health system.</b>	
<b>Objective</b>	<b>Strategy</b>
<b>Strengthen multi-sector collaboration to implement and monitor progress on the Travis County Children's Mental Health Plan.</b>	Develop implementation plan and timeline, with proposed representation from multi-disciplinary stakeholders including education, juvenile justice, child welfare, behavioral health care, primary health care, and health and human services systems, including public, nonprofit and private sectors. Convene conversations with existing planning bodies and collaborations about plan implementation.
	Garner institutional and foundation support and funding for backbone structure to ensure appropriate coordination and administrative support for implementation plan.
	Inform public officials about the community plan and importance of children's mental health as a public health and safety issue.
<b>Ensure that the local mental health system (both public and private) is integrated, trauma-informed, evidence-based, adaptable, and responsive to community needs.</b>	Build on the CAN ACEs inventory to map the continuum of service delivery models for mental health services for children, youth and young adults in Travis County including culturally relevant and non-traditional/informal options and create an effective referral system in which children with mental health needs are connected to appropriate services within the community.
	Identify evidence-based mental health programs currently in use and examine whether they meet the needs of the community (e.g. utilization rate, completion rate, etc.), and determine if there are other evidence-based or promising programs that may address an identified community need.
	Ensure that children's mental health agencies and providers as well as other child serving agencies are trauma-informed and have policies in place to avoid re-traumatization.
	Engage local hospital systems, managed care organizations and primary care professionals with the aim of increasing opportunities for innovation in integrating child and youth physical and behavioral health through healthcare transformation mechanisms like 1115 waivers, accountable care organizations (ACOs) and the use of health homes.

<b>Goal #4: Improve outcomes and accountability in the entire Travis County children's mental health system.</b>	
<b>Objective</b>	<b>Strategy</b>
<b>Ensure that the local health workforce has the breadth, capacity, and professional training to meet the behavioral health needs of a diverse population of children and youth.</b>	Increase the number of behavioral health and primary care clinicians in Travis County in order to address the behavioral health needs of children and youth.
	Set community standards and ideal capacity of inpatient and day treatment behavioral health care with the goal that no child need leave the community for treatment.
	Develop requirements for Mental Health First Aid or similar training so that all adults who work with youth understand, value and demonstrate cultural competency and trauma sensitivity in mental health issues.
	Support school district policies and adequate funding levels to ensure that school counselors can identify children in need of mental health services and connect them to appropriate care.
	Assess opportunities to improve the quality of children's mental health services and assure that the future workforce has desired competencies through partnerships with clinician programs at regional higher education institutions.
<b>Develop data collection processes, enhance shared data systems, and use these systems to monitor progress and quality and to promote planning and data-based decision-making.</b>	Determine the types of data currently being collected and identify additional types of data that should be collected to assist with planning and data-based decision-making.
	Collaborate with existing partners and collaborations to develop a shared vocabulary, data standards and a local databank for mental health data on children and youth.
	Coordinate with area school districts to analyze current instruments used to assess child and youth behavioral health and convene conversations to consider implementing a countywide survey.
	Increase use of a self-directed violence classification system in area emergency departments and crisis response facilities to improve tracking of child and youth suicide and self-directed violence rates.

## Call to Action

This plan represents a bold vision for children and youth in Travis County, an ideal landscape described eloquently in “Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People”<sup>26</sup>:

*Wellness is a national priority. When individuals are unwell, they actively seek treatment – and they can get it. For milder problems, or simply concerns about children’s emotional or behavioral development, professional consultation is available at their child’s school or child care setting, or at their doctor’s office.*

*Parents with a newborn have unhurried time to get to know their baby—and themselves as parents. New parents might receive a visit by a nurse or other professional to offer guidance on positive parenting, as is already routine in many European countries. Local schools and other community institutions provide both universal and targeted wellness-promotion activities, as well as screenings for early signs of illness. As their children grow, parenting workshops on developmentally relevant issues are widely available. Children learn a number of ways to conserve their own wellness in the daily habits they adopt.*

*In schools, students learn not only cognitive, but also social-emotional skills, and teachers are trained to notice signs of potential trouble. In addition to teachers, other caring adults, and peers, intervene or refer the student to appropriate help. Institutions– youth shelters, the child-welfare system, and the juvenile justice system – that serve youth with troubled histories have staff who are dedicated to improving the self-efficacy and overall wellness of the young people they reach.*

The goals outlined in this plan are the first steps to help our community achieve this vision. Working together as a community, we can collectively impact the health and well-being of our children and adolescents. To do this we must commit to prioritizing wellness and early intervention to ensure that mental health issues are addressed earlier so that we prevent the onset of more serious and costly mental disorders among children and youth. Achieving this requires that we dedicate the resources necessary to move forward on the goals in this plan.

## Appendix 1: Glossary

The definitions below are from the following sources: *Child Trends*, *U.S. Centers for Disease Control*, *Hogg Foundation for Mental Health*, *National Alliance for Mental Illness*, *Substance Abuse and Mental Health Services Administration (SAMHSA)*, and *Robert Wood Johnson Foundation*.

**1115 Waiver:** A waiver under section 1115 of Social Security Act that allows the Centers for Medicare & Medicaid Services (CMS) and states more flexibility in designing programs to ensure delivery of Medicaid services.

**Behavioral health care:** Continuum of services for individuals at risk of, or currently living with, one or more mental health conditions, substance use disorders or other behavioral health disorders.

**Best practice:** Encompasses both ‘evidence-based’ and ‘promising’ practices. Evidence-based practices are prevention or treatment interventions that have undergone rigorous scientific evaluation. Promising practices are those that show positive outcomes but do not yet have the same level of research support.

**Caregiver:** A person who has special training to help people with mental health conditions. Caregivers can be, but are not required to be, mental health professionals. Caregivers may include social workers, teachers, psychologists, psychiatrists, family members and mentors.

**Certified Family Partner (CFP):** Individual with experience parenting a child with mental, emotional or behavioral health disorders, personal involvement with the public mental health system, and who has completed approved training and passed a certification exam. A family partner provides information and support to other parents in similar circumstances.

**Children’s Health Insurance Program (CHIP):** CHIP was created in 1997 under Title XXI of the Social Security Act. As with Medicaid, CHIP is jointly funded by the state and federal governments and is available for children aged 0–19 with family incomes up to 200 percent of the federal poverty level. It is intended to enable low-income children to access health care, including inpatient and outpatient behavioral health services.

**Crisis:** A situation in which, due to a mental health condition, an individual presents an immediate danger to self or others or is at risk of serious deterioration of mental or physical health.

**Crisis intervention services:** Interventions provided in response to a crisis in order to reduce symptoms of severe and persistent mental illness or serious emotional disturbance and to prevent admission of an individual to a more restrictive environment. This service may be delivered to anyone experiencing a mental health crisis. This service does not require prior authorization.

**Developmental disability:** A severe, chronic disability of an individual that: (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (b) is manifested before the individual attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent

living, or economic self-sufficiency; and (e) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

**Disproportionality:** Overrepresentation of a particular group of people in a particular group or system.

**Dually diagnosed:** An individual who has co-occurring conditions. The term is often used when an individual has both a substance use disorder and a mental health condition, or an individual living with one or more developmental or intellectual disabilities and a substance use disorder or mental health condition.

**Exclusionary discipline:** Disciplinary practices in schools that remove students from the classroom.

**Evidence-based practices (EBP):** Integration of best research evidence, clinical experience, and patient values.

**Health Homes:** Section 2703 of the Affordable Care Act created an optional Medicaid State Plan benefit for states to establish Health Homes to coordinate care for people with Medicaid.

**Integrated health care:** The systematic coordination of primary and behavioral health services addressing the needs of the whole person.

**Intervention:** An action taken to change the current or future condition of an individual, family, or community. Interventions, which may include clinical treatments, adoption of new programs and practices, environmental changes, or policy innovations, aim to increase wellness by treating existing disorders, preventing potential disorders, or promoting aspects of wellness.

**Managed care:** An organized system for delivering comprehensive health services that allows the managed care entity to determine what services will be provided to an individual in return for a prearranged financial payment. Generally, managed care controls health care costs and discourages unnecessary hospitalization and overuse of specialists. The health plan operates under contract to a payer.

**Managed care organizations (MCOs):** An organization that combines the functions of health insurance, delivery of care and administration. Services are available primarily through a network of providers contracting with the MCO.

**Medicaid:** A federal-state funded health insurance assistance program for low-income children and families and people with disabilities.

**Mental health:** A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, functions in society and meet the ordinary demands of everyday life.

**Mental health concerns:** things that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Some examples of mental health concerns include frequent sadness or

hopelessness; changes in eating and sleeping patterns; drug and alcohol abuse; high levels of anxiety and irritability; wanting to hurt oneself or others; hearing voices; and sharing thoughts of suicide.

**Mental illness:** A medical condition that can disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental illnesses are brain-based conditions that often result in a variety of symptoms that can affect daily life.

**Outcome measure:** A measure that identifies the results or impact that services, interventions and supports have on the individuals or communities.

**Prevention/Promotion:** Prevention aims to reduce the likelihood that threats to wellness will occur, focusing on individuals with known risk factors. Promotion, on the other hand, seeks to foster wellness among all individuals, regardless of their risk, by focusing on strengthening protective factors and the building blocks of wellness.

**Promising practice:** A prevention or treatment intervention that shows positive outcomes but does not have the same level of rigorous scientific evaluation as evidence-based practice.

**Recovery:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

**Resilience:** When individuals seem to recover with relatively few ill effects after facing adversity or trauma, they are said to be resilient. Resilience can be best understood as a response to a specific situation, not as a constant trait. Responding resiliently in one instance does not guarantee that one will do so in another.

**Self-directed violence:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.

**Stigma:** The prejudice, avoidance, rejection and discrimination directed at people believed to have an illness, disorder or other trait perceived to be undesirable.

**System of Care:** An organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services and access and expanding the array of coordinated community-based services for youth with a serious emotional disturbance and their families.

**Substance use disorder:** A medical condition that includes abuse or dependence on alcohol or drugs.

**Suicide attempt:** A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

**Trauma:** Occurs from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.



Trauma-informed approach: Treatment interventions that specifically address the consequences of trauma on an individual and are designed to facilitate healing. A trauma-informed approach has the following principles: safety, trustworthiness, peer support, collaboration and mutuality, empowerment, voice, and choice. Trauma-informed support should also consider cultural, historical, and gender issues.

Wellness: The entirety of one's physical, emotional, and social health; this includes all aspects of functioning in the world (physiological, intellectual, social, and spiritual), as well as subjective feelings of well-being.

## Appendix 2: Children's Mental Health Planning Process

In 2013, Austin Travis County Integral Care (Integral Care) convened a task force on children's mental health to identify improvements in children's mental health services offered by Integral Care. The task force report made recommendations relating to services; integration and partnerships; training and workforce; and communications. These recommendations are summarized below.

### *Integral Care Children's Mental Health Services Task Force Recommendations*

#### Service-Related Recommendations

- Use an ecological, family-centered approach to mental health care
- Practice evidence-based assessment and data-driven decision-making
- Provide team-based integration of primary and behavioral health care
- Become a family-centered medical home
- Enhance accessibility of behavioral health services
- Build in-home service teams
- Increase school-based mental health services (including charter schools), including 1115 Waiver projects
- Develop social/emotional learning as part of services

#### Integration and Partnership-Related Recommendations

- Enter into partnerships with primary care providers to establish and sustain comprehensive school-based integrated behavioral health clinics
- Enhance care coordination within and across systems
- Identify and fill service gaps between Child and Family Services and Intellectual and Developmental Disabilities services
- Maintain presence at Austin State Hospital, Shoal Creek, and Gardner-Betts discharges
- Increase school consultation and collaboration
- Create partnerships with institutions of higher education to implement pre-doctoral psychology internship programs
- Continue to partner with local government, healthcare systems, educational institutions, and community stakeholder groups to develop a comprehensive plan to address children's behavioral health

#### Training and Workforce-Related Recommendations

- Create training opportunities for school leaders, faculty, and support personnel (teachers, school nurses, principals, support staff, etc.)
- Expand mental health first aid training
- Ensure that staff have adequate resources to provide positive outcomes through evaluation processes
- Expand workforce options in delivering quality children's mental health services to include Licensed Clinical Social Workers, Licensed Professional Counselors, psychologists, psychology doctoral students

#### Communications Recommendations

- Create an outreach/marketing plan to recruit and hire bilingual child psychiatrists
- Provide leadership in the creation of a behavioral health summit to identify service gaps and to promote, enhance, and expand children's services in Travis County

To continue to expand and implement the recommendations of the task force as well as build upon the national and local recommendations listed above, Integral Care contracted with Woollard Nichols & Associates (WNA) in 2014 to support the facilitation and development of a Travis County plan for children’s mental health.

The Travis County Children’s Mental Health planning process was designed to provide opportunities to receive input from individuals, providers, funders and other stakeholders through three primary mechanisms:

- Oversight and guidance from two advisory teams – the leadership team and the operational team. A project steering committee was also convened to ensure project flow and continuity
- A broad community needs assessment, including a community forum and three surveys
- Close coordination with a number of related community collaborations, studies and planning groups

### **Plan Guidance and Oversight**

The steering committee, which consisted of representatives from Integral Care, Travis County Health & Human Services & Veterans Service, and Austin/Travis County Health and Human Services, supported the work of the planning process from start to finish. In June 2014, the steering committee assisted in defining the project scope and selecting members and preparing to convene the leadership and operations teams.

The leadership team was made up of board and executive-level representatives from Integral Care, Travis County, the City of Austin, medical/primary care entities, local school districts, health and human services agencies, juvenile justice, family court system, child welfare, and higher education institutions. It was formed to provide leadership, guidance, oversight and institutional support toward the development of the Children’s Mental Health Plan. Dr. Matt Snapp, Chair of Integral Care’s Board of Trustees, and Vincent Torres, Integral Care board member and former president of the Austin Independent School District Board of Trustees, served as co-chairs for the leadership team. The leadership team met four times: in June, October, and December 2014 and in January 2015.

A second group, the operations team, was comprised of agency program directors, project managers and representatives from local child-focused collaborations and coalitions. The operations team met to offer subject matter expertise, share data sets, and provide information to the leadership team to help frame the development of the Children’s Mental Health Plan. The operations team met on a monthly basis from July 2014 through February 2015.

The members of the steering committee, the leadership team and the operations team are listed in the introduction.

## **Needs Assessment**

The needs assessment conducted for this plan was designed to be a systematic process for determining and addressing children’s mental health needs through collecting input and feedback from stakeholders engaged with the children’s mental health system in Travis County.

### ***Community Conversation Event***

The first needs assessment activity was a Community Conversation on teen and young adult mental health & substance abuse, held on August 19, 2014 and sponsored by the Texas Department of State Health Services’ “Speak Your Mind Texas” campaign. Hosted by Integral Care and the children’s mental health planning teams, the event attracted approximately 125 participants to engage in a dialogue about the behavioral health needs of youth in our community. WNA took a lead role in coordinating the agenda, panelists, and logistics with the intent to link the outcome of the event with the needs assessment process outlined for the children’s mental health planning initiative.

The summary from the event in Appendix 3 catalogues small group responses to the following questions:

- *Why is mental health important?*
- *Why are you a part of this conversation?*
- *What do you hope this dialogue will lead to?*
- *What is already underway?*
- *What are the action ideas we’d like to share with the larger group or more forward on after this meeting?*

The Community Conversation served as an early community engagement opportunity for the plan and input from the event was helpful to the development of the vision, guiding principles and framework for the plan.

## Coordination with Other Planning Initiatives

Due to the number of community initiatives that overlap with children's mental health, it was critical to engage with other efforts in order to coordinate and align strategies. The following collaborations, initiatives, studies and plans were consulted as part of the planning process:

- Community Advancement Network – Adverse Childhood Experiences study
- Ready by 21/ Ready by 21 Youth Aging Out of Foster Care Team
- Early Childhood Council/School Readiness Action Plan
- Plan to End Community Homelessness (Ending Community Homelessness Coalition)
- Community Health Improvement Plan (Austin/Travis County Health and Human Services Department)
- City of Austin Youth Provider Summit
- Mental Health & Juvenile Justice Policy Academy
- Children & Youth Mental Health Planning Partnership
- Trauma-Informed Care Consortium of Central Texas
- Children's Partnership/Community Partners for Children (CPC) (Travis County Community Resource Coordination Group)
- Travis County Collaborative Council (Child Welfare/Juvenile Justice)
- Project HOPES – child abuse prevention grant
- Youth Substance Abuse Prevention planning group
- Texans Care for Children/United Ways of Texas/Meadows Mental Health Policy Institute initiative on creating statewide outcomes for children

## Children's Mental Health Summit

The *Healthy Kids, Thriving Communities: Travis County Children's Mental Health Summit* will take place Friday, February 20, 2015 at the Bass Auditorium at the University of Texas' LBJ School of Public Affairs. The purpose of the summit is to create a greater understanding of children's mental health in Travis County and its impact on learning, social/emotional well-being, and family dynamics; to obtain community-wide support for investing in children's wellness at home, school and community; and to develop public policy recommendations and funding priorities to address the challenges faced by children and their families. The target audience for the summit is policymakers, executives, and high-level managers in child-serving institutions across Travis County, as well as educators, mental health professionals, and others who are interested in improving children's mental health.

## Appendix 3: Summary of Parent and Youth Survey Results

The surveys did not utilize a representative sample and should not be considered to be scientifically valid. However, efforts were made to diversify responses from participants across Travis County and by race/ethnicity and income. Survey outreach was conducted through the Children's Mental Health Planning Teams and other child-focused collaborations, school districts, child-serving agencies, behavioral health networks and programs, and at family-oriented events.

### Parent Survey

The parent survey responses may have some selection bias. 30% of parents responded that their child had received a mental health diagnosis, and 38% of respondents indicated that they or someone else have ever thought that their child had a mental health concern, as compared to the estimated 20% of children with mental health concerns nationwide.

In addition, two school districts in Travis County, Eanes Independent School District (ISD) and Manor ISD, distributed the survey to parents via email and at community events. Although zip codes do not directly correlate to school district boundaries, an analysis of the parents survey responses indicates that of the 896 received, 493 (55%) were from zip codes within Eanes ISD and 135 (15%) were from zip codes within Manor ISD, leaving approximately 268 responses from a variety of zip codes across the county.

The demographic overview of the responses to the parent survey underscores the geographic overrepresentation mentioned above. Respondents identified their race/ethnicity as follows: 60% Caucasian, 28% Hispanic, 7% Asian, 6% African American, and 4% multi-racial. 95% of respondents indicated that their children had health insurance (70% employer-provided, 24% Medicaid, 3% CHIP, 1% MAP, 6% purchased on Healthcare.gov or privately). The income distribution of survey respondents was skewed toward wealthier households, with 21% of respondents reporting household incomes of \$24,999 or less; 26% reporting \$25,000 - \$99,999; 14% reporting \$100,000 - \$149,999; and 39% reporting greater than \$150,000.

An analysis of the survey results also shows some variance between the overall results and the results from the two overrepresented geographic areas, although these should be considered within the context of the relatively small sample size. For instance, in response to the question "Have you or anyone you know ever thought any of your children has a mental health concern?" Eanes ISD respondents answered yes with the highest rate, at 43%, with 14% of Manor ISD respondents and 34% of the remaining respondents answering yes. Eanes ISD parents also indicated more concern about potential stigma, with 38% of parents answering yes to the question "If you accessed services for your child's

mental health concern, would you be worried about how other family members, friends or community members would view or treat your child or your family?" compared to 24% of Manor ISD parents and 33% of other parents, respectively.

*Overall, Eanes ISD parents indicated generally higher levels of concern regarding children's mental health than the Manor sample or the remaining survey responses. This could indicate a higher prevalence of mental disorders in the western part of the county, supporting some research highlighting higher rates of substance use, anxiety, and depression among wealthier children, and it may also point to higher awareness of children's mental health generally among wealthier and more educated parents. Conversely, generally lower levels of concern among parents from Manor ISD could point to lower prevalence of mental concerns in that area, but more likely reflects a lack of awareness of children's mental health concerns among parents from the eastern part of the county and from areas with higher rates of Spanish-speaking households. Rather than pointing to absolute conclusions, the survey results highlight indicate issues and topics that may need further exploration.*

## Youth Survey

79 responses to the youth survey were received, primarily through support from mental health providers who offered the survey to youth participating in current programs. Respondents ranged in age from 11 to 18, and identified their race/ethnicity as follows: 54% Hispanic, 43% Caucasian, 11% African American, 9% multi-racial, 7% Asian, and 1% American Indian. Respondents identified as 51% female, 40% male, and 9% transgender or gender fluid.

Youth respondents identified stress (77%) and anxiety and fears (58%) as top mental health concerns in the past year. The most often-cited resources youth would turn to if they needed help with a mental health concern were friends, parents and family members, school counselors, peers, teachers and coaches. Of note is that technologies such as hotlines, mobile phone applications, social media and internet search engines were cited less frequently than were in-person supports listed above. A significant proportion of youth (40%) found that their school was a supportive place to get help, with 25% answering no, and 34% unsure.

## Appendix 4: Summary of Provider Survey Results



### Texas Institute for Excellence in Mental Health

*Advancing Resilience and Recovery in Systems of Care*

A Survey of Community-Based Child Serving Agencies in Travis County

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#### **Introduction**

The Travis County Children and Youth Mental Health Planning Team recently participated in a community conversation as part of the Speak Your Mind Texas Initiative. At this event, community members gathered to discuss mental health and substance use needs in the community, strategies to reduce the stigma associated with mental illness, and explore ways the community can improve mental health and remove barriers to treatment in Travis County. In order to build upon the momentum observed at this event, the group partnered with The Texas Institute for Excellence in Mental Health (TIEMH) to gather more information from child-serving agencies to help set the stage for the development of a strategic, actionable community plan for the delivery of children's mental health services.



A survey was sent to providers and partners in public mental health, private mental health (including non-profits), primary healthcare, juvenile justice, child welfare, and education. It included questions on the perceived availability of mental health services, the quality and cultural appropriateness of services, and workforce issues. The survey also included questions about the development of a children's mental health policy board—the need for one, who would be represented, and how it would be used in the community.

The following report provides a high-level analysis of responses and includes recommendations for next steps.

**Description of Participants:**

The survey was sent via email to an unknown number of child-serving agencies in the Travis County service area; a total of 150 surveys were completed. Of those, the highest number of respondents were from public mental health (31 or 21%), private mental health (33 or 22%), juvenile justice/court (33 or 22%), and education (35 or 23%). Other respondents included child welfare (17 or 11%), primary health care (5 or 3%), afterschool/enrichment (11 or 7%), and “other” (26 or 17%). Individuals could choose more than one system that they represent. Most respondents (61 or 42%) indicated that their primary role is as a clinician; other roles included upper level management (38 or 26%), administrative/support staff (26 or 18%), manager (17 or 12%), and probation officer (2 or 1%).

**Availability and Accessibility of Mental Health Services:**

Participants reported the following on the availability and accessibility of services in the community:

- 45 out of 150 (30%) agreed that mental health services and supports are available and accessible to children, youth, and families if they wish to participate;
- 26 out of 149 (17%) agreed that severity of need improved one's ability to access mental health services;
- 34 out of 149 (23%) agreed that substance abuse services are available and accessible to children and youth when needed;
- 37 out of 149 (25%) were unsure about the availability/accessibility of substance abuse services.

*Overall, 81% of respondents believe that the selection of mental health providers in the community is not broad enough.* This suggests that the perceived lack of availability and accessibility of services may be the result of a small mental health provider network. Alternatively, the perceived lack of availability—or uncertainty about available services—could also indicate that there is little known about the mental health and substance abuse services that are offered in the community. A community needs assessment could help delineate whether there is a lack of mental health services and/or providers in the community or whether the perceived lack of availability is due to awareness. A needs assessment may also serve to highlight the private mental health and substance abuse services available in the community and create opportunities for partnerships between public and private behavioral health providers.

### **Quality of Mental Health Services**

On the quality of services available in the community, participants reported the following:

- 70 out of 148 (47%) agree that mental health services are high quality and conform to evidence-based practice standards, while (32%) were unsure;
- 51 out of 148 (34%) agree that services are trauma-informed, while 43 (29%) are unsure.

In terms of the workforce, participants reported the following:

- 54 out of 126 (43%) agree that the mental health workforce receives comprehensive training prior to working with children and youth with serious mental health needs;
- 68 out of 150 (46%) agree that the workforce has access to ongoing training and coaching that focuses on skill development;
- 22 out of 150 (14%) agree that family partners/liaisons and peer supports have clearly defined roles and that their activities are fully integrated into mental health service delivery.

Overall, the perception of the quality of services is not negative but appears to be more neutral. This is not entirely surprising considering the perceived lack of availability of services and/or the lack of awareness of services available in the community, as reported above. It is important to note, however, that participants are uncertain where/how family partners fit into the mental health service delivery system, suggesting a need for the system to better define this role.

### **Mental Health Infrastructure**

As it relates to current leadership and organization around mental health in the service area, participants reported the following:

- 29 out of 117 (25%) agree that there is a community plan that guides mental health services in the community;
- 30 out of 149 (20%) agree that there is an ongoing continuous quality improvement process that is informed by data collected locally;
- 37 out of 148 (25%) agree that there are high level leaders who understand the mental health services and support system improvements;
- 34 out of 150 (23%) agree that local child-serving agencies have a productive partnership with state agency partners;

*Overwhelmingly, participants agreed that the community would benefit from the development of a children's mental health policy council (87%, 131 out of 150) that is comprised of individuals with decision making power within local child-serving agencies (89%, 133 out of 150).* Participants also supported the involvement of families (92%, 137 out of 150), youth (84%, 124 out of 148), and multiple child-serving agencies (95%, 141 out of 149) that reflect the social, cultural, and economic diversity of children, youth, and families of the community (98%, 147 out of 150).

### **Strengths and Challenges:**

Participants identified a number of strengths and challenges of the mental health system in Travis County. The following represent some most common themes.

**Strengths:**

- Dedicated and passionate direct service workers;
- Agencies and individuals willing to collaborate;
- Resource rich area (as compared to other Texas communities)

**Challenges:**

- Lack of funding for evidence based practices and retention of the workforce
- A shortage of qualified providers
- A fragmented system that needs to be better coordinated

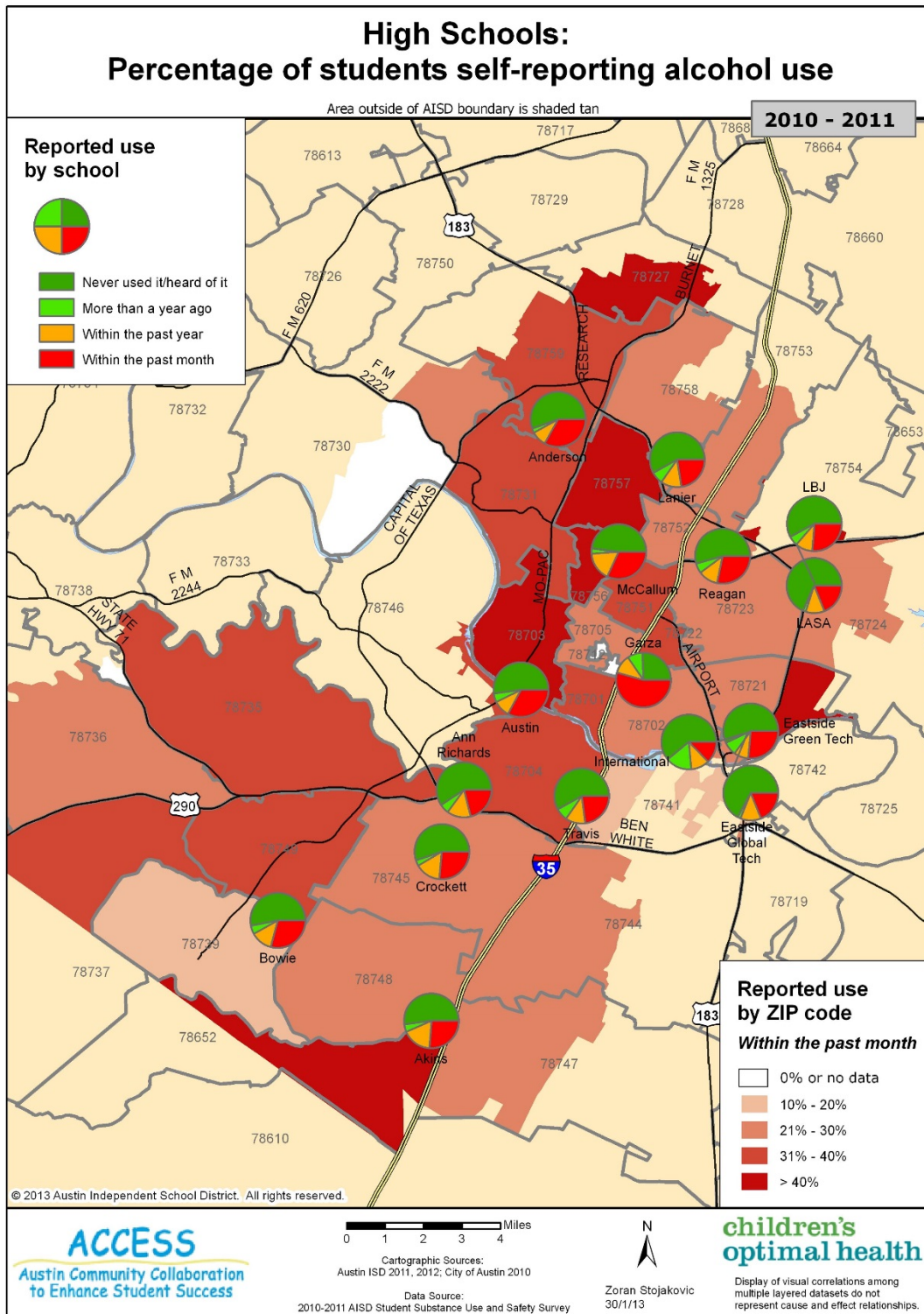
**Discussion and Recommendations:**

Interestingly, the strengths and challenges most identified by participants were related to one another: we have a dedicated and passionate workforce but we can't retain them; our area is rich in resources but we don't have enough providers to meet the need; our community has a spirit of collaboration but our systems remain fragmented. These responses seem to highlight the overarching challenges faced by the Travis County mental health system—demand for services exceeds the capacity to serve, the complexity of the service area and needs of the community require significant effort to coordinate, and, underlying everything, is an overall lack of funding. Though Travis County is a graduated System of Care community and continues to be supported by the county, the efforts undertaken to build this system of care need to be continuously built upon and strengthened in order to fully meet the needs of the service area. Indeed, these are challenging issues to resolve; however, they are not insurmountable. A number of participants acknowledged that while local child-serving agencies may have different missions or visions, they all have one thing in common—they all want what is best for children and families.

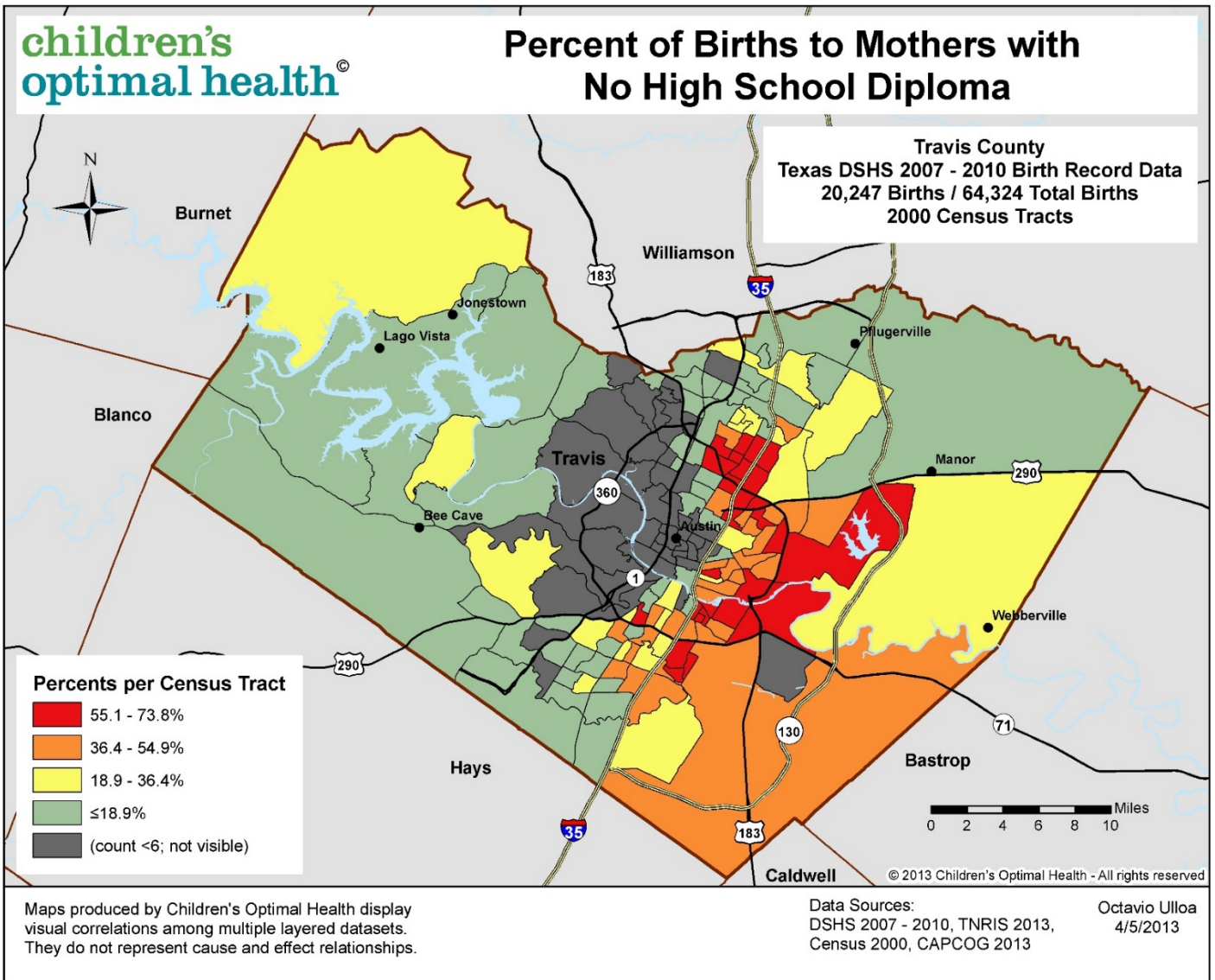
**Recommendations:**

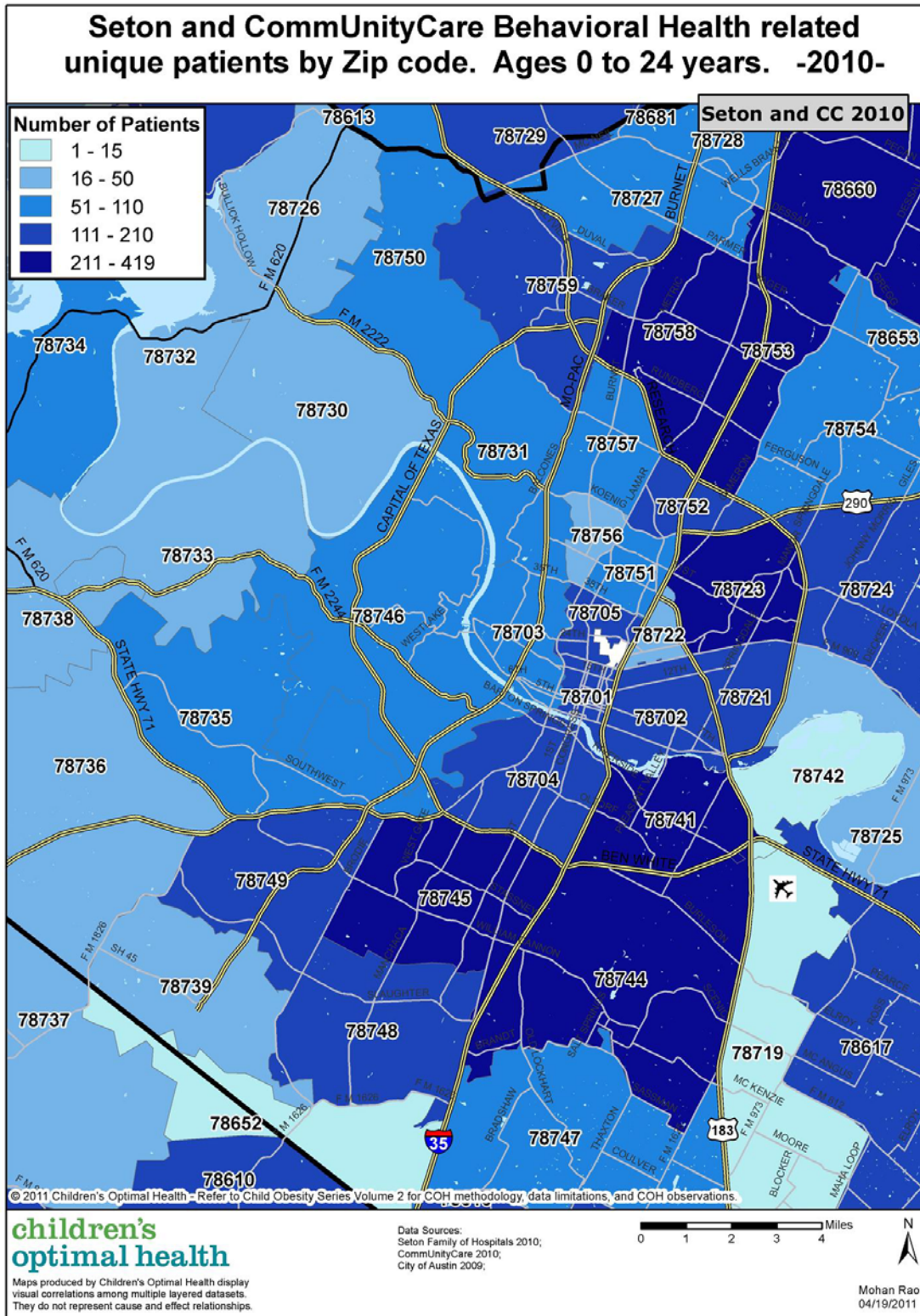
- A community assets and knowledge map should be completed—perhaps as an initial step in developing a children's mental health policy council—to better understand and problem solve issues around the availability and accessibility of mental health services;
- The role and value of family partners as providers of mental health services and supports should be clearly defined and communicated; and
- A planning team should be developed to explore the feasibility and commitment level needed to form a Children's Mental Health Policy Council that can provide coordination and oversight around the mental health service delivery system in Travis County.

## Appendix 5: Children's Optimal Health Maps









## Notes

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- <sup>4</sup> Ibid.
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- <sup>14</sup> *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Institute of Medicine, 2009. Online at [www.iom.edu](http://www.iom.edu).
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- <sup>17</sup> Ibid.
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