

TEXAS MENTAL HEALTH TRANSFORMATION

Building Blocks For A Population-Based Early Intervention Model



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Texas Transformation Framework

- **Based on IOM Quality Chasm Framework**
 - **Purchase for Quality**
 - **Information Technology**
 - **Expand use of Evidence-based Services**
 - **Develop the Workforce**
- **Used Adverse Childhood Experience Study to Frame early Intervention and Cross Agency Focus**
- **Grant Funds used as Catalyst for Larger Transformation Agenda**

TRANSFORMATION OBJECTIVES

Current

Transformed System




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

**GREATER PERCENTAGE OF VICTIMS OF CHILD ABUSE/NEGLECT
(AS CONFIRMED BY DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES IN
FY2003)
WITH JUVENILE JUSTICE CONTACT
HAD CRIMINAL HISTORY IN THEIR FAMILY, HAD A BEHAVIOR PROBLEM,
AND/OR HAD A SUBSTANCE ABUSE ISSUE**

RISK INDICATOR	WITH Texas Youth Commission Contact (n = 176)	WITHOUT Texas Youth Commission Contact (n = 12,155)
1. Youth's Family Members Had Been Victims/Perpetrators of Domestic Violence/Abuse	61.4%	58.3%
2. Youth's Family Members Had Criminal History	66.5%	47.6%
3. Youth's Family Members Had Difficulty Dealing with Stress	68.8%	66.4%
4. Youth's Family Members Had Substance Abuse Problems	47.7%	39.6%
5. Youth Had Lack of Extended Family Support	11.9%	15.2%
6. Youth Had Behavior Problem	60.8%	18.3%
7. Youth Had Mental Health Issue	12.5%	5.8%
8. Youth Had Substance Abuse Issue	19.3%	3.3%

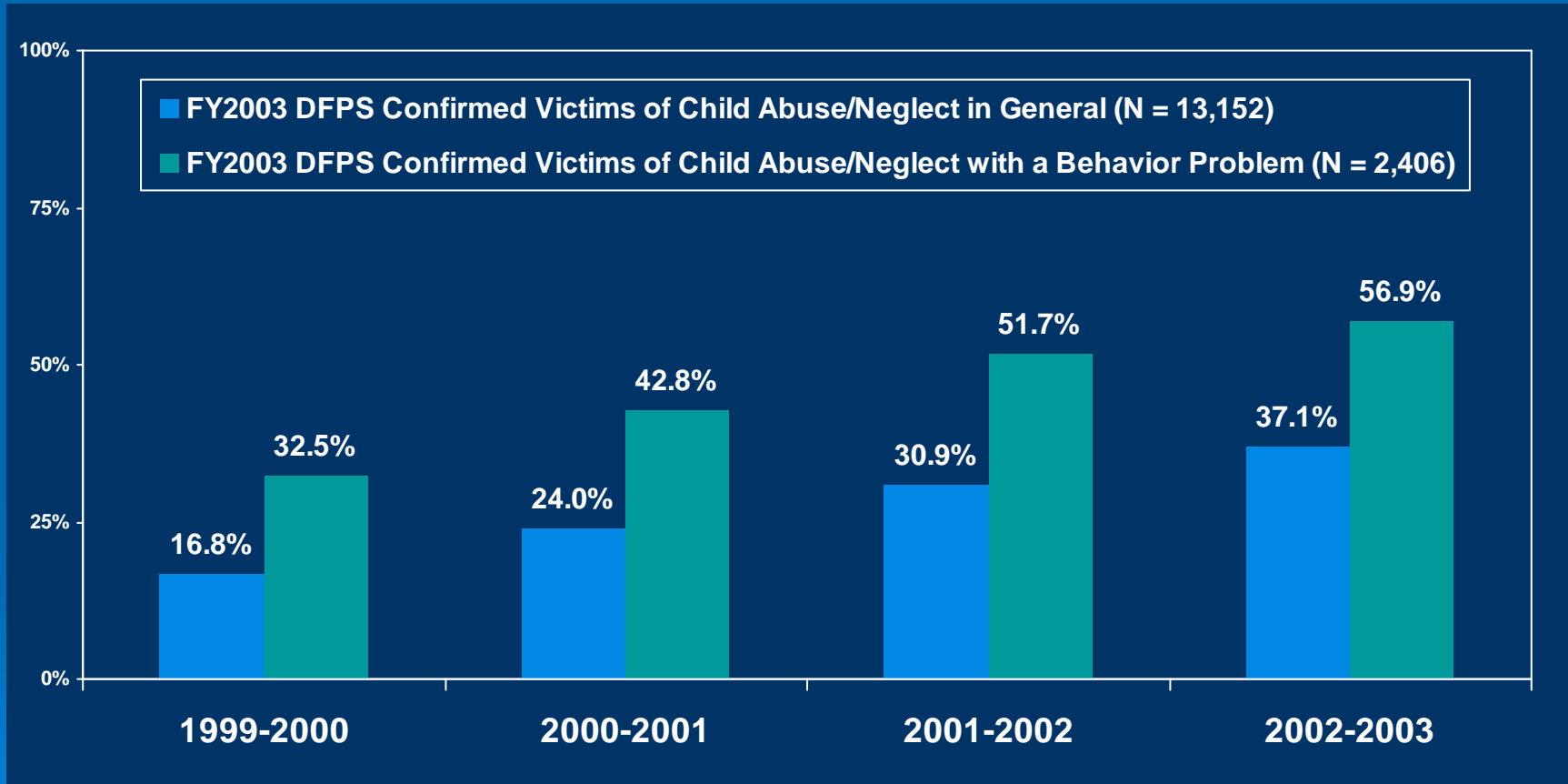
Source: DFPS Child Protective Services and TYC client databases, from Ruggiero, K.M., and Mason, M. (2006). *The role of behavioral health services among youth in Texas at risk for juvenile justice involvement: Multi-agency data-matching project for the Policy Academy on Co-Occurring Substance Abuse and Mental Health Disorders*. Austin, TX.

BUT LESS THAN HALF RECEIVED BEHAVIORAL HEALTH SERVICES FUNDED BY THE STATE

RISK INDICATOR	Percent With Behavioral Health Services
 2. Youth's Family Members Had Criminal History	35.9%
 6. Youth Had Behavior Problem	38.3%
 8. Youth Had Substance Abuse Issue	41.2%

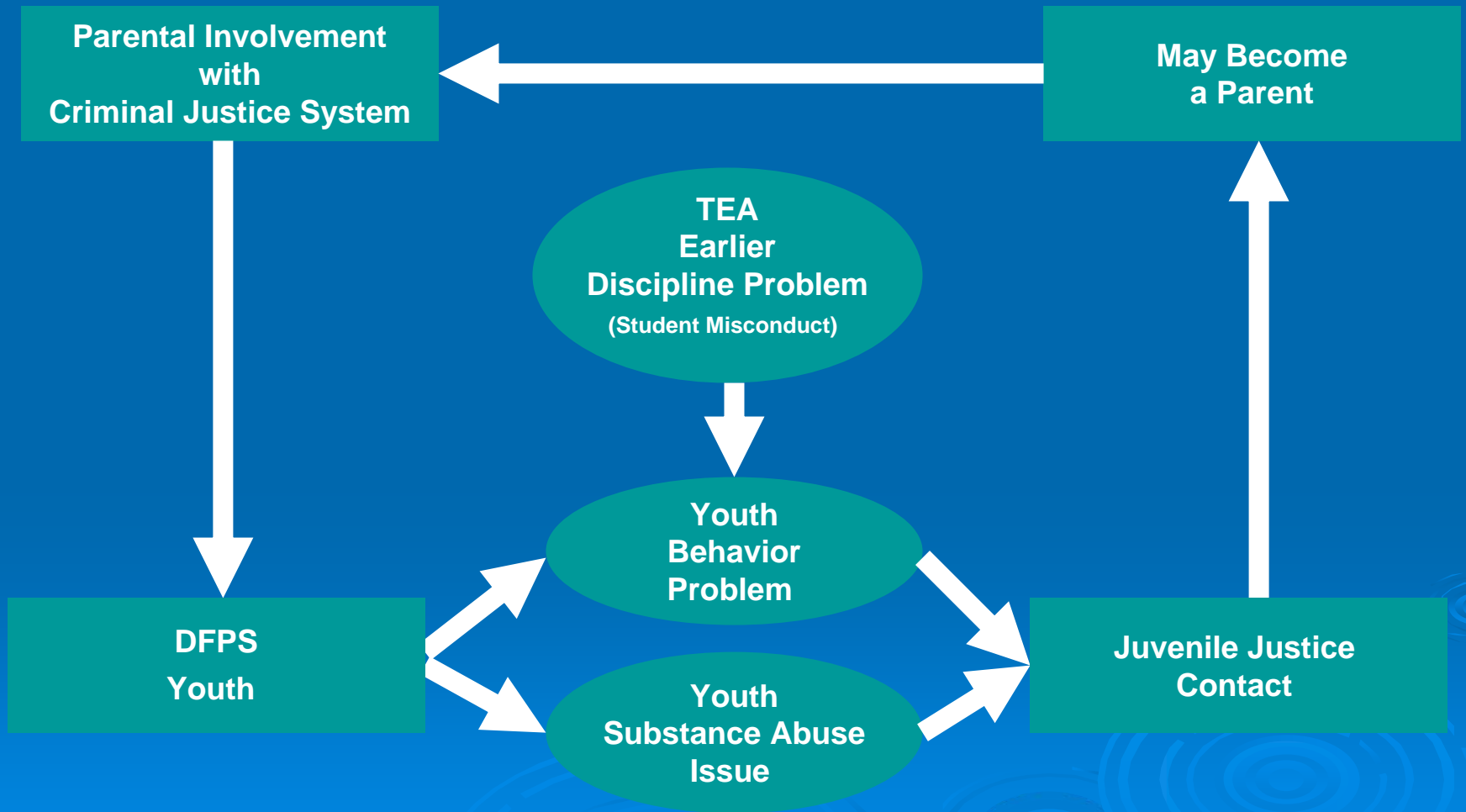
Source: DFPS Child Protective Services, DSHS Mental Health and Substance Abuse, HHSC Child Medicaid, and TYC client databases, from Ruggiero, K.M., and Mason, M. (2006). *The role of behavioral health services among youth in Texas at risk for juvenile justice involvement: Multi-agency data-matching project for the Policy Academy on Co-Occurring Substance Abuse and Mental Health Disorders*. Austin, TX.

A GREATER PERCENTAGE OF VICTIMS OF CHILD ABUSE/NEGLECT (AS CONFIRMED BY DFPS IN FY2003) WITH A BEHAVIOR PROBLEM HAD AN EARLIER DISCIPLINARY PROBLEM IDENTIFIED BY TEA — MOSTLY STUDENT MISCONDUCT



Source: FY2003 DFPS-TEA Data-Match, TEA, October 2006.

A VICIOUS CYCLE?



TRANSFORMATION VISION

- **Persons with mental illness are productive, creative individuals**
- **Children live with their families and families receive the supports they need**
- **Mental health interventions are a societal investment**
- **People living with mental illnesses have choice, self determination and hope**
- **People will have quick easy access**
- **People will access services that are coordinated across agencies so that there is “no wrong door”**
- **The mental health system will have an adequate, competent workforce**
- **Mental health, with physical health, is an integral part of individual well-being**
- **Agencies will operate in partnership, not “silos”**

THE FUTURE MENTAL HEALTH SYSTEM IN TEXAS

Recommendations for Mental Health Transformation



**Report of the Mental Health Transformation Workgroup
to the Senate of Texas Committee
on Health and Human Services**



November 1, 2006

**SENATE OF TEXAS
HEALTH AND HUMAN SERVICES COMMITTEE
STRATEGIC AREAS**

- 1. Early intervention, both in the course of illness and in the lifespan;**
- 2. Reduction of disparities, across populations of different races/ethnicities and across geographic areas;**
- 3. Implementation of evidence-based practices in uniform, standardized ways across agencies;**
- 4. The use of new technologies, data coordination and sharing to enhance access and the quality of care; and**
- 5. Ensuring that consumers and family members have mechanisms to reflect their needs and priorities in policies, plans, and their own care.**

POLICY INITIATIVES

1. Recognizing that early intervention and recovery are the policy direction for mental health services across agencies in the state.
2. Requiring the Mental Health Transformation Workgroup to develop and assess screening tools and models for early detection of mental health problems in individuals, including children and adolescents.
3. Developing interagency behavioral health data sharing protocols and coordination requirements to achieve efficient and effective care.
4. Requiring the Mental Health Transformation Workgroup to develop, pilot and present recommendations for standardized definitions, training and contracting requirements for behavioral health services to the Senate Health and Human Services by November 1, 2008.
5. Requiring the Mental Health Transformation Workgroup to develop a report about the return on investment of mental health services, including the cost effectiveness of behavioral health interventions in emergency rooms and in adult and juvenile justice systems as well as assessments of average daily school attendance and dropout rates in schools where behavioral health interventions are and are not used or were previously not used, by November 1, 2008.
6. Developing common metrics and outcomes measures related to behavioral health interventions for state agencies which provide behavioral health services.
7. Requiring the Mental Health Transformation Workgroup to submit a report to the Senate Health and Human Services Committee on the progress made related to mental health transformation and the strategies in this report by November 1, 2008.

COMMUNITY COLLABORATIVES

Purpose

- **To address mental health transformation priorities at the local level**
- **To develop models and tools for community collaborative development in other parts of the state**

CONSUMER AND FAMILY MEMBER INITIATIVES

- **Build a recovery culture through education and networking initiatives at the state and local levels.**
- **Build improved education, networking and information exchange opportunities for consumers, family members and their organizations.**
- **Initiate a state-level effort to implement peer support programs across the state.**
- **Explore partnership models with consumers and family members at state and local levels.**
- **Our goal is to sign up 100,000 consumers and family members by next summer.**

WORKFORCE DEVELOPMENT

- **Conference on incorporating evidence-based practices in curricula of schools of social work**
- **Workforce Commission grant to community colleges**
- **Peer Support credentialing**
- **Information / training on evidence - based practices**

OTHER TRANSFORMATION INITIATIVES

- **Crisis Services**
- **Returning Veterans and their families**
- **Housing**
- **Business Group on Health**

FINAL THOUGHTS

- **Public Health Framework must include Prevention and Early Intervention.**
- **We will NEVER be able to do this on our own.**
- **We need to build fences at the top of the cliff rather than parking an ambulance at the bottom.**