

AUSTIN-TRAVIS COUNTY PLANNING TEAM

Travis County School Based Mental Health Regional Initiative Plan

*Vision for Students in Travis County:
Every student will reach his or her highest potential for success
in school, home, and community life.*

I. Plan Introduction

Adults in Travis County want their children and youth to succeed. A very committed group of community stakeholders have met regularly since March 2003 to develop this plan, which sets forth a course of action based on the following strategic imperatives:

- Community ownership, assessment, and evaluation
- Collaboration and partnership
- Shared and coordinated resources
- Shared vision

The Travis County Regional SBMH Initiative has adopted the continuum of school based mental health services that is commonly depicted in a triangle format: the base of the triangle comprised of broad environmental improvement and mental health promotion; the middle of the triangle containing prevention and early intervention; and the tip of the triangle encompassing intensive assessment and treatment. This plan will refer to “triangle services”, meaning the three levels as mentioned above.

This planning group focuses on three of the county’s seven school districts: Austin Independent School District (AISD), Manor Independent School District (MISD), and Pflugerville Independent School District (PISD). These districts represent the largest district in the county, a primarily rural district, and a district with a changing and varied group of students. Texas School for the Deaf staff also participated in the group.

There is a strong history of collaboration in Travis County on issues related to children and youth in the area of school based mental health. All three school districts have a history of strong Safe and Drug Free School initiatives with advisory committees comprised of community leaders and family members. The Hogg Foundation sponsored a five-year longitudinal study, Schools of the Future, during 1989-94 in the Dove Springs area, focusing on organizational coalitions and community development. During 1992-1996, the Travis County Children’s Planning Partnership

utilized child and adolescent grant dollars from the Texas Department of Mental Health and Mental Retardation to fund the School Based Services Project, which implemented two school-based mental health model programs within AISD, with Communities In Schools as the agency host. A third collaborative project has been the Children's Partnership, which received a SAMHSA grant in 1998 to create a formal structure for integrated funding using a wraparound model of service, and reliant on strong parent and family leadership and partnerships with major child-serving agencies in Travis County. A fourth significant planning activity was the publishing of the *Community Action Network's Prescription For Wellness* report in April 2001, which included a section on children's mental health. That report contained numerous recommendations around the issues of schools and mental health. A November 2002 update of the report is included as Attachment 1 of this plan.

Travis County has numerous current operational initiatives underway that contribute to enhanced social/emotional/safe well being of students. The following is a representative list, not meant to include all initiatives.

- Austin Partners in Education (APIE), business leaders interested in enhancement of school performance, is currently gathering a **listing of mental health and social services available** on AISD campuses.
- Region XIII, through consultation and program direction, has assisted six (6) Travis County schools in implementing the **Positive Behavior Support** program.
- Communities in Schools (CIS) provides **prevention and intervention for moderate need students** on 32 area campuses.
- Austin Travis County MHMR Center has placed part time therapists on two school campuses to provide **clinical services**.
- The Children's Partnership, using SAMHSA funds and match dollars from the school districts, provides **wraparound services and supports to youth with the highest needs** in MISD and AISD through using parent care coordinators and an integrated funding pool.
- The Youth and Family Assessment Center (YAFAC), a joint program of AISD and Travis County Health and Human Services, **provides prevention, social services, and wraparound supports to students with low needs and those at risk** in six (6) school areas considered underserved.

- Seton Hospital, through funding from AISD, has established a **school health network** on all AISD campuses.
- **School Health Advisory Committees (SHACs)**, parent led and parent participant committees, exist in all districts, with mental health care as a component for development and study.

Travis County organizations, agencies, advocacy groups, and parents (individually and as organizations) have a longstanding and successful history of collaborations and partnering. Most of the initiatives mentioned previously in this plan are collaborations between two or more entities.

Examples of current resource sharing abound. Several of these are listed below:

- Next Steps - drug prevention program sponsored by Austin Child Guidance Clinic, Life Works, and Austin Parks and Recreation Department
- AISD School Health – Seton Hospital System and AISD
- Strategic Intervention for High Risk Youth (SIHRY) – wraparound services, school based services, tutoring, crisis intervention, individual family and group counseling at Martin Middle School involving Communities in School, Austin Child Guidance Clinic, AISD
- Bully Proofing Curriculum – SafePlace, UT Department of School Psychology

While Travis County has multiple initiatives underway, these initiatives often are seen as independent activities designed to accomplish a specific purpose. One gap at this point is identified as being the presence of a single, overarching collaborative that is comprised of all the major players in the various initiatives and that tracks activities and outcomes. Therefore, this plan focuses on the formalization of that single, overarching collaborative.

During the group's identification of gaps in regional services for students with mental health needs, it was determined that there is inconsistent information about what actually exists throughout the three school districts' campuses. None of the existing initiatives have mapped services and supports in the schools using the "triangle services" of mental health promotion, prevention and early intervention, and treatment. The regional planning initiative team sees this as a major gap.

As requested by the State Team for preparation of this plan, certain information is included through the use of appendices. Appendix A is a listing of stakeholders who have participated in the development of the Travis County Regional Plan. Appendix B is a brief description of the

regional planning process. No Appendix C is attached as all outcomes identified by stakeholders have been incorporated into the charts which state the Near Term Changes and Long Term Improvements desired.

II. Regional Barriers and Strategies for Addressing Barriers

Barrier 1: The size of Travis County and the number of school districts in the county

Strategy: Focus on three school districts for planning purposes

Barrier 2: Fragmentation and lack of coordination across various planning groups and initiatives; no one clear organization, agency, or person is the lead for school based mental health initiatives

Strategy: Create an overarching collaboration that includes representation from current groups and initiatives, serving as a clearinghouse for information and activities; develop metrics that support school based services; develop an information infrastructure

Barrier 3: Limited financial resources to pay for enhanced school based mental health services

Strategy: Build collaborations that will be well positioned for grant funding; explore possibilities for additional pooling of resources among stakeholders; research additional Medicaid and private insurance funding

Barrier 4: Administrative turnover in schools, acknowledging the importance of buy-in from campus administrative staff

Strategy: Involve school administrative staff in planning activities; develop shared desired outcomes focusing on improved school performance

Barrier 5: Limited parent awareness of mental health needs and buy-in for school based mental health services

Strategy: Involve parents in every part of planning; focus activities on parent information and feedback

Barrier 6: Lack of qualified bilingual staff in schools and social service agencies; the Hispanic population in Austin has increased by 78% in the past 12 years

Strategy: Develop creative alliances to serve bilingual students and families; consider targeted programming and outreach activities.

III. Near Term Changes

Three near term changes have been identified for achievement during the upcoming year.

These near term changes are viewed as working papers that will guide future agendas for the Travis County Regional planning group.

GOAL: 1 Focusing on the community systems in Travis County that support students and their families, complete an assessment of existing School Based Mental Health and Social Services for students in AISD, PISD and MISD areas.

Strategy/Action Initiative	Responsible Stakeholder(s)	Timelines for Implementation	What changes evident after Implementation	Outcomes Expected
A. Develop a data base that serves as an asset resource map using the “triangle” of School Based Mental Health (prevention, intervention and treatment)	Susan Millea (Austin Partners in Education) Sally Spill (ATCMHMR) Laura Atkins (YAFAC) Dianna Groves (AISD G&C) Valarie Garza (MISD) Mary Margaret Salls (Reg XIII)	Develop data model by 09-01-03 Combine existing data into unified data base 12-31-03	Availability of a school based data base Documentation of use of the data base Identification of gaps and needs	Children/Youth: Increased access through shared information – more needs met Families: Increased access to need identification and service leverage Service Delivery System: Tools for schools about available resources Community: Increased needs met equal healthier community
B. Conduct an inventory of processes for obtaining and hosting resources within individual schools and across systems in the community	First Call For Help Susan Millea (Austin Partners in Education) Sally Spill (ATCMHMR) Laura Atkins (YAFAC) Dianna Groves (AISD G&C) Valarie Garza (MISD)	Gather various resource lists by 08-31-03	Data available for entry into unified data base	Children/Youth: Increased access through shared information – more needs met Families: Increased access to need identification and service leverage Service Delivery System: Increased shared resources Community: Increased shared resources
C. Share information (initiatives, models, resources) among stakeholder groups represented within the school-based mental health initiative collaboration	All members of Regional School Based Mental Health initiative Sally Spill, Convener	Begin stakeholder presentations at regional School Based Mental Health initiative meetings by August 2003	All stakeholders will have more knowledge about community resources, initiatives and models	Children/Youth: More appropriate referrals Families: Increased access to need identification and service leverage Service Delivery System: Increased knowledge, better referrals Community: Increased needs met equal healthier community
D. Maintain resource map and data beyond development	All members	After developed	As above	As above

GOAL: 2. Focusing on student needs and desired educational outcomes, assess the need for SBMH services. Build on data from Goal 1; consider service gaps, quality gaps, and process gaps, both inter and intra agency

Strategy/Action Initiative	Responsible Stakeholder(s)	Timelines for Implementation	What changes evident after Implementation	Outcomes Expected
A. Examine and include data from existing community assessments, such as CAN, Children's Partnership, School Health Services, Campus and District Improvement Plans, student performance data, etc.	Travis County Research and Planning Staff TX Council for Developmental Disabilities Staff	Analysis complete by December 03	Understanding by Regional Team on existing data Further identification of gaps and needs	Children/Youth: Increased knowledge and accessibility to available resources Families: Information disseminated Service Delivery System: Information disseminated Community: Increased community awareness and ownership
B. Host focus groups for parents, students, and teachers conducted by collaboration members. Two in AISD, 1 in PISD, 1 in MISD. Develop standard processes and information gathering techniques across all focus groups. Include an assessment of the social environment of schools for cultural appropriateness and context of care.	Communities in Schools (CIS) Robin Hansen (Children's Partnership) Vicky Esparza-Gregory, PISD Leah Cook, MISD Henry McMahan, parent	SY03-04; complete by May 2004	Student/parent perspective on needs available.	Children/Youth: Increased voice and ownership; identification of problems/barriers/strengths Families: Increased voice and ownership; identification of problems/barriers/strengths Service Delivery System: Information achieved to define needs Community: Identification of differences and commonalities across ISDs that guide definition of needs
C. Define needs based on A and B activities	SBMH Initiative Participants	Complete by August 2004		Children/Youth: Input formalized; increased expression of needs Families: Input formalized; increased expression of needs Service Delivery System: Increased ownership of meeting gaps and effort to close gaps Community: Adequate information available to meet needs
D. Develop indicators by which to measure future progress/success	SBMH Initiative participants	Complete by May 2004	Clear indicators of need determined development of asset acquisition for student success	Children/Youth: The system encourages success Families: The system encourages success Service Delivery System: Capacity to baseline and benchmark Community: Increased capacity

GOAL: 3 Develop a communication plan that ensures cross-community communication and coordination among various groups and initiatives that effect mental health of students

Strategy/Action Initiative	Responsible Stakeholder(s)	Timelines for Implementation	What changes evident after Implementation	Outcomes Expected
<p>A. Clarify roles, especially cross community, among School Based Mental Health initiative collaborators, formalize reporting structure and communication structures.</p> <ol style="list-style-type: none"> 1. Identify all current participating SBMH collaborators and role with agency or initiatives. 2. Identify and engage other interested stakeholders. 3. Identify formal structures of communications within school districts (Impact Teams, PTAs, CACs, Special Ed. Teams) 4. Identify formal structures of communication within the community relevant to SBMH 5. Identify existing mental health/youth success collaborations. 6. Identify existing informal communication avenues. 	SBHM Initiative participants	By October 2003	Increase awareness of services	<p>Children/Youth: Consistent strength based supporting approach to child/youth success</p> <p>Families: Increase in number of families that know how to access services</p> <p>Service Delivery System: Reduction of duplication of effort (working at cross purposes); maximize effort for greatest impact</p> <p>Community: Visible, well identified entity</p>
<p>B. Define communication avenues by building on existing structures.</p> <ol style="list-style-type: none"> 1. Identify components needed for the communication plan, including a formal feedback process. 2. Develop common definitions and language. 3. Map a formal communication process that links the existing structures and identifying strategies for filling communication gaps. 4. Ensure strong communication line horizontally and vertically (between leadership and implementation) 5. Ensure fidelity to the values identified by the group 6. Get buy-in and commitment from necessary stakeholders/commitments 	All stakeholders	By October 2003	Increase improved communication among stakeholders	As above
<p>C. Reaffirm purpose/role of SBMH initiative and stakeholders.</p> <ol style="list-style-type: none"> 1. Recruit communication expertise to help with the message and branding 2. Define "brand" or name for the initiative and effort 3. Create a SBMH communications team – to be responsible for the development of the plan and then the ongoing maintaining/support/TA of use of plan. 4. Assess relationship/connection with other initiatives that may have consistent goals (Health Children Initiative) 	All Stakeholders Valarie Garza lead	By December 2003	Each group clear on role, a clear communication system developed and utilized	as above

IV. Long Term Improvements

The following are long term improvements that build on the near term changes stated above. The planning group has not yet identified the school based mental health services model that will form a foundation for the Travis County initiative. The long-term improvements will become more specific as the services model is identified.

GOAL: 1. Build a comprehensive, coordinated, and accessible community of care within the schools.

Strategy/Action Initiative	Responsible Stakeholder(s)	Timelines for Implementation	What changes evident after Implementation	Outcomes Expected
A. Ensure a comprehensive array of integrated services. 1. Coordinate with AISD SHAC to improve access to MH care in schools. 2. Develop a single point of entry (i.e., no wrong door) for students with MH needs.	Key people: Princess Katana Sally Spill Susan Millea Diana Groves Valarie Garza Mary Margaret Salls	By December 2004	Framework developed for a pilot that coordinates and integrates into a community system of care	Children/Youth: Child's needs connected with appropriate resources resulting in increased achievement in school Families: Achieve complete participation in resources to meet child's needs Service Delivery System: More responsive delivery system that is uniform and equitable Community: Decrease in juvenile probation involvement; increase in utilization of resources
B. Coordinate, unite, and expand resources.	SBMH Participants	Plan in place by August 2004	A seamless system of care that is accessible, equitable, and available for students	As above
C. Achieve system integration evidenced by collaboration across systems and integration of processes throughout the community.	SBMH Participants	Plan in place by August 2004	As above	As above
D. Develop models that promote a caring climate and culture in all schools.	SBMH Participants AISD, MISD, PISD Region XIII ESC	Positive Behavior Supports Model expanded to all schools within the 3 districts by 9/05	Schools that are healthy learning environments for children and youth System of care for those high need students	As above

GOAL: 2. Systems supporting children and youth with mental health needs throughout the “triangle” will ensure family voice and choice as appropriate in consideration of the safety of the child.

Strategy/Action Initiative	Responsible Stakeholder(s)	Timelines for Implementation	What changes evident after Implementation	Outcomes Expected
A. All stakeholders at all levels will be trained in family involvement principles and practices. 1. Identify stakeholders 2. Identify type of training process, who will be the trainers, number and location and content based on stakeholder input 3. Conduct trainings, provide incentives, outreach to historically underserved areas, include teachers	Parents Professionals who work with parents Policy makers School administrators Teachers Community Agencies	Planning completed by 10/03 Training completed by 7/04	All stakeholders will be identified, trained, knowledgeable about resources. Barriers will be reduced.	Children/Youth: More children will have needs met. Families: Have a more active role, reduction of barriers, and knowledgeable of resources Service Delivery System: Able to meet families needs and more knowledgeable of resources Community: More knowledgeable about school based resources
B. All systems will include families as active participants in their child’s care in consideration of the safety of the child.	Parents All systems (child serving agencies, schools, etc.) Stephany Bryan, Federation of Families lead	July 2004 and ongoing	Better collaboration Family actively participating	Children/Youth: More children will have needs met Families: Parents will be better advocates for child and will be empowered to follow through Service Delivery System: Increased flexibility of policy, practice, and changes to reflect family valued participation Community: Increased community services and better use of community funds
C. All systems will include family voice in policy making processes.	Parents Policy makers within all systems Valarie Garza and Stephany Bryan leads	July 2004 and ongoing	Policy changes will reflect collaboration between groups and family voice involvement	Children/Youth: Youth will benefit from choice and voice of families at the policy making level Families: Families will be active participants at the policy making level Service Delivery System: Policy will reflect family voice and choice Community: Better community collaboration; better use of community funds
D. All systems will participate in gauging parent satisfaction.	All systems and families	July 2004 and ongoing	Increase in parent satisfaction and participation	Children/Youth: More children will have needs met Families: More involved and satisfied with services; better advocates Service Delivery System: More successful outcomes in deliveries and services Community: Better community collaboration; better use of community funds

GOAL: 3. Student outcomes will be improved.

Strategy/Action Initiative	Responsible Stakeholder(s)	Timelines for Implementation	What changes evident after Implementation	Outcomes Expected
A. System data for schools will improve in the areas of attendance, office referrals, suspensions, etc.	AISD, MISD, PISD school administrative staff Outcomes Subcommittee (Susan Millea, lead)	Use SY03/04 as baseline data Determine data to be serve as baseline by January 04	Baseline achieved	Use outcomes established for Positive Behavior Supports program for baseline Children/Youth: Families: Service Delivery System: Community:
B. Access to appropriate levels of "triangle" services will be improved.	Outcomes Subcommittee (Susan Millea, lead)	Use SY03/04 as baseline data Plan developed by August 2004	Collaboration on campuses has service allocation to match service need All schools have basic services Balance of resources and need Community responds to identified gaps in services within schools	Children/Youth: Improved overall outcomes (specific outcomes to be established by outcomes subcommittee) Families: Parents have knowledge and participate in level of services appropriate to their child's functioning Service Delivery System: Improved partnering of parents, schools, and service providers Community: Reduction in child abuse and neglect; decrease in disruptive behaviors and crisis on campuses
C. Mental health needs of students will be identified earlier	School Personnel Service Providers	Plan developed by August 2004 Plan implemented SY04/05	Fewer crises for students and families Earlier diagnosis of MH needs Improved diagnostic evaluations of children at elementary level	Children/Youth: More support in critical years Families: Reduced stigma for families to seek mental health help Service Delivery System: Reduction in time between diagnosis and treatment; support and treatment lasts as long as needed Community: as above

Appendix A
Travis County School-Based Mental Health Initiative
Stakeholders Involved in Development of Plan

Name	Representing
Angel Testani	Austin Travis County MHMR Center
Becky Lott	Manor ISD Social Services Director
Darrell Overton	Manor Middle School Principal
Leah Cook	Manor ISD, School Psychologist
Judy Frederick	Children's Hospital/Austin ISD Student Health Services Director
Katy McElroy	Austin Travis County MHMR Center, Children's Mental Health Associate Director
Lisa Butterworth	Skippy Express Operations Manager
Mary Ellen Nudd	Mental Health Association Texas Assistant Director
Mary Margaret Salls	Region XIII ESC
Robin Hansen	Children's Partnership, Care Coordinator Supervisor
Sally Spill	Austin Travis County MHMR Center, Children's Mental Health Director
Valarie Garza	Manor ISD Parent Care Coordinator, Parent Representative
Wendy Andreades	Austin Travis County MHMR Center, Children's Mental Health Associate Director
Laura Atkins	Travis County Health and Human Services Director Children's Services
Don Loving	Executive Director, Communities in Schools
Suki Steinhauer	Communities in Schools
Stan Brein	AISD, Safe and Drug Free Schools Project Coordinator
Susan Millea	Human Services Technologies, Chair, AISD Student Health Advisory Committee, parent
Cheryl Koury	Pflugerville ISD Principal
Dianna Groves	AISD Guidance and Counseling
Princess Katana	Children's Partnership Project Director
Suzanna McVey	Austin Travis County MHMR Center Clinician
Kelley Broadaway	Austin Travis County MHMR Center Clinician
Stephen Barnett, M.D.	Pediatrician
Donald Dumas	Austin Travis County MHMR Center Board Member/Children's Partnership Board Member
Barri Rosenbluth	SafePlace
Chrystal Heinz	SafePlace
Sonya Hosey	TX Council for Developmental Disabilities
John Moore	AISD, Executive Director for Student Support Services
Armin Steege	Seton Shoal Creek Hospital Administrator
Deborah Michel	Pflugerville ISD Social Worker
Vicky Esparza-Gregory	Pflugerville ISD Social Worker
Scott Kvapil	Region XIII ESC
Albert Felts	Region XIII ESC
Gail Penney-Chapmond	Travis County Juvenile Probation, Director Probation Services
Laura Peveto	Travis County Health and Human Services, Prevention and Early Intervention Coordinator
Stephany Bryan	Children's Partnership Lead Parent, Federation of Families, Parent Representative
Laura Hamilton	Texas School for the Deaf, Chief Psychologist
Josie Kluth	Austin Child Guidance Clinic
Mike Hastie	Austin Child Guidance Clinic
Steve Hamman	AISD, Assistant Special Education Director
Sam Woollard	Community Action Network
Henry McMahan	Parent Representative; Vice-Chair AISD Special Education Citizens Advisory Committee; Member AISD Student Health Services Committee
Stacy LaPointe	CRCG Coordinator
Naomi Tafoya	Austin ISD Behavior Specialist
Allison Cloth	HOGG Foundation Research Fellow

APPENDIX B: REGIONAL PLANNING PROCESS

The Travis County School Based Mental Health Regional Initiative group met a total of seven (7) times to prepare this plan. Meeting dates were March 13, March 26, April 9, April 30, May 22, June 11, and June 25. Meetings were open and all participants were challenged to bring others who might be interested to future meetings. All participants were given opportunities to be as involved in the group meetings as desired. Contact information was exchanged among participants for ease in sharing information outside of the formal meeting times.

The first three meetings were devoted to basic information exchange and the development of the vision, strategic imperatives, and core values shared by the group. This information is included as Attachment 2. During the development of the vision, strategic imperatives, and core values, consensus was desired. Changes were made based on feedback and suggestions from participants. Family members opinions were highly valued during this process. Barriers were identified using a brainstorming technique.

The next three meetings were devoted to the development of Near Term Changes and Long Term Improvements. Again using a brainstorming technique, ideas were obtained from all participants. A subcommittee made up of a family member, a service agency representative, and the facilitator developed a draft listing of the Near Term Changes and Long Term Improvements. This draft listing formed the basis for further development of these areas through small work groups. Participants chose their small work group based on expertise and level of interest. The work of the small groups was then reviewed, revised, and agreed upon by all participants. Family members and representatives of different organizations and agencies served as small group scribes and leaders. Feedback from participants was that they found this technique to be inclusive, work-directed, and interesting. The last meeting of the group was devoted to reviewing the draft of this plan and making recommendations for changes.

ATTACHMENT 2

SCHOOL MENTAL HEALTH COLLABORATIVE

STRATEGIC IMPERATIVES

Community ownership, assessment and evaluation

Collaboration and partnership

Shared and coordinated resources

Shared vision

CORE VALUES

1. **Every child deserves to succeed:** Early identification and intervention for children with emotional disturbances, and those at risk, should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
2. **Equity and access:** All students should have equal access to mental health and social services.
3. **Schools take a leadership role in ensuring the safety and well being of all students:** Schools have the values, systems, positive, strength-based practices and leadership in place to support and promote the safety and well being of all students.
4. **Culturally competent services and service delivery approaches:** Services and service delivery approaches are flexible and responsive to the individualized needs and resources of each family and accounts for all forms of diversity including culture, gender, and disabilities.
5. **Strengths-based services, resources and service delivery approaches:** All children and families have positive qualities and strengths. All systems, services and service delivery approaches are integrated and designed to address needs and strengthen assets for students, families, schools, and communities.
6. **Child centered and family focused:** The system of care should be child centered and family focused with the voice and choice of families heard and considered, while ensuring the best interests and safety of all students in determining the type and mix of services provided.
7. *All systems and service delivery approaches are designed and integrated to focus on meeting the needs (and strengthening the assets) for students and families and schools.*
8. **Continuous improvement:** Students, families, schools, providers, and other stakeholders are actively involved in the program's development, oversight, evaluation and continuous improvement.

VISION

Every student will reach their highest potential for success in school, home, and community life.