Systems of Care

National Evaluation
Comprehensive Community Mental Health Services for Children and Their Families Program

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July 1, 2011

Randy Joiner
Project Director-Harris County Protective Services
SAMHSA Systems of Care
6300 Chimney Rock
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Dear Mr. Joiner:

Thank you for the thoughtful comments on the draft system of care assessment report for Systems of Hope. The enclosed final report incorporates all comments that corrected the factual information presented or provided additional clarification. [Those comments that reflected a perspective that was different from what we learned on-site from interviews with multiple respondents or reflect changes that have been made since the site visit have not been incorporated.]

The assessment scores and narrative reports are important sources of information for the national evaluation. They allow us to examine trends in system of care development over time. Many grant communities have indicated that they have found their reports useful for program development, strategic planning, partnership building, decisionmaking, and other activities. We hope your report provides similar benefits to you as you continue your system development and sustainability efforts.

A set of all final site visit reports will be sent to the Center for Mental Health Services. Other partners in the services program will also receive a set. These partners include Federation of Families for Children's Mental Health, Technical Assistance Partnership for Child and Family Mental Health, Vanguard Communications, Research and Training Center for Children's Mental Health at the University of South Florida, Research and Training Center on Family Support and Children's Mental Health at Portland State University, the National Indian Child Welfare Association, and the National Technical Assistance Center for Children's Mental Health at Georgetown University.

The CMHS national evaluation team greatly appreciates your efforts during the site visit process, including providing requested documentation, completing forms, scheduling the interviews, and, especially, setting aside staff and family time to meet with our site visitors. We also appreciate the time you have taken to review and comment on the draft report. We hope this has been a productive and positive experience.

Sincerely,

Freda Brashears

Freda Brashears
Project Manager

Enclosure

cc: Raquel Runge (w/enclosure)
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National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program

Systems of Hope
Harris County, Texas
System of Care Assessment Report
April 13–15, 2011

I. BACKGROUND

A. Details of the Site Visit

The third system of care assessment of Harris County's Systems of Hope was conducted on April 13–15, 2011. During the 3 days, a team of two site visitors from the National Evaluation Team conducted a series of interviews with system of care representatives, which included 23 face-to-face interviews.

Respondents interviewed included

- Project director
- Members of the governing board
- Representatives of the core child-serving agencies
- Direct service providers
- Members of the evaluation team
- Family members
- Youth

Information presented in this report was obtained from the system participant interviews; case record reviews, and additional documentation provided by grant community staff. The report contains five sections:

1. Background of the project
2. A description of the system of care at the infrastructure level
3. A description of the system of care at the service delivery level
4. System of care strengths and challenges
5. Sustainability efforts and lessons learned

B. History and Background

The Federal Center for Mental Health Services (CMHS) awarded a Comprehensive Community Mental Health Services for Children and Their Families Program grant to Harris County, Texas in September 2005 for the creation of a single, integrated, family-driven and culturally and linguistically competent system of care for youth with serious emotional disturbance and their families. Harris County Protective Services for Children and Adults (HCPS) applied for the grant in collaboration with Harris County Juvenile Probation Department (HCJPD), Mental Health and

Mental Retardation Authority (MHMRA) of Harris County, family groups, and other community and State health department partners.

Efforts to bring a system of care to Harris County began in 1987, when the Texas legislature mandated that each county establish an interagency council to develop a coordinated plan of service for children and youth who have complex psychological and/or medical needs and who are at risk for out-of-home placement. Many youth referred to the Harris County Community Resource Coordination Group (CRCG) were receiving services and supports through at least two of the partner service agencies, and they were at risk for out-of-home residential placement due to severe emotional and/or behavioral disturbances.

Subsequent efforts to implement system of care initiatives started in 2000, when Harris County Mental Health Association received a Texas Integrated Funding Initiative (TIFI) State grant to develop a school-based pilot project utilizing a system of care approach. The Harris County CRCG became the service coordination system of that initiative, known as the Harris County Integrated Funding Initiative (HIFI). Later, in 2003, CRCG and HIFI merged and formed the Harris County Alliance for Children and Families (the Alliance). When CMHS grant funds were received in 2005, the Alliance served as the initial point of entry for children and youth with serious emotional disturbance, who were referred from a variety of sources for least restrictive comprehensive supports and services. The Alliance provided coordination and case management services based on system of care principles. The Alliance was administered by the TRIAD prevention program, which utilized pooled residential and flexible funding from the TRIAD public agencies: HCPS, HCJPD, and MHMRA.

The CMHS grant project, Systems of Hope, has continued to work on the original vision, a system of care for children and youth with serious emotional disturbance and their families, that will allow youth with serious emotional disturbance to reside in their home communities and attend school every day, ensure the satisfactory completion of each child's developmental milestones, and transform the county's mental health service delivery system.

Systems of Hope has played a significant role in building on Harris County's system of care goals, which continue to include the following:

- Expand Harris County's capacity to serve children and adolescents with serious emotional disturbance and their families.

- Provide a broad array of effective services, treatments, and supports by mapping the county's current capacity and resources, and growing this capacity to match their vision.

- Create a care management team with an individualized service plan for each child and youth, based on their strengths, goals, and choices.

- Incorporate culturally and linguistically competent practices for serving all eligible Harris County children and youth and their families.

- Promote full participation of Harris County families and youth in all aspects of the system of care and at all levels.

Catchment Area and Population of Focus
Harris County is a geographically large county (1,778 square miles, including watery areas) that incorporates 23 independent school districts. The City of Houston lies in the south central portion of the county.

Harris County also has the third largest population of any United States county and the largest in Texas, with a population of 4.1 million residents (2010 US Census). The culturally diverse county includes 58 percent White, 20 percent African-American, 6 percent Asian, 1 percent Native American, and 15 percent Other or mixed races. There is a large and rapidly growing Hispanic population that includes many residents in the White and Other races category.

Other relevant demographic data provided by program management reveal that Harris County has 20.8 percent of its population living in poverty; an 8.4 percent unemployment rate; 114,000 uninsured children and youth; a 38 percent school drop-out rate; and 5,500 children and youth in CPS custody. In addition, 21.3 percent of youth ages 12–17 have used illegal drugs, and 20,000 youth are referred to Juvenile Probation on an annual basis. Of the 16,000 youth in the juvenile justice system, 49 percent have a diagnosed mental illness and 55 percent have a substance abuse disorder.

Eligibility criteria for entry into Systems of Hope services include the following: ages 6–15, Axis I mental health diagnosis, Harris County resident, and multiagency involvement. In addition to no longer requiring a CAFAS score above 100, as in the original plan, having a low IQ is no longer required. This change was made in the past year with permission from SAMHSA.

The total number of children and youth served by Systems of Hope since the beginning of the grant period is approximately 676, with over 406 of those receiving wraparound services. Program staff reported 175 served during 2009 and 157 during 2010. At the time of the system of care assessment, 47 children and youth were enrolled and receiving services provided by five care teams.

Funding
Systems of Hope funding sources for the current funding year include the following funds that are pooled across the system of care:

CMHS Grant	$1,000,000
City of Houston (Kashmere SWAP)[1]	151,008
CJD Sunnyside Project	69,357
Hogg Foundation Grant (Kashmere SWAP)	571,020
Hogg Foundation (Children's Collaborative)	118,679

[1] Kashmere is a community in south Houston, in which all elementary and middle schools feed into a single high school. SWAP is the acronym for School-based Wraparound Project.

In-kind contributions from partner agencies include office space, telephone services, and consultation. Coalition members provide time and travel expenses for family outreach.
Following SAMHSA guidelines, $65,000 of grant funds were allotted for flexible funds to purchase mental health and related services.

Managed Care
In 1996, Texas received Federal approval for the State of Texas Access Reform (STAR) Medicaid Managed Care Plan, a 1915(b) Waiver program that serves children in families with incomes up to 200 percent of the Federal poverty level. The Medicaid managed care programs serve certain populations with disabilities, and the creation of specific pilot programs serve Medicaid recipients with more complex needs. In 1998, Harris County was designated for a Medicaid carve-out pilot program that serves children in foster care. Through this program, children in State custody are able to access any mental health services needed.

The Texas Medicaid program also provides some Medicaid services outside of the STAR program, through separate streams of Medicaid funds. These services include the following:

- Targeted case management-care coordination (mental health and mental retardation, Early Childhood Intervention, Women, Infant and Children—WIC);
- Medicaid administrative claiming (juvenile justice, education, and mental health can submit for reimbursement);
- "Card" services (i.e., those services for the 1915(b) waiver program); and
- Medicaid rehabilitation services (through MHMRA only).

In 2009, a new 1915(c) waiver pilot project was implemented by the State in two Texas counties, Travis and Bexar. This waiver allows for Medicaid reimbursement for case management services as practiced in system of care programs. The pilot project was scheduled to expand into Harris and Tarrant counties in 2011, if demonstrated as effective in the first two counties.[2] However, due to economic realities and the reluctance of State legislators to commit more Medicaid monies, this waiver has not been implemented in Harris County. As a result, Systems of Hope was not able to begin billing Medicaid for services this year, as had been planned.

II. DESCRIPTION OF THE SYSTEM OF CARE AT THE INFRASTRUCTURE LEVEL

A. Governance

The Systems of Hope Governing Board was originally created to make policy decisions for the system of care, to coordinate policies and procedures across partner agencies for the facilitation of service delivery, and to develop a sustainability plan to ensure the survival of the system of care after CMHS grant funds end. Over the past 4 years, the focus of the board primarily has been on sustainability planning.

At the Community Sustainability Retreat in 2010, five ongoing committees were identified, and a goal champion was appointed to each committee. These committees were assigned to the

[2] Three of these counties (Travis, Tarrant, and Harris) have been recipients of CMHS system of care grants.

following areas of concern: (a) governing structure, (b) system of care principles and values, (c) care coordination, (d) youth component, and (e) family voice. It is the intention of the agency heads on the board that this governing board will be sustained to ensure ongoing collaboration among child-serving agencies, organizations, providers, and family members.

An array of committees (work teams) continue to do most of the work of the board, and the full board meets on alternate months to hear committee reports, discuss issues that arise, and move to adopt recommendations of the committees. These reports include one from the Youth Advisory Board. Decisions are generally made by consensus, but a vote is held when consensus cannot be reached. Each member has one vote.

Membership on the board includes the executive directors of the State and county public agencies that represent child welfare, juvenile justice, mental health, and public health. DePelchin Children's Center also has representation on the board, as does the Houston Federation of Families, the Houston Federation of Families for Children's Mental Health, the National Alliance on Mental Illness, the Systems of Hope Youth Advisory Council, and systems of Hope family members. Agencies, organizations, community representatives, families, and youth each have alternate members who can attend meetings in place of the primary member when necessary to ensure representation at each meeting. At the time of the site visit in April 2011, there was no representation on the board by Houston Independent School District or any of the other school districts in Harris County.

The membership structure allows for up to 20 primary members and 20 alternate members who share representation of the same agencies, organizations, community groups, families, and youth. At the time of the site visit, all agencies, provider organizations, and family organizations had both a primary and alternate member, totaling 11 primary and 11 alternate positions; in addition, there were a total of 5 family members (3 primary and 2 alternate) and 3 youth members (2 primary and 1 alternate).

The racial/ethnic diversity on the board reflects the major cultural groups served: African-American (11), Hispanic Whites (4), and non-Hispanic Whites (15). Approximately half of the minority representation on the board are youth and family representatives.

Family and youth representation on the board and work teams is significant, with six members representing family organizations, five representing Systems of Hope families, and three representing the Youth Advisory Council. The 2011 board chair is a family member. There is a family member on each work team. Youth are not as involved on work teams, which typically meet during the day on weekdays, but youth are represented on the evaluation work team.

Board meetings are held on alternate months on a Wednesday from 5–7 p.m. in the Murworth Building, which is across from Reliant Stadium in south Houston. The evening meetings and relocation from a central to southern location represent attempts to accommodate family and youth schedules. To further encourage family and youth participation, a meal is served, a stipend provided, and transportation assistance arranged as needed.

B. Management and Operations

The Systems of Hope central office for administration and management staff remains at the HCPS office building in Houston. Care team pairs of care coordinators and parent partners are now located in two parts of the city. Eight of the service locations in operation at the 2009 system of care assessment are no longer being served by Systems of Hope. The two current sites in operation are the Sunny Side Project (one care team) and the Kashmere SWAP project in the Kashmere Feeder Pattern area (four care teams).

All care team staff, including care coordinators and parent partners, are considered HCPS employees. The project director, care team supervisor, family coordinator, youth coordinator, and administrative staff are housed at the HCPS building, along with the coordinators for social marketing, cultural and linguistic competence and training, and youth.

Family and youth members have participated in management and operations in a number of ways. For example, (a) family members have helped to design and implement programs, provided training to staff, and helped recruit staff; (b) many of the parent partners on staff are themselves parents of children with serious emotional disturbance, and (c) both parent partners and the family coordinator attend management meetings. Some of the youth also have been involved by (a) providing training to staff, to help staff better understand how to work with youth; (b) serving as peer mentors and filling summer internship positions in the office; (c) helping with interviews for prospective staff; (d) designing and implementing youth programs; and (e) providing leadership to the youth group.

The family organization, formerly known as the Parent Empowerment Group (PEG), is now officially a Federation of Families chapter. Systems of Hope has worked collaboratively with both the already established Houston Federation of Families and the newly formed Houston Federation of Families for Children's Mental Health (HFFCMH).

The Systems of Hope youth coordinator continues to lead the Youth Advisory Council (YAC), which reports on its activities to the Systems of Hope Governing Board at each bimonthly board meeting. The mission of the YAC is to provide a voice for Harris County youth who suffer from serious emotional disturbance. The youth who attend YAC meetings have opportunities to (a) attend regional and national conferences, (b) prepare and deliver presentations to adults and other youth, (c) participate on the governing board and its committees, (d) plan services and activities that will benefit youth, and (e) provide support and mentoring for other youth. The HFFCMH helped YAC to form a Youth M.O.V.E. chapter, which creates a sustainability plan for the youth council.

Staffing Structure

Full time grant-funded staff include the following positions:

- project director
- administrative assistants (2)
- program manager for SWAP
- program operations manager/care team supervisor
- family coordinator

- youth coordinator
- cultural and linguistic competence and training coordinator
- CRCG/social marketing coordinator
- care coordinators (5)
- parent partners (5)

Efforts to recruit staff who represent the major cultural groups served have resulted in a staff that is 68 percent African-American and 32 percent non-Hispanic White. The program lost the staff members who spoke Spanish, which has limited the ability of the program to serve Spanish-speaking families in Harris County.

Paraprofessionals from the community are involved in providing the following services to children, youth, and families: (a) Systems of Hope parent partners provide advocacy, mentoring, support, and referrals to community resources; (b) Federation of Families provides mentoring, school advocacy, support groups, and a limited amount of respite care; and (c) NAMI provides support groups and education courses on children's mental health.

Training
In late 2009, 2010, and early 2011, training sessions on 14 different topics related to family-driven care, cultural competence, individualized care, and least restrictive care were provided for grant-funded staff and staff from other agencies. Many of these trainings were offered on several different dates. Of the 14 training topics offered, 11 were attended by representatives from all the partner agencies and organizations, as well as private providers and family members. The others served primarily grant staff and family members. Other training sessions attended by all partners and other organizations included the *University of Houston First National Symposium on Family Strengths and Diversity;* the *NAMI Texas 2009 Annual Conference: Honoring the Past and Forging the Future;* and another on *Management Training*. In addition, family members attended a training on *Child and Youth Care: Basic Course for Families*.

C. Service Array

All grant-required services[3] are present in the Systems of Hope service array. Available evidence-based treatments include cognitive behavioral therapy, dialectical behavioral therapy, multisystemic therapy, *NAMI Basics*, and *Parenting with Love and Limits*.

Additional services include:

- Alcohol and drug prevention
- Equine-based therapy
- Art therapy
- Mentoring
- School-based mental health
- Transportation services

[3]Services required in the grant's guidance for applicants include diagnosis and evaluation; case management; outpatient individual, group, and family counseling; medication management; professional consultation; 24-hour emergency; intensive home-based; intensive day treatment; respite; therapeutic foster care; and transition-to-adult.

- Vocational services
- Therapeutic recreational services
- Primary health care
- Family support and advocacy services
- Youth group activities that include leadership training, advocacy, mentoring, and informal peer-to-peer support

D. Quality Monitoring

DePelchin Children's Center continues to provide evaluation services for Systems of Hope through a contract with HCPS. The evaluation team is composed of a lead evaluator, a project manager, two grant evaluators, and four part-time data collectors. The Director of the Department of Research and Grants Management of DePelchin Children's Center also serves as part of the evaluation team. The Evaluation Advisory Work Team (EAWT) meets bimonthly and continues to play a key role in preparing presentations for the governing board meetings and making suggestions for the quarterly evaluation newsletters. Team members have included family members, youth, one representative from the Harris County Department of Education, two from area universities, one from NAMI, and some from Systems of Hope. In addition to the data collectors on the evaluation team, some family members and youth help collect data related to family and youth satisfaction for CQI. Family members also help collect data for the Wraparound Fidelity Index (WFI). The evaluation team has also held four youth evaluation retreats.

Formal data on the following topics have been collected using both national and local evaluation instruments, have been analyzed by the evaluation team, and have been reported to the board by EAWT and evaluation team members:

- child, youth, and family outcomes;
- child, youth, and family experiences;
- individualization of services;
- cultural competence of care;
- interagency involvement in the system and service delivery;
- accessibility of services.

In addition to the national evaluation instruments, the evaluation team has collected data using the Wraparound Fidelity Index; a cultural and linguistic competency survey; a survey on interagency collaboration and coordination; and anecdotal notes formally shared by families for use by evaluators.

As a result of reports shared with the board and consumers, several changes in the system and in service delivery have been implemented:

- reorganization of care teams into geographic locations more accessible to families;
- changes made to job descriptions for care coordinators and parent partners to focus more on individualized care plans, use of natural supports, and involvement of more agencies and organizations on the wraparound teams;

- response to caregiver weariness by ending the practice of having caregivers complete a satisfaction survey after every care team meeting, which had produced little useful data;
- reorganization of the board to encourage more family participation on the board and its work teams;
- dropping the IQ requirement for entry into services to make services accessible to more children and youth.

All reports and newsletters disseminated by the evaluation teams are available in Spanish as well as English.

III. DESCRIPTION OF THE SYSTEM OF CARE AT THE SERVICE DELIVERY LEVEL

A. Entry into the Service System

At the time of the 2009 system of care assessment, Harris County Systems of Hope provided services through eight care teams strategically located in various geographical regions of the county. Reports provided during the 2011 system of care assessment indicate the number of care teams was reduced to five, all in neighborhoods in south Houston. Four care teams (each care team consists of a care coordinator and a parent partner) are housed in school locations, serving through the Kashmere SWAP project; one team funded by SAMHSA, two teams funded by the Hogg Foundation, and one team funded by the City of Houston. A fifth care team, funded by a second Hogg Foundation grant, operates in the Sunnyside neighborhood, in cooperation with the South Region Mental Health Children's Collaborative, and is housed in a City of Houston Health Department location.

The new criteria to determine eligibility into the project no longer requires the inclusion of an IQ score, and it was described as follows:

- children and youth ages 6–16 (enrolled through age 15)
- residents of Harris County
- a suspected or tentative diagnosis of severe emotional disturbance, as specified in the *DSM–IV–TR*
- prior care did not work satisfactorily
- problems functioning in at least two life domains (such as school, home, psychological/emotional, safety, and medical)

The care teams, as originally designed, continue to provide care coordination to children, youth, and their families in Harris County. The process of entry into the service has not changed; referrals may be initiated by any local child-serving agency, most commonly by the City of Houston Health Department, Juvenile Probation, schools, and mental health providers. Once a referral is received, a family is contacted in approximately 48 hours, and within a week an orientation visit is scheduled at a location preferred by families, commonly at the project offices or at the family's home. At this time, the care team, composed of a care coordinator and a parent partner, provide information to the child and the family about enrolling in Systems of Hope, including education on system of care principles, wraparound, and specific requisites of the

project and available services. Required consents and releases are completed and signed after the child and family agree to participate in the grant project. Family consent is intended to collect information for the intake process, including referral source, relevant history, family background, and child diagnoses. The Enrollment and Demographic Information (EDIF) form to be shared with the national evaluation is also completed at this time.

Once an eligible child or youth has enrolled in the project, the care team schedules a discovery visit within 72 hours. If the family consents to a visit from the evaluation team, a member of the evaluation team also attends this meeting in order to invite the family to participate in the outcome study. The informed consent or assent process to participate in the outcome evaluation usually is conducted at the beginning of the discovery visit. The care team then completes the Family Discovery Summary with the child or youth and family by discussing their strengths and challenges. These home visits are conducted in English; interpretation services are available to address the language needs of families who are not fluent in the English language.

At the time of the system of care assessment, Harris County Systems of Care had received two referrals in the last 4 months; the total number of children currently enrolled in the project was not provided. Other reports indicated 298 children had been served by the project through February 2010.

Outreach

Harris County Systems of Hope continues to disseminate information organized and designed by the social marketing team and works closely with family organizations, with the main focus on local presentations, health fairs, and community events like the National Children's Mental Health Awareness Day Celebration in the month of May. Other outreach efforts are conducted through the project's Web site www.systemsofhope.org, where information about the project is available, including referral forms to enroll into the project, community resources, and minutes from different committees, which are regularly posted and updated.

Respondents indicated changes in the population of Harris County, as a result of an influx of immigrants from Asian countries. These changes are posing new challenges in terms of outreach to specific cultural groups, in particular, to Hispanics and Asians.

B. Service Planning

Individualized care plans are developed for all children and youth served through Systems of Hope. The care plan is developed at the first meeting by the care team, comprised of a care coordinator, a parent partner, and, at times, the youth coordinator, with direct input and participation of the child, youth, and family. The initial care plan is finalized through subsequent visits with the child or youth and the family, held primarily at their homes or schools or a community location selected by the family. This care plan is based on the information provided by the child or youth and the family, including additional information gathered through contact with the referral source, typically the school, juvenile probation, public health, or any other local child-serving agency and/or organization involved with the family. In this initial care plan the emphasis is placed on the child or youth's and family's strengths, as well as their stated needs or challenges. Their active participation is encouraged by asking them to identify and prioritize their needs and choices throughout the assessment process.

The care planning meetings usually are held at the families' homes and, at other times, at project offices and at local schools. Routinely, these meetings take place after school hours or in the evening hours, as preferred by families. The child or youth and the family always participate in these meetings, providing direct input in identifying and prioritizing their needs, developing goals and objectives, selecting participants for these meetings, selecting services they want, and refusing the ones they do not wish to receive at the time. Copies of the finalized care plan are provided to the child or youth and their family.

At the time of the system of care assessment, the average caseload size of the care coordinators ranged from 4 to 10 children or youth and their families.

C. Service Provision and Monitoring

Systems of Hope offers care coordination services that are provided through five care teams located in various regions of Harris County. These teams are comprised of a care coordinator and a parent partner. The care coordinator is responsible for the coordination of all professional-related services. Parent partners provide support services to families, including advocacy, linkages to community resources, and assistance in developing formal and informal support systems. The youth coordinator frequently participates in the care teams, offering support and advocacy to children or youth enrolled in the project. All services are based on the child or youth and family strengths and needs, which are assessed when children and youth are first enrolled into the project and in subsequent meetings with the care team and other team members. Care team meetings usually are held at the family's home, at local schools, and at other community locations, including local libraries, psychiatric hospitals, local restaurants, and the project office. The meetings are routinely held after school hours, during late afternoon, and/or evening hours to respond to the requests of families.

In case of emergency situations, care coordinators and parent partners of all five care teams can be reached through their mobile telephones. The staff of the project continue to make efforts to match the cultural idiosyncrasies of families with care coordinators; however, at the time of this system of care assessment all services were provided in English because Systems of Hope no longer has bilingual staff who can provide services in Spanish to Hispanic families. The project has resources to contract interpretation services for families who speak languages other than English. Services provided by or arranged by Systems of Hope care teams include care coordination, family support, transportation, mentoring for the youth, parenting classes, therapeutic and psychiatric referrals and services. They also assist in finding respite and assistance to meet concrete needs of the child or youth and their family, including housing, furniture, transportation vouchers, and registration to recreational activities.

Respondents indicated that children and youth generally receive most of the services planned for them in their home communities. Care monitoring of all families is conducted by the care teams through frequent meetings with the child or youth and their family, which for the most part are held at the family's home and weekly telephone calls. In addition, there is regular contact with other providers involved with the child or youth to monitor any other services, such as medication follow up, medical and psychiatric appointments, court and probation reports, school conduct, and academic progress.

Systems of Hope care teams continue to have access to flexible funds to pay for basic concrete services to address the needs confronted by some families in Harris County, such as food vouchers, daycare, paying for utilities, and assistance with the rent, transportation, school supplies, clothing, and recreational and/or sports activities.

D. Case Review

The care review process of the children, youth and families enrolled in Harris County Systems of Hope has not changed since the site visit in 2009. The CRCG case staffing committee reviews the care of children and youth referred to them by various agencies and organizations in the county and makes suggestions and referrals to resources that may address their needs. In addition to providing initial referral and review of complex case situations, the committee is sometimes asked to conduct follow-up reviews for children and youth after they have been receiving services recommended by the committee but are facing new challenges and need additional review by an outside cross-agency body. Initial referrals to the committee are reviewed on the third Thursday of each month at 10:30 a.m. Follow-up reviews are conducted on the second Thursday of each month from 1:00–2:30 p.m.

The CRCG committee continues to have access to TRIAD flexible funds to pay for services when no other resources are available in the community. The recommendations of the committee are not mandatory, but rather are suggestions for children, youth, and families to consider when making choices for their particular situation in consultation with care coordinators or other agency representatives involved with the family. At an individual review meeting, the family and youth are invited to attend, along with individuals identified as support to the family and representatives from any agencies, organizations, providers, or family and youth groups involved with the family.

Any agency or organization may refer a child or youth to the CRCG for review. However, when the child or youth is enrolled in Systems of Hope, the referral generally is initiated by the care coordinator. During the system of care assessment, respondents indicated that Systems of Hope had referred approximately 10 to 15 cases to the CRCG committee for review.

IV. SYSTEM OF CARE STRENGTHS AND CHALLENGES

This section outlines the Systems of Hope's strengths and challenges as related to program infrastructure and service delivery. The term *challenges* is used in a broad sense to identify areas in which the program has not yet made any efforts, or is still in the early stages of development, as well as areas that have been difficult to implement, or in which system of care principles have not been successfully achieved.

A. Family-Driven

Strengths at the Infrastructure Level

- Respondents agreed that family members continue to be actively involved as partners in the governing body and its key functions. Of the 30 board members (16 primaries and 14 alternates), 6 represent three different family organizations, and 5 are family member

representatives. The current board chair is a family member. These board members routinely attend board meetings and all work team meetings to represent the family voice in all aspects of the board's work. Most respondents reported that family representatives are treated as equal partners by other members of the board, although some working relationships between agency representatives and family representatives still present challenges.

- Governing board meetings are now held at the Murworth Building in south Houston, which is near a bus stop and represents an effort to make these meetings more convenient to family members, most of whom live in the southern part of the city. There is no location in this large county that is convenient for all family members. The meeting time, from 5:00–7:00 p.m., was selected to make it more convenient for family members who work during the day to attend the meetings, although some would like to see the meeting start at 6:00 p.m., to allow working family members more time to travel to the meeting.

- Respondents reported that efforts have been made to facilitate family participation in governing board meetings, including stipends, transportation assistance, and a meal provided to all attendees. It was further observed that the taxi vouchers routinely provided for transportation assistance are quite expensive, which may be a problem in the future.

- In the past 2 years, there were four training sessions provided to grant staff related to family-driven care: (a) *Natural Support Training*; (b) *Family Primer Training*; (c) *Family Partners in Wraparound*; and (d) *On the Road to Family Driven Care*. Two of these also were attended by partner agencies (mental health, juvenile justice, education, and child welfare), as well as by other agencies, private providers, and family representatives.

- In addition to the parent partners on staff, family members and other paraprofessionals provide the following services to support families in the care of their children: mentoring, respite care, family support, and advocacy.

- Respondents agreed that families are actively involved in grant operations as follows: helping design and implement programs, serving as staff (parent partners), providing training to staff, and attending management meetings (parent partners and the family coordinator). Family members also helped with staff recruitment prior to the program's current hiring freeze.

- The service array includes the parent partners, who provide families with support services and mentoring in a one-on-one relationship. Houston Federation of Families and the HFFCMH also provide support activities for families.

- Parent partners also serve as advocates for families, thus ensuring that family preferences are heard in meetings and that their rights are defended. Houston Federation of Families and the HFFCMH also provide advocacy services to families.

- Respondents reported that information on family outcomes has been collected through the national evaluation and the caregiver satisfaction survey. These data have been analyzed and reports shared with the governing board. As a result, the care coordinator and parent partner positions were redefined to respond to outcomes. Improvements regarding cultural and linguistic competency have been reported on an individual basis. The Wraparound Fidelity Instrument (WFI) will be implemented again in May 2011 to collect follow-up data.

- Data on family satisfaction also has been collected through the national evaluation, the WFI, and the caregiver satisfaction survey. These data have been analyzed and the results shared with the board. As a result, caregiver teams were reorganized, and the practice of having caregivers complete satisfaction surveys after every care team meeting was discontinued. Individual caregivers have reported improved satisfaction. The WFI will be implemented again in May 2011 to collect follow-up data.

- Family members were reported to be active in the quality monitoring process through membership in the Evaluation Advisory Work Team (EAWT), reporting findings to the board, collecting data for the WFI and CQI satisfaction surveys, initiating studies through the CQI, requesting reports on specific areas for the evaluation newsletter, and providing input to the evaluation team on how to make data presentations more family friendly.

Strengths at the Service Delivery Level

- Family members reported that enrolling in Systems of Hope was simple, their needs were considered, and they felt treated with respect throughout the entry process.

- Family needs reportedly are assessed throughout the orientation and assessment process, and those are included in their care plans. Children, youth, and families reported receiving copies of completed care plans.

- Families are fully involved in all aspects of the service planning process, including being considered the primary decision makers about their child, having their opinions valued and respected, participating in care planning meetings, selecting participants, recognizing and prioritizing their needs, developing goals and objectives and choosing or rejecting service options. Some examples of questions to promote participation of families are: "As a parent you are the leader of this process; it's like getting on a bus, only this time you are the driver;" "What are your needs and solutions you think may work?" "What are the changes you would like to see in your family, and in your children?" "What are behaviors or concrete needs affecting your quality of life?" Objectives are explained as means to achieve set goals.

- Families reported that they are involved and informed as much as they can be about the services planned and the progress being made, through frequent contact with the care coordinator and the parent partner.

- Families' strengths are recognized and linked to the child or youth's strengths and then incorporated into the care plan. Probing questions are used to help families identify

strengths, such as: "What do you like to do for your family? What does your family do for fun? What activities you do together?" Examples of family strengths used in care planning include: (1) for a family who likes to eat together and enjoys going for pizza but had limited financial resources, a care planning meeting was organized at a local pizza restaurant to accomplish both tasks; (2) for a family who enjoys attending their child's football game but did not have transportation to attend games, the family was provided with transportation vouchers to attend some football games and thus be of support to their child; (3) a very responsible mother was encouraged to be more vocal and assertive when speaking to healthcare professionals involved with her child, thus building and supporting positive communication skills.

- Care coordinators and parent partners routinely monitor the care provided to children, youth, and families through face-to-face contacts and weekly telephone calls.

- Respondents indicated that families frequently participate in the care review process, and there are efforts to include them, including the use of telephone conferences when the family is not able to attend the care review meeting. Care coordinators and parent partners provide orientation to families in preparation for the care review meeting, to ensure the process is family friendly and families feel welcome and comfortable.

- Efforts to facilitate the participation of families in the care review meetings include (a) having Spanish-speaking interpreters if so preferred by families, (b) providing childcare for infants and toddlers who come with families, (c) offering three choices of times for care meetings, (d) transportation assistance, (e) encouraging families to bring someone they identify as a support, (f) asking the family members to express opinions regarding their needs, (g) encouraging families to participate in finding solutions, and (h) making the final decision about whether to accept or reject suggestions offered by the committee.

Remaining Challenges

- There were conflicting reports regarding the existence and functions of the CRCG committee as a care review entity. Some respondents were clearly familiar with the CRCG role in conducting care review for Systems of Hope youth, other respondents indicated there was no entity responsible for reviewing the care of children, youth, and families receiving mental health services in Harris County

- Care team meetings, care review, and care monitoring are conducted in English. Systems of Hope can contract interpreting services to assist families when they speak another language than English.

B. Individualized/Youth-Guided Care

Strengths at the Infrastructure Level

- According to respondents, there are two seats on the board for youth. At the time of the system of care assessment, both youth seats were filled; one of the alternate seats also was filled, and one was vacant. Youth are actively involved as full members of the governing board. They routinely come prepared to meetings with a report containing

input from the Youth Advisory Council. Respondents agreed that other board members treat youth members with respect and appreciation. Youth are not able to attend the work team meetings, however, because these are held during the day when youth are in school.

- Respondents stated that the governing board meetings held at the Murworth Building, from 5–7 p.m., are convenient for youth participants.

- To facilitate youth participation on the board, the grant program has offered stipends, taxi vouchers, and a meal.

- Respondents reported that the following mechanisms are in place to maximize provision of individualized care: (a) training on the provision of individualized care; (b) flexible funds to purchase individualized services; (c) contracting with a clinical consultant to work on improving wraparound fidelity in service delivery; and (d) using the care coordinator/parent partner care team approach. These efforts are considered effective, but there are some services that are not available to all children and youth.

- In the past 2 years, staff have attended four training sessions on individualized and youth-guided care, some on successive dates to increase attendance. The training topics included (a) *Wraparound for High Fidelity*; (b) *Young Minds Matter: Meeting the Mental Health Needs of Children, Youth and Families*; (c) *Youth Evaluation Retreat*; and (d) *Big Tent Conference*. With the exception of the youth evaluation retreat, all of these trainings also were attended by grant partner agencies (mental health, juvenile justice, education, and child welfare), as well as other agencies, private providers, and family representatives.

- Respondents identified several ways in which youth are involved in program operations, including the following: (a) helping interview prospective staff; (b) participating in the design and implementation of youth program activities; (c) serving as youth group leaders; (d) working in the office as a summer intern; (e) providing training to staff on youth culture; and (f) serving as peer mentors for other youth.

- According to respondents, youth have given training to staff regarding how to better understand youth and have given presentations at conferences.

- According to respondents, the care coordinators advocate for children and youth and defend their rights; the youth coordinator also provides advocacy for youth.

- The Systems of Hope service array is complete such that no key service options are missing. According to the table of services provided by project staff, several additional individualized services also exist, including equine-based therapy, art therapy, mentoring, vocational services, and recreational services.

- The youth coordinator and the YAC meetings provide youth with mentoring services, informal peer-to-peer support, empowerment activities, and leadership training. Youth

also have the opportunity to attend youth conferences and participate on the Systems of Hope governing board.

- Information on children and youth outcomes has been collected through the national and local evaluation instruments. These data have been examined and findings were presented to the governing board. As a result, efforts have been made to improve the care plan process through greater fidelity to wraparound principles and the use of interventions more relevant to identified problems.

- The WFI interviewers collect data on the individualization of services; these data have been analyzed and findings presented to the board. Recommendations were made that the care teams develop and use more natural supports and that a wraparound approach be used to replace the traditional case management approach to care. Follow-up data will be collected in May 2011.

- Respondents reported that youth have been involved in the quality monitoring process through membership on the EAWT, presenting findings to the board, attending youth evaluation retreats, participating on the CQI committee, and both initiating and collecting data for the youth satisfaction survey.

Strengths at the Service Delivery Level

- An individualized care plan is developed for each child and youth served by Systems of Hope.

- Children and youth are involved in the care planning process, both during the enrollment phase and at the care planning meetings. According to respondents, the care coordinator and the youth coordinator meet with the child or youth to assist them in identifying and prioritizing needs and concerns.

- Children and youth needs are assessed throughout the assessment process, and those are integrated into their care plans.

- Families reported the care plans for their children or youth matched their needs well, and that they received copies of the care plans.

- Planned services for children or youth are always received and typically include mentoring, art classes, recreational or sport activities, medication follow-up appointments, support groups, and summer camps.

- Strengths are assessed for all children and youth enrolled in the project. Probing questions to help children or youth identify their strengths include "What do you like about yourself? What activities do you enjoy?" Attempts are also made to identify strengths with their interests and likings, such as being a team player, responsible with school work, and being competitive without being aggressive.

- Child and youth strengths are integrated into their care plans. Some examples of how strengths are incorporated included the following: (1) A 16-year-old boy who is very artistic and has great talent to draw wanted to enroll in an art class. He was reported aggressive with peers at school, but the child was observed calm and relaxed when drawing, so he was enrolled in an art class and found assistance in expressing feelings of frustration and anger through his artwork, and this intervention resulted in a significant reduction of his aggressive behavior; (2) an 8-year-old boy with reading difficulties became aggressive when he felt frustrated with school work; however, he enjoyed reading "Diary of a Wimpy Kid," so the care coordinator found the activity book of the "Diary of a Wimpy Kid" to motivate the child to complete school homework and improve reading skills while doing an activity he enjoyed; (3) a 13-year-old girl with low self esteem and anger issues, and who was socially isolated because she did not keep a good personal appearance, liked fashion and had a special talent for it, so she was encouraged to be part of a "team makeover" and was assisted with her physical appearance by changing her clothes, getting a new hair style and make up at a hair salon, and enrolling in therapy sessions to work on her self esteem issues, thus becoming increasingly more sociable at school.

- When appropriate, children and youth are fully involved in all aspects of the service planning process, including having their opinions solicited and valued, attending in care planning meetings, selecting participants, recognizing and prioritizing their needs, developing goals and objectives, and choosing or rejecting service options.

- Care coordinators routinely monitor the care of the children or youth enrolled in the project through face-to-face contacts, weekly telephone calls, and routine contact with other providers involved with the child or youth.

- Respondents reported efforts to include, whenever appropriate, children or youth in the care review process. In similar ways to families, children or youth are encouraged to voice their needs and suggest solutions.

Remaining Challenges

- Data on youth experiences have been collected through the national evaluation, CQI youth satisfaction survey, and the WFI; these data have been analyzed and reports made to the board. Respondents were unaware of any changes made to respond to any identified problems.

- The CRCG committee continues to defer to families the decision whether to include the child or youth in the care review process. As a result, children or youth are not typically present at care review meetings. When present, the children or youth are asked to voice their needs and to make suggestions about possible solutions or service options. However, parents and children make the decision whether to select or reject a service option for their children.

- There were conflicting reports regarding the existence and functions of the CRCG committee as a care review entity for children, youth, and families enrolled in Systems of Hope.

C. Culturally Competent

Strengths at the Infrastructure Level

- The racial and ethnic diversity on the governing board reflects the major cultural groups served, with 37 percent African-American, 13 percent Hispanic White, and 50 percent non-Hispanic White.

- In the past 2 years, five training sessions on cultural competence were provided to grant staff, family members, and others. The topics included: (a) *Beyond Chopsticks: Culturally Appropriate Approaches in working with Asian Americans*, (b) *Sexual Orientation and Gender Identify*, (c) *Sexual Orientation and Gender Identify: Let's Talk About It!*, (d) *Human Trafficking*, and (e) *A Framework for Understanding Poverty.* These trainings also were attended by direct service staff and supervisors from mental health, juvenile justice, education, child welfare, and other agencies. Private providers and family organizations sent representatives to most of these sessions, as well.

- Respondents agreed that data related to the provision of culturally competent care have been collected through the WFI, the national outcomes study, and the cultural competence self assessment. These data have been analyzed and findings presented to the governing board. Results of the data showed that cultural competence was not consistent at the service delivery level, as new staff did not have the needed skills in this area. However, other indicators showed that families felt their culture was always respected.

- To ensure a culturally competent quality monitoring process, respondents identified several efforts that have been made. For example, (a) copies of data presentations are translated into Spanish for board meetings, (b) the evaluation newsletter is translated into Spanish, (c) the evaluation team includes Spanish speakers who can conduct data collection in Spanish when needed, (d) the caregiver satisfaction tool and other data collection instruments have been translated into Spanish, and (e) Spanish interpreters are available for board meetings. Respondents agreed that these efforts have been effective and sufficient for achieving this goal. Evaluation team members at DePelchin must take a cultural competence course, as do all DePelchin staff members.

Strengths at the Service Delivery Level

- Care coordinators make efforts to design interventions to engage children, youth, and families, considering cultural aspects unique to them.

- Cultural factors are always assessed for all children, youth, and families enrolled in Systems of Hope. Probing questions are used to determine particular idiosyncrasies of families, such as "What are your interests? Do you practice any religion, or attend a church? Who is part of your family? Is a single parent family or both parents raising the family?" Some examples of how cultural aspects are integrated in the care plan are (1) for

a family who attends church every Sunday, care meetings were planned around church activities where the family felt most comfortable; (2) engaging the maternal grandmother who is a driving force in the family to join them in recreational activities; (3) encouraging a youth to enroll in youth groups at the family's church to reduce his isolation and time spent on the computer at sites featuring pornography; (4) helping the overprotective mother of a family who relocated from New Orleans after hurricane Katrina to allow her adolescent son more freedom, while still enforcing his safety.

- When needed, Systems of Hope may contract interpretation services for families who speak languages other than English.

Remaining Challenges

- At the time of the system of care assessment, a hiring freeze was in place, which prevented hiring any new Hispanic staff to replace those lost in the past year. The racial/ethnic diversity of the 19 grant-funded staff includes 68 percent African-American and 32 percent non-Hispanic White. Respondents reported that efforts have been effective to recruit and hire staff who reflect the cultural background of the predominantly African-American population currently being served.

- In the past, efforts to accommodate the language preferences of children, youth, and families during service delivery were sufficient. However, since the loss of Spanish-speaking staff members, the capacity to deliver services in the preferred language has been limited to using interpreters, either from among care team members or by using interpreter services. The cost of hiring interpreters may inhibit this capability in the future.

- According to respondents, the cultural background of the population served is considered in finding needed services; however, the loss of Hispanic culture and Spanish-speaking staff members has blocked the results of any further consideration of services to meet the cultural needs of this significant population in the County. At the time of the system of care assessment, the majority of enrolled children and youth were African-American. Efforts are routinely made to find African-American therapists and/or male therapists, when needed. The program hired an interpreter to help providers work with an African family with limited English skills. The cultural and linguistic coordinator provides a short training at every staff meeting, which helps keep staff aware of unique cultural differences. In addition, the program maintains a strong relationship with the Asian Family Services Center, which provides services to Vietnamese, Chinese, and other Asian youth and families in the county.

- Respondents agreed that more efforts are needed to integrate cultural aspects of children, youth, and families in their care plans.

- Enrollment, care planning, and service provision are solely conducted in English; interpretation services can be contracted to assist families who speak languages other than English.

- Care review meetings are conducted only in English; interpretation services can be contracted by Systems of Hope on an as-needed basis, to assist families who speak languages other than English.

D. Interagency

Strengths at the Infrastructure Level

- At the time of the 2011 system of care assessment, all the core child-serving sectors were active participants in the governing body and its functions, with the exception of education.

- Although there are no structural mechanisms in place to maximize interagency involvement, such as a memorandum of understanding, respondents affirmed that agency commitment to involvement in the board and its subcommittees is strong. One respondent noted that most agency representatives feel a great deal of pride for having actually made a difference in their community through the Systems of Hope governing board.

- Reported examples of shared administrative processes across child-serving agencies include (a) joint development of staff training materials by juvenile probation, the city health department, HCPS, MHMRA, and DePelchin; (b) joint recruiting and hiring by the City of Houston and HCPS; (c) an integrated management information system shared between HCPS and the grant program; and (d) reporting forms shared by the City of Houston HHS, the grant program, and some other agencies.

- The Systems of Hope service array includes services provided through the core child-serving agencies, as well as other public agencies and private providers. According to the table of services provided by grant staff, mental health provides 15 services in the array, juvenile probation provides 9 services, the schools provide 7 services, HCPS provides 9 services, the police provide emergency services, TRIAD provides the evidence-based therapy training called *Parenting with Love and Limits,* Red Cross helps with transportation services, the State provides vocational services, and the City and County help provide recreational services. In addition, private providers provide 22 services.

- At the time of the system of care assessment, agency and organization partners involved in the quality monitoring process included Systems of Hope staff, DePelchin Children's Center, and NAMI. There was no current involvement in the process by the mental health, public health, juvenile justice, or child welfare systems. According to respondents, mental health, education (Department of Education and local universities), and child welfare agencies have participated on the EAWT at some time within the past 2 years and/or have helped report findings to their own agencies.

- The survey on interagency collaboration and coordination was administered in 2007 and 2009. Those data have been analyzed and reported to the board. The results from the two surveys indicated increased collaboration among agencies and that all participants on the governing board shared common goals related to serving children, youth, and families through a system of care process.

Strengths at the Service Delivery Level

- All the core local child-serving agencies refer children and youth to Systems of Hope and may initiate intake into the project by completing a referral form. Once the referral has been submitted, the project staff conduct intake and assessment.

- Local child-serving agencies (including MHMRA, HCPS, juvenile probation, and the schools) consistently make referrals to the CRCG committee for initial review and referral and for follow-up review. However, respondents reported that the children and youth enrolled in Systems of Hope primarily have been referred by the care coordinators, clinical director, and community for follow-up care review.

Remaining Challenges

- Although respondents noted that some efforts have been made to integrate staff across the child-serving agencies, they varied greatly in their assessment of the effectiveness of these mechanisms for the purpose of minimizing barriers to staff working together across agencies, from not at all effective to moderately effective. The reported mechanisms include (a) participation of all the core child-serving public agencies in grant-sponsored training and (b) four care teams stationed in the schools in the Kashmere catchment area, and one care team housed in a city health department location in the Sunnyside area.

- Although some respondents reported that routine operations of partnering agencies have been changed to some degree as a result of involvement in the grant program, others had not seen any concrete changes at their agencies. Examples of changes in routine operations included: (a) HCPS staff ask questions they would not have asked before to help determine whether mental health needs exist, and they make efforts to put services in place to meet those needs; and (b) the Houston DHHS now funds the youth coordinator as a health department position, and it contracts with the City to provide wraparound services through the Sunnyside project.

- Respondents reported no mechanisms in place to pool or blend funding across agencies other than the TRIAD funds that purchase services such as mentoring, respite care, functional family therapy, and residential treatment beds. Some noted that there used to be blended funds available through the agencies involved with the CRCG, but did not think that these were still available.

- Respondents reported little or no participation from public agencies in the care team meetings scheduled to assist in developing and/or monitoring care plans. Participation of school teachers, juvenile probation, or other providers involved with the child or youth in care team meetings was described as sporadic.

E. Collaborative/Coordinated

Strengths at the Infrastructure Level

- The process for sharing information about grant operations and procedures with supervisory and direct line staff in agencies includes formal information sharing at board meetings and work team meetings, e-mail communications, telephone calls, and face-to-

face conversations. Respondents stated that these efforts have been somewhat effective, but not entirely sufficient to keep all frontline agency personnel updated regarding changes in grant operations.

- In addition to the wraparound care teams and clinical staffing, another mechanism used to facilitate coordination of services across providers, agencies, and organizations is the use of interagency team meetings, such as those practiced by the CRCG. Part of the sustainability plan for the system of care is the decision by TRIAD to sustain the Systems of Hope project director position and create a wraparound facilitator position for the purpose of working collaboratively with provider agencies and families to track whether all agencies are providing services in accordance with the established service plans.

- The service array includes care coordinators and parent partners to help coordinate services and facilitate communication among providers and agencies. In addition, the parent partners, and Federation of Families representatives help families negotiate and navigate the child-serving system.

Strengths at the Service Delivery Level

- Efforts are in place to inform local child-serving agencies, community-based organizations, providers, and local organizations about Harris County Systems of Hope. These efforts have included local presentations to community agencies, cultural groups, conferences, professional organizations, and schools.

- In addition to the care team meetings, care coordinators and parent partners continue to make efforts to coordinate service provision through routine weekly telephone calls and face-to-face meetings with families and providers involved with the child or youth and the family.

- Whenever there is a change in services or a change in providers for a child, youth, or family, the care coordinator is responsible for overseeing the process in an effort to ensure a coordinated transition. Information about the child or youth and family's needs and progress is communicated to the new provider prior to the transition, and follow-up contacts are made with the family to make sure the transition process was smooth. Respondents indicated that efforts in the area of coordinating transitions have been effective.

- Any provider or organization involved in a child's care can make a referral to the CRCG for care review; however respondents indicated that the Systems of Hope care coordinators are usually the ones who actually initiate the referrals.

Remaining Challenges

- Respondents noted that no efforts have been made to collect data on how well services are coordinated, other than the items related to continuity of care in the national evaluation instruments.

- Respondents offered reports indicating that few involved providers and community-based organizations routinely participate in the service planning process. However, it was reported that there was sporadic participation in the service planning meetings by some private therapists and a pastor.

- Formal written reports of decisions made by the CRCG are not always completed or disseminated to all of the agencies and organizations involved with the child and family.

F. Accessible

Strengths at the Infrastructure Level

- Care coordinators and parent partners continue to provide services at flexible times and locations within the home communities; they also provide transportation for children, youth, and families to access services outside their immediate communities. Efforts to make the service array more accessible overall have been moderately effective, but respondents noted that much more effort is needed.

- Data related to the accessibility of services have been collected using the WFI instruments and the caregiver satisfaction surveys; these data have been analyzed and shared with the board. Findings resulted in (a) the reorganization of care teams into the geographic regions of the city served by the program and (b) dropping the low IQ requirement to make the services available to more individuals. There will be a follow-up examination in May 2011.

Strengths at the Service Delivery Level

- Respondents described successful outreach efforts to the population of focus, which included local presentations at schools, community events, and health fairs.

- Children, youth, and families reported that enrollment in the project is simple and easy to access.

- The length of time between referral and the actual receipt of services can be as short as 24 hours or as long as 2 weeks.

- Respondents reported that care planning meetings typically take place after school hours, between 4 p.m. and 6:30 p.m. Later evening times and occasional Saturday or Sunday times can be scheduled whenever families request them. All care coordinators and parent partners can be contacted on their mobile telephones, 24 hours a day.

- Most service planning meetings are held in the family homes. Other reported locations include schools, local libraries, hospitals, courts, restaurants, project offices, and other local agency offices.

- Care coordinators, parent partners, therapists, and youth coordinators consistently keep a flexible work schedule in terms of hours and locations to accommodate the needs of children, youth, and families, including late afternoon, evening, and weekend hours.

Systems of Hope providers primarily meet with children, youth, and families at the families' homes; other locations include schools, project offices, local restaurants, libraries, and other locations selected by families.

- Transportation continues to be provided through bus tokens and taxi vouchers, or directly by care coordinators and parent partners.

- Services are accessible without cost to the children, youth, and families enrolled in Systems of Hope.

- Respondents indicated that planned services were received within 2 to 4 weeks without a significant wait in time.

Remaining Challenges

- According to respondents, cost continues to be a barrier to accessing some services in the array. There are very long waits if the family has to access services through MHMRA, which means that people either access what they can afford or wait unreasonably long times for services. Some efforts have been made to minimize financial barriers to services. For example, (a) there is no fee for Systems of Hope care coordinator and parent partner services; (b) many providers bill Medicaid, which means no cost to families; (c) DePelchin and some other private providers have sliding scale fees; and (d) the flexible funds purchase some services, as well. Respondents noted that efforts to find providers for children, youth, and families have opened the door to services that many families did not know were available to them before.

- Ensuring that services have adequate capacity has been a challenge due to budget cutbacks, reduction in grant funds, and the resulting need to reduce the number of care team providers. Some services are too expensive, including mentoring and EBT, and the board set a cap on flexible funds to be spent on each family. However, program staff have continued to find many needed services for enrolled children and youth, from one source or another, including the flexible funds. In addition, the Hogg grants have provided a significant source of funding to keep care coordinators and parent partners in the field, and efforts by juvenile justice to help set up a mental health court has provided another source for funding services. Respondents stated that these efforts have been somewhat effective, but not completely sufficient to ensure service capacity.

- Respondents indicated more outreach efforts are needed for specific cultural groups, in particular, Hispanic and Asian children and youth who reside in Harris County.

- Respondents indicated that additional efforts need to be made to have more services accessible in different home communities in Harris County. Reports indicated some families are required to travel out of their home communities to access services otherwise not available in their local community.

- The CRCG care review meetings are routinely held at set times during business hours and at the same location each month with minimal flexibility to accommodate the schedules

and needs of children, youth, and families. A few meetings reportedly have been held in schools or at another agency location to better accommodate the needs of families.

G. Community Based and Least Restrictive

Strengths at the Infrastructure Level

- Over the past 2 years, staff from Systems of Hope and partner agencies (including mental health, juvenile justice, education, and child welfare) participated in one training session related to least restrictive care, which was provided at the Texas Probation Association Legislative Conference and entitled, *Pipeline to Success.* Staff from private providers, family organizations, and other agencies also attended this training.

- Systems of Hope has been successful in helping many children and youth stay out of overly restrictive settings by providing more appropriate mid-range services and supports. TRIAD has funds to pay for residential treatment center placements, and Systems of Hope continues to press for using some of these funds to pay for lower level services. When a child or youth is placed in the hospital or a residential center, program staff continue working with the families and help arrange for moving the children and youth out of the restrictive setting as soon as possible. Respondents reported that many children and youth are frequently placed in overly restrictive settings, sometimes as a result of inadequate respite care options for families, who see restrictive placement as the only way for parents and families to receive respite from the stress of caring for the diagnosed child. Many children enter into custody of the State CPS because they need some kind of mental health care, and parents see no other way to access such care. When the State takes custody of children and youth, they usually are placed in residential treatment.

- Care coordinator services, parent partner services, wraparound meetings, and youth activities are usually held in each family's home community—in homes, community centers, or other convenient locations. However, other services frequently require transportation assistance, because they are only offered in provider offices in other parts of the city or county.

- Although respondents agreed that the full array of required services is available within Harris County, few are available in each local community or geographic region of the large city and county.

- The WFI instrument asks whether the services received are community-based, but other data regarding the use of services outside of the community are not routinely collected. The WFI data were analyzed and shared with the board in 2010. A follow-up survey will be conducted in May 2011.

Strengths at the Service Delivery Level

- Respondents indicated that children, youth, and families receive most services in their home communities. However, considerable efforts are needed to facilitate transportation to other communities in order to access services not available in their local communities.

- The CRCG committee and SOC teams continues to offer alternative services that are community-based to the case situations of children, youth, and families it reviews. The committee first looks for services within the family's own town or city, then elsewhere within the county, and only outside the county if there is nothing suitable closer to home.

Remaining Challenges

- Respondents noted that the Living Situation Questionnaire does ask about experiences in restrictive settings, but it does not gather data on whether these placements were more restrictive than necessary.

- Respondents indicated that although the full array of required services is available within the county, not all services are available in each local community of the City of Houston or Harris County.

- Because there were conflicting reports as to the existence or functions of the CRCG committee as a care review entity for children, youth, and families enrolled in Systems of Hope it is not clear what the committee's efforts or success has been in preventing the use of services that are more restrictive than necessary.

V. SUSTAINABILITY AND LESSONS LEARNED

Achievements

According to respondents, the most significant achievement in the last 2 years by Systems of Hope was the development and approval of a sustainability plan. This plan was developed at a governing board retreat to ensure continuity of services for the population of focus in Harris County, as Federal funds from SAMHSA come to an end in September 2011.

Additional achievements reported over the past 2 years included:

- Restructuring of the governing board by reducing the number of board members, making its governing and advisory functions more effective and productive.
- Utilizing evaluation outcomes to influence systems change in Harris County and to support new grant applications to existing funding sources.
- Partnering with the Hogg Foundation, the City of Houston, and the Children's Collaborative to fund four care teams.
- Receiving TRIAD funds to secure two staff positions after the Federal grant funds end, a project director and a wraparound facilitator.

Respondents mentioned as other achievements (a) the considerable improvement in the relations of Systems of Hope with family members and (b) the significance of the collaborative work of the governing board, highlighting their valuable role in the conception, development, and approval of the sustainability plan. Moreover, there is a general consensus that local child-serving agencies have become more aware of the benefits of implementing systems of care principles in service provision.

Sustainability
Aspects of Systems of Hope that will be sustained as SAMHSA funds stop in September 2011 include the following:

- a reduced governing board structure, that will include family and youth representatives;
- three care teams that have funding from the Hogg Foundation to continue through July 2012 (the City-funded care team ends June 30, 2011, and the SAMHSA-funded care team ends September 30, 2011);
- the youth work, under the direction of a youth coordinator, who is now funded by the City Department of Public Health;
- the family organizations, which are independently funded as Federation of Families chapters;
- the project director's position;
- the wraparound facilitator's position;
- TRIAD Juvenile Probation Wraparound Project;
- system of care principles and values.

The board wants to track whether agencies are doing what they promised related to system of care principals and fidelity issues, and this task will be the focus of the project director and wraparound facilitator, once the Federal grant ends.

Obstacles
Respondents indicated that a primary obstacle to expanding and maintaining a system of care in Harris County beyond Federal grant funds is the existence of turf issues within local agencies, which continue to show resistance to change from the traditional model of service provision. Another challenge continues to be the large territory comprising Harris County, which means that making services available to all who need them is a difficult task.

Lessons Learned
Respondents identified the following lessons learned over the past 2 years:

- The sustainability retreat held in 2010 helped bring the partners on the board together in commitment to sustaining a system of care for Harris County. In retrospect, it would have been helpful to have held this retreat a year earlier.

- Frequent changes in wraparound models over the course of the grant period made it difficult to make progress. The current model introduced by Dr. Bertram using family history and culture, the strengths and needs discovery tool, and FIT circles seems to be working well now.

- The purpose for the grant was to create a system of care and system change in Harris County.

CMHS National Evaluation
System of Care Assessment Scores

Houston, TX
April 13–15, 2011
Assessment #3

	OVERALL AVERAGE	Infrastructure Domain					Service Delivery Domain				
		Governance	Management and Operations	Service Array	Quality Monitoring	INFRA-STRUCTURE AVERAGE	Entry into Service System	Service Planning	Service Provision	Case Review Structure	SERVICE DELIVERY AVERAGE
Family-Driven	4.37	4.57	4.83		4.00	4.52	5.00	4.33	4.10	4.50	4.29
Individualized/ Youth-Guided	4.14	4.32	3.80	5.00	3.33	4.16	5.00	4.04	4.32	1.00	4.12
Culturally Competent	3.59		3.00	3.00	5.00	3.67	3.33	3.56	3.75	3.00	3.57
Interagency	3.51	4.33	2.82		3.33	3.49	3.75	3.00		5.00	3.58
Collaborative/ Coordinated	3.82		3.32		1.00	3.13	4.00	3.73	4.56	2.50	4.10
Accessible	4.36		2.50	4.20	4.00	3.92	4.44	4.67	4.50	2.50	4.44
Community Based	3.38			3.17	4.00	3.29			3.25	5.00	3.44
Least Restrictive	3.18		3.40		3.00	3.33			3.25	2.00	3.00