

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES
FOR CHILDREN AND THEIR FAMILIES PROGRAM
Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U. S. Department of Health and Human Services**

REPORT OF VISIT TO SYSTEM OF CARE COMMUNITY

Project location:	Harris County, Texas
Project name:	Systems of Hope
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Report date:	November 10, 2009
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Purpose of the Federal Site Visit

Federal site visits to communities funded through the Comprehensive Community Mental Health Services for Children and Their Families Program are conducted as part of the technical assistance requirements in The Public Health Services Act, Public Law 102-321 as amended, Part E, Sections 561-565. These site visits typically occur in the second and fourth year of the cooperative agreement to determine the status of project implementation and to identify areas that would benefit from quality improvement activities. The site visits also provide an opportunity for the community to highlight policies and practices and to demonstrate their work in developing a community based system of care for children and adolescents with serious emotional disturbance. This site visit was conducted in the fourth year of the cooperative agreement.

Process Used to Develop Observations

The site visit team conducted a series of focused discussions with staff and community partners to develop the observations and recommendations detailed in this report. Recommendations were formed after a series of meetings that took place over the course of the four days. Each meeting had a specific focus that corresponded to the eleven categories detailed in the site visit protocol.

Key Considerations

As Systems of Hope (SOH) moves into the fifth year of the CMHS Cooperative Agreement the site visit team notes excellent progress in many areas and some new challenges. This report will highlight the many accomplishments of SOH during the past two years as well as point out areas of challenge. Many of the recommendations encourage SOH leadership and the Governing Board to focus on strategies to sustain SOH. The site visit team has been impressed with the impact that SOH has had on the development of innovative programs and the enhancement of system of care philosophy and values in child-serving agencies in Harris County. The challenge is to maintain this constructive impact beyond federal funding.

A new area of challenge was noted by the site visit team regarding wraparound services and documentation in the service records. Since the last site visit SOH leadership described significant turnover of care team staff as a result of reorganization of the service delivery system. These system changes make sense but lead to a need to train new staff and review service record charting practices.

Site Visit Protocol Categories

The following eleven sections of the report correspond to the eleven focus group categories detailed in the Site Visit Protocol, which forms the basis for discussion during the Federal Site Visit. Each section lists strengths, challenges, and recommendations. The term challenges is used in a broad sense to identify areas that the program has not yet addressed or is just developing, as well as areas that have been difficult to implement or in which system of care principles have not been successfully achieved.

Section I: System of Care Planning

SOH, in consultation with experts at the University of South Florida, has developed an excellent logic model which has been approved by the Governing Board. A number of strategic plans have been developed by components of SOH using the logic model as a guide. After the last site visit SOH leadership engaged a consultant to help develop a strategic plan but for a variety of reasons this activity has been postponed. SOH leadership has invested much thought into issues of sustainability and the Fiscal and Sustainability Work Team of the Governing Board has developed a sustainability plan. The Houston and Harris County Joint City/County Commission on Children (JC4) has developed an excellent Strategic Plan for Building a Public Health Approach to Children's Mental Health.

Strengths

The logic model which is used to guide SOH efforts identifies a system level goal of transformation, two goals regarding the practice/support organizational level, and two goals at the child and family level. The logic model is clear, concise and focused. Its vision and mission reflect the values and principles of system of care. The site review

team commends SOH for its excellent work in the development of their logic model and believes that this effort should frame all subsequent system development.

The JC4 Strategic Plan was developed under a Hogg Foundation grant and involved an excellent community engagement process including focus groups, a Youth Perception Study, and planning retreats. The JC4 Strategic Plan proposes a Public Health framework of Prevention, Early Intervention, and Treatment to establish a coordinated mental health system for children and families. The JC4 is to be commended for its outstanding Strategic Plan and planning process.

The Fiscal and Sustainability Work team has developed the initial framework for a sustainability plan. In addition SOH leadership has devoted energy to thinking about mechanisms to sustain various components of SOH. The 1915c Medicaid Waiver provides an important funding source for the service delivery system of SOH.

Challenges/Recommendations

Complete a SOH Strategic/Sustainability Plan using an inclusive process

Although SOH leadership has moved forward in actualizing many of the goals of the cooperative agreement; it has been staff driven and not the product of an inclusive process resulting in an overarching strategic plan. The process of developing a strategic plan is important because it creates ownership and buy-in from stakeholders including family and youth, the community, and interagency partners. The resulting strategic plan becomes a blueprint that all can follow and participate in.

The site visit team continues to recommend that SOH leadership develop an inclusive process that results in a strategic/sustainability plan. System partners are encouraged to review the many accomplishments of the first four years of the cooperative agreement and to prioritize issues yet to be addressed. Integrate this planning effort with the excellent logic model and the JC4 Strategic Plan. Enlist the Technical Assistance Coordinator to help facilitate this process.

Focus on preserving the core structure of SOH at the same time as planning for sustainability

SOH leadership and the Governing Board are encouraged to think of maintaining the current SOH structure as well as service components in planning for sustainability. Without a centralized unit that focuses on fostering system of care values and principles in Harris County it will be difficult to sustain the gains made in transforming how business is conducted in Harris County. The work of the Cultural and Linguistic Competency Coordinator is an example of how SOH staff has impacted agency and community partners.

Section II: System of Care Structure

The management team of SOH is located within the Harris County Child Protective Services (HCPS) Agency. The Principal Investigator is the Executive Director of HCPS

and reports to the Harris County Commissioners. All administrative staff for the cooperative agreement are in place as are all service delivery staff. The Administrative Team meets three times per month, and there has been no turnover in coordinator positions.

The SOH Governing Board has been reduced from 38 to 19 members and family and youth receiving SOH services have been added to the Board. The Directors of all the child-serving agencies of Harris County (Juvenile Probation, Education, Child Welfare, Mental Health and Health, and the JC4) serve on the Governing Board. The Board meets every other month and has an agenda developed by the Project Director. Governing Board by laws, meeting time and minutes are posted and available on the SOH website. The Director of the City of Houston Health and Human Services Department serves as the Chair of the Governing Board.

The Governing Board has six Work Teams and two Committees. The Work Teams are: Fiscal, Continuous Quality Improvement, Social Marketing, Cultural and Linguistic Competency, Evaluation, and Systems Change. The two Committees are: Parent Empowerment Group, and Youth Advisory Council. An Executive Committee and an Advisory Council exist in the governance structure, but are inactive. The SOH website is used for communication about Work Team and Committee activity. Several of the Work Teams are chaired by Governing Board members.

Strengths

In January, 2008 the Governing Board held a retreat and produced agreements regarding sharing of information, the decision-making process, and conflict resolution. The Board also modified its structure, reducing its overall number, adding families and youth receiving SOH services and reworked its committee/work team structure. These changes were made in part as a result of recommendations from the first site visit and were intended to streamline the functioning of the governance structure.

Harris County and Houston have a long and strong history of interagency collaboration between child serving agencies. The System Change Work Team with interagency, family, and youth representation is tasked with developing collaborative efforts, identifying barriers, and facilitating communication. SOH leadership is to be commended for their participation in the development of a number of exciting new interagency projects. (See Section IV for details). The collaborative involvement of SOH is an effective way of integrating system of care values and philosophy in programs throughout Harris County.

SOH staff has provided extensive training on a variety of topics through the SOH College of Continuing Education. Many of these trainings focus on system of care values and philosophy and are offered to the community and interagency partners. SOH is also involved with a number of Houston universities and offers an internship program.

The SOH leadership is to be commended for its continued work in developing an Integrated Juvenile Information System (IJIS) that will enhance care coordination across agencies and reduce duplication of services, and multiple assessments. An information sharing bill sponsored by local Harris County officials regarding IJIS came close to passage in the Texas legislature this year and hopes are high that with modification the bill will pass during the next session. Once enacted, this bill will allow Harris County to move forward with IJIS.

Challenges/Recommendations

Complete a governance organizational chart and share with stakeholders

The site visit team recognizes SOH leadership and the Governing Board for the constructive changes made in the governance structure. The site visit team recommends that SOH leadership codify the changes by developing a governance organizational chart that identifies the components of the governance structure with clear lines of communication.

Modify the role of the Governing Board

The site review team encourages SOH to review the purpose and function of the Governing Board and to consider modifications. At the time of the last site visit the Governing Board was very involved in decision making on many SOH issues. Since then the Role of the Governing Board has been significantly reduced and the majority of decisions are made by the Administrative Team. The site visit team recommends that SOH leadership and the governing Board consider moving toward a more balanced role between the two groups. It would be helpful to outline the types of decisions that would be best made by the Governing Board. Setting direction and commitment around sustainability efforts, for example, should be the domain of the Governing Board. Consider consulting with the TA Partnership expert on organization structure in efforts to fine-tune the SOH governance structure.

Recruit more SOH families as members on the governing structure and provide families with leadership training

Coordinate efforts with the Parent Empowerment Group (PEG) to recruit more families receiving SOH services for roles in the governance structure. Once recruited, it will be important to provide family members with training about how to be effective board members.

Section III: Population of Focus

Harris County, with Houston at its center covers 1,178 square miles and has a population of 3.8 million; over 600,000 youth are between the ages of 5 and 15. Within Harris County Latinos represent the largest minority group at 1.46 million or 38% of the population. The Latino population comes primarily from Mexico, Caribbean Countries, and Central and South America. Mexican immigrants number 1.12 million. African Americans with a population over 700,000 represent 18% of the county population. Asians with a population of 211,000 comprise 5% of Harris County residents.

The population of focus has remained unchanged since the last site visit. On occasion it has been a challenge to get IQ testing on referred children and youth. Hence, SOH leadership is currently evaluating whether to drop the IQ criterion for eligibility for SOH services. The current eligibility criteria for SOH services are:

- Harris County resident
- Admission age between 6 to 16
- DSM-IV Axis 1 diagnosis
- Previous episodes of care/service
- Multi-agency involvement
- IQ of 70 or above

A total of 205 families and youth have been enrolled in SOH since its inception. Referrals come from eight geographic areas spread across Harris County. African-Americans represent 44% of the service population, Caucasians represent 18% of the service population, Hispanic/Latino families represent 36% of the service group. Males represent 74% of those served.

Strengths

SOH has done an excellent job of gathering demographic data on Harris County and SOH families. This includes data regarding ethnicity, language spoken, and religious affiliation. Additionally, SOH is collecting information on geographic distribution of families and diagnostic data on children and youth served. It will be important to monitor this data on an ongoing basis and modify service delivery system based on the changing needs.

Since the last site visit SOH has reorganized its service delivery model around eight geographic areas instead of by agency affiliation. This has allowed Care Teams to become knowledgeable about the specific geographic communities they serve and has reduced travel time.

Challenges/Recommendations

Eliminate IQ as an eligibility criterion for SOH services

Access to services has been impacted by the need to administer IQ tests to some youth before services can be offered. Because of this SOH leadership is considering dropping the IQ criterion from its eligibility requirements. The site visit team recommends that SOH leadership submit a written request to the Federal Project Officer that this eligibility criteria be eliminated.

Section IV: System of Care Services and Supports

SOH embraces a wraparound philosophy in its service delivery system. There are nine Care Teams, an increase of four teams since the last site visit, composed of a Care

Coordinator and a Parent Partner. A clear protocol spells out the phases and activities of the wraparound process from contacting and orienting families through discovery, plan development, team meetings and graduation. Mandated services are available within the rich array of Harris County programs. The site visit team met with SOH managers overseeing the service delivery system, spent an evening with families receiving wraparound services, and reviewed service records.

Strengths

There is a rich history of service development for children and families within Harris County; SOH builds on these past efforts. Harris County Protective Services and Juvenile Probation Department provide extensive mental health services to children and families being served by their systems.

SOH is to be commended for its involvement in the development of a number of collaborative and innovative programs in Harris County. These programs demonstrate the efficacy of interagency involvement and significantly expand the impact of SOH values, philosophy, and services within Harris County. These new programs include:

- Hogg Foundation funding of \$550,000 to SOH for three years to staff school teams in the Kashmere area of Houston.
- Annie E. Casey Foundation funding for mentoring at risk youth.
- TRIAD funding for an SOH Diagnostic Center with a single point of entry for a comprehensive assessment and integrated case management services.
- Kids Village, a City of Houston Department of Health and Human Services (DHHS) public health approach to improving the physical, mental, and social functioning of children and families in the Sunnyside area of Houston, with a wraparound component provided by SOH.
- Operation Redirect, a program designed to divert youth with serious emotional disturbance from the juvenile justice system.

The Community Resources Coordinating Group (CRCG) is funded by contributions from the child serving agencies and provides review of challenging child and family situations with recommendations regarding needed resources. Families participate in this case review making the process more “family driven.” Since the last site visit SOH has reorganized its intake process so that all referrals to SOH wraparound are funneled through CRCG.

SOH leadership has reorganized the service delivery system so that care teams are assigned to one of eight geographic areas of Harris County. This shift has led to increased accountability and standardization of practice across care teams. Care teams also are more able to learn about the communities they serve and the local resources available

The managers involved in supervising wraparound services have clarity about all the aspects of this approach and are interested in being involved in wraparound fidelity

evaluation measures of their services. Additional supervisory positions have been created to facilitate the implementation of wraparound in Harris County.

Several evidence-based practices have been implemented in Harris County under the auspices of SOH. Parenting with Love and Limits (PLL) is offered by TRIAD, a program funded by Juvenile Probation, Child Protective Services, and Mental Health monies. SOH leadership funded the training of staff for PLL. Also available to SOH families are Multi Systemic Therapy (MST) and Trauma Focused Cognitive Behavioral Therapy (TFCBT).

At family night families were generally positive about wraparound services. Family and youth said that they didn't know what they would have done without the help of SOH staff. They also spoke of being able to access a variety of other services through the wraparound team.

Challenges/Recommendations

Establish a representative work group to address training needs of Care Teams and modification of service records.

Although families and youth spoke positively about services they had difficulty articulating what about the process had been helpful. Families were vague in describing the wraparound process and mainly focused on feeling supported and helped in accessing resources. The significant turnover of wraparound staff during the recent reorganization seems to have impacted the quality of services delivered. Review of the service records indicated challenges regarding service plan development, transition planning, care team membership, and integration of mental health concerns. (See Section XI for a more detailed discussion)

The site review team recommends that SOH leadership establish a representative work group to review the concerns outlined in this section and the service records review section. Develop strategies to address the training needs of Care Coordinators and Parent Partners as well as possible modifications to the service record. Consult with the TAC regarding any resources needed to facilitate this process.

Section V: Fiscal Management

Harris County Child Protective Services (HCPS) is the fiscal agent for SOH. The Governing Board Fiscal Task Force oversees the budget and reports budget activities to the Governing Board. Funding sources for SOH have not changed significantly from those described in the initial application. Match funding is being received from partner agencies, parents, consultants, and contractor contributions. In the last six months additional funding has come from the Hogg Foundation and the Annie E. Casey Foundation. Texas has also qualified for a 1915c Medicaid Waiver that will expand to Harris County in 2011.

Strengths

SOH is fortunate to have committed, knowledgeable, and competent fiscal oversight of the cooperative agreement. The Fiscal Director for Harris County Protective Services has been involved with SOH since its inception. She is invested in the success of SOH and understands the importance of sustaining SOH components.

The Governing Board oversees the budget and receives regular updates. There is a Fiscal and Sustainability Work Team that focuses on the budget and a family member who is on the Governing Board chairs the Work Team. Individual components of SOH have a budget and are involved in development of their specific fiscal requests.

The budget is clearly presented with match from various sources identified. The positions required in the Guidance for Applicants are listed and filled. Matching funds are carefully tracked and documented monthly. The recent grant awards from the Hogg Foundation and the Annie E. Casey Foundation will help SOH meet the higher federal match requirements of the final years of the cooperative agreement.

There is a flexible fund and creative measures have been taken to find a variety of donations to meet the needs of families. There is a procedure for care coordinators to access flexible funds. If care coordinators “walk through” requests, funds can be available within 24 hours.

Although the plan to bill Targeted Case Management (TCM) through Mental Health/Mental Retardation (MH/MR) proved not to be feasible, efforts to qualify for a 1915c Medicaid Waiver have been successful. Harris County is slated to begin billing Medicaid under this option in 2011. This funding stream provides an opportunity to sustain much of the work of the wraparound teams beyond the federal funding period.

Challenges/Recommendations

Explore Accessing Interagency Funding Streams for Sustainability

Although a number of potential funding sources (IV-B, IV-E, TANF, IDEA, etc) have been identified, specific strategies have not been put in place to access these funds. The site visit team recommends that SOH leadership focus on exploring how other agencies’ funding streams might be used to help sustain SOH. Of particular importance in this area is the need to engage Child Protective Services at the state level. Providing data about the cost effectiveness of SOH services to other child serving agencies would be key in this effort. Additional information is described in the Evaluation Section of this report. Use the Technical Assistance Coordinator (TAC) to engage consultants knowledgeable about the creative use of various funding streams.

Put in place the elements necessary for successful implementation of Medicaid billing

Successful billing of Medicaid requires careful attention to detail, staff training, and administrative support. SOH leadership is strongly encouraged to become knowledgeable

about the rigors of Medicaid billing and to put in place the necessary components so that billing efforts will be successful in 2011. Use the TAC to access the resources necessary to make this exciting option a reality.

Section VI: Cultural and Linguistic Competency

There is a full time position devoted to Technical Assistance and Cultural Competency Coordination, and a number of activities are in process. Extensive demographic data has been collected on Harris County and on SOH families. Workforce diversity data has been collected. A number of ethnically based community groups have been engaged. Since the last site visit a Cultural and Linguistic Competence (CLC) Work Team has developed a CLC Strategic Plan. SOH was one of three pilot sites that participated in the CLC Implementation Study. SOH has also completed a CLC Self Assessment.

Strengths

The CLC Coordinator brings a high level of competence and enthusiasm to his role. He “celebrates diversity and makes everyone comfortable with talking about culture.” He is “loaned out to other agencies and programs” by the Project Director to help with developing culturally competent practices. For example, as a result of the CLC Self Assessment it was noted that several agencies had CLC practices, but no CLC policies. The CLC Coordinator is working with these agencies to develop these overarching policies.

Under the direction of the CLC Coordinator an active and diverse CLC Work Team has been developed. The Work Team includes family members, youth, and representatives from the community including a professor from the University of Texas Health Science Center, a consultant who has worked with gay, lesbian, bisexual, transgender, and questioning youth, and the Bureau Chief of Human Services for the City of Houston.

The CLC Work Team is looking at many aspects of culture including youth, race, ethnicity, poverty, and sexual orientation. The Team is collaborating with the Houston Disproportionality Advisory Group and the Juvenile Detention Alternative Initiative.

The CLC Work Team developed a CLC Strategic Plan and Mission Statement. The Plan outlines the following goals/targeted domains with related objectives, activities and target dates: Governance and Organization Infrastructure; Services and Supports; Planning and Continuous Quality Improvement; Collaboration and Outreach; Communication; and Workforce Development. The plan relates to the SOH Logic Model and uses everyday language in an effort to be “family friendly.” The CLC Coordinator and Work Team are moving forward in implementing all aspects of the plan.

The CLC Coordinator provides training, education, and resources to the Care Teams. He is available to the Care Teams as a consultant around cultural issues and has assisted in the development of Plans of Care. Culture is specifically a part of the discovery process in wraparound services.

SOH has a diverse workforce including African American, Latino, Mexican American, Central American, Honduran, Israeli, and Caucasian. SOH College of Continuing Education provides ongoing trainings on topics such as: “Sexual Orientation and Gender Identity,” and “Beyond Chopsticks: Culturally Appropriate Approaches in Working with Asian Americans.”

Under the direction of the CLC Coordinator SOH has continued to collect excellent demographic data on Harris County and SOH families. (See Section III: Population of Focus for a summary of this data).

Challenges/Recommendations

Develop strategies to maintain the CLC Coordinator position beyond federal funding

The CLC Coordinator and CLC Work Team have done an excellent job of implementing the recommendations from the last site visit. The CLC Strategic Plan outlines ongoing goals and objectives and the Work Team is effectively overseeing progress toward these goals. CLC activities are having an impact on the broader Harris County community in a variety of important ways. The challenge will be to maintain this valuable effort as federal funding ends. SOH leadership is encouraged to develop strategies to sustain the CLC Coordinator position when federal funding ends. Work with the Governing Board on ways to make this happen.

Section VII: Family Driven Care:

Family involvement in SOH is led by the Family Coordinator who is a member of the Administrative Team and participates on Work Teams. She also facilitates contracts with Family Organizations in Harris County and is involved with community trainings and outreach. Her activities are closely coordinated with the Youth Coordinator. Care team supervision of nine Parent Partners is under the direction of the Parent Partner Supervisor who coordinates with the Care Coordinator Supervisor. The Parent Partner Supervisor also supervises “Family Enrichment Time.” A Lead Evaluation Parent has been involved as a volunteer since the inception of the cooperative agreement.

Harris County has five family organizations including the Federation of Families Houston Chapter, and two NAMI chapters. SOH has a Parent Empowerment Group (PEG) that includes members of the family organizations and families who have received SOH services.

Strengths

Since the last site visit considerable efforts have been made to increase the number of families receiving SOH services who participate on the Governing Board, the various Work Teams and PEG. PEG was involved in the Capital Day planning in Austin, Texas,

“Family Enrichment Time,” supportive activities for SOH families with parallel groups offered to youth, and has been regionalized with eight monthly groups involving over 100 families. During “Family Night” individuals spoke positively of their experience with this component of SOH. Plans are underway to shift the leadership of “Family Enrichment Time” from the Care Coordinators to the Parent Partners to increase the peer to peer focus of the activity.

Nine Parent Partners each working with up to 15 families provide support to the families, build resources in the communities, and educate the community about SOH services. This has become more possible with the regional structure of SOH services.

The Family Coordinator has been responsible for coordinating with local family organizations and MH/MR to develop trainings for family members and the community. These trainings include: “Visions for Tomorrow” a curricula that addresses the needs of younger families who have a child or adolescent with a mental illness, “Attention Deficit Disorders Workshop” series, and “Mental Health First Aid.”

The Family Coordinator is to be commended for the development of the “Family Mentor Certification Program.” in collaboration with NAMI and the Federation of Families. Although challenges have been encountered in actualizing this program the Family Coordinator is encouraged to work through the challenges to make this innovative program a reality.

Challenges/Recommendations

Develop strategies to increase the access of the Family Coordinator to the service system and SOH families

Family involvement responsibilities are split between the Family Coordinator and the Parent Partner Supervisor. While this separation of family involvement responsibilities may strengthen both the clinical and community aspects of family involvement it splits the integration necessary to foster a ‘family driven’ system of care. The site visit team recommends that SOH leadership explore ways to integrate these two functions. One possibility is for the Family Coordinator to meet on a regular basis with the Parent Partner Supervisor and the Care Coordinator Supervisor to strengthen her relationship with families being served by SOH. This would enhance the Family Coordinator’s ability to recruit families for involvement in the governing structure and increase her knowledge of issues regarding the current delivery system. Consult with the TAC to help facilitate this process.

Continue to evolve family participation toward a “Family Driven” System with additional recruitment and training efforts.

Although representation of families receiving SOH services in the governance structure has increased there is a continued need to expand their membership. Several family members serve on multiple Work Teams. The site visit team recommends that the Family Coordinator use the model employed by the Youth Coordinator in developing the Youth Advisory Council. Set an initial goal of involving nine caregiver/parents who have

received SOH services in PEG. Develop and implement a training program for these individuals in effective leadership skills. The site review team encourages SOH leadership to engage a consultant with expertise in developing a “family driven” system. Use the TAC to help with this effort.

Section VIII: Youth Guided Care

At the time of the last site visit the Youth Coordinator had just recently been hired. Since then there has been significant development in the youth component of SOH. An active Youth Advisory Council (YAC) has been established. YAC has collaborated with the Red Cross raising \$10,000 for malaria relief in Africa, with the Joint City/County Commission on Children helping to develop a strategic plan for youth and families in Harris County, and with a number of other groups.

Strengths

SOH leadership is fortunate to have a passionate and committed Youth Coordinator who is dedicated to empowering youth and fostering “youth voice and choice”, and is seen as a role model by youth.

YAC is a vibrant group of nine voting youth plus additional members from the broader community. Two of the members represent youth on the Governing Board. Youth from YAC are also key members on the various SOH Work Teams. The mission of YAC is to empower youth with voice and choice. YAC collaborates with other youth groups at the local, state, and national level. Youth from YAC participated in a Youth Mental Health Summit held in Austin, and have been active participants in Youth MOVE at the national level.

In 2008 the SOH Youth Coordinator and YAC members began partnering with the Children’s Defense Fund in a project called “Cradle to Prison Pipeline.” The project focuses on impacting the many factors (illiteracy, poverty, poor healthcare, mental health issues, truancy, etc.) that channel a large segment of the population away from productive lives and toward prison. YAC youth have participated in strategy meetings, social marketing efforts, and a summit to develop solutions for the community.

In 2008 the SOH Youth Coordinator and YAC collaborated with the Texas Association of Partners in Education (TAPE) to include a “mental health track” at Houston’s annual “Link Up” Youth Conference. SOH sponsored the mental health track and YAC members co-presented on topics such as “stigma busting” and “youth leadership.” Workshops focused on how to strengthen and build good mental health by using “40 Developmental Assets.” Hundreds of youth and families attended the conference. Subsequently because of their success YAC was awarded \$500 to create and implement training for all youth enrolled in SOH.

The Youth Coordinator and YAC are dedicated to providing opportunities for the children and youth of Harris County that will encourage personal growth. YAC is

developing a component of the SOH website for “Youth Expressions.” Youth will be able to enter drawings, poems, songs, and other creative efforts and compete for prizes on a quarterly basis. Expressions will be displayed on the website. Other planned activities include the development of paid “youth mentor” positions within SOH, and informal networking with other youth on a My Space website built by a SOH youth.

Challenges/Recommendations

Develop strategies to sustain youth voice and choice beyond federal funding

The Youth Coordinator and members of YAC are to be commended for their excellent work in developing “youth voice and choice” within SOH and in fostering these values in the broader context of Harris County. The challenge as described by the Youth Coordinator and YAC members will be to continue this effort beyond federal funding. SOH leadership and the Governing Board are encouraged to collaborate with the Youth Coordinator and YAC members to develop strategies so that this valuable effort will continue and be able to expand. Work with the TAC to see what successful strategies other federally funded sites have used to sustain youth involvement.

Section IX: Public Education & Social Marketing

Since the last site visit in 2007 SOH leadership has hired a full time Social Marketer. A Social Marketing Work Team meets bimonthly, and a social marketing strategic plan has been developed since the last site visit.

Strengths

The Social Marketing Coordinator is aware of the importance of establishing an inclusive process in developing social marketing products and events. He has enthusiastically assumed his new role and overseen the development of a social marketing strategic plan.

The social marketing strategic plan relates to the SOH logic model. The plan addresses appropriate audiences with clear messages and uses a variety of communication tools. The use of SOH diplomas and identification cards based on adherence to systems of care principles is an innovative approach to engaging service providers. It drives home the point that SOH is not just services but more importantly is a set of values and principles.

The Social Marketing Coordinator and Work Team have developed an excellent video about SOH based on stories of SOH youth and families. One Hundred DVDs of the video will be distributed for marketing purposes. The video will be used in the orientation of new state Child Protective Services Workers and shown on Public Access TV.

The Social Marketing Work Team is chaired by the CEO of the DePelchin Children’s Center who also is on the SOH Governing Board. Families and youth receiving SOH services are also members of the Work Team. There is coordination and collaboration regarding work products between the CLC Work Team, the Evaluation Work Team and the Social Marketing Work Team.

Challenges/Recommendations

Assure that SOH contact information is on all social marketing materials

Some of the outreach materials lacked SOH contact information. The site visit team suggests that all outreach materials be reviewed for inclusion of SOH telephone number, and website. It is important to “brand” SOH, especially for sustainability efforts.

Use the SOH website and Evaluation Newsletter to promote social marketing goals

Independent of social marketing efforts SOH has developed an excellent website and publishes an Evaluation Newsletter. The site visit team encourages the Social Marketing Coordinator and Work Team to use these venues to full advantage in forwarding social marketing efforts.

Focus social marketing efforts on audiences and messages relevant to sustainability

The current social marketing plan focuses on strategies that impact several audiences. As the cooperative agreement enters its final years of federal funding, the Social Marketing Coordinator is encouraged to consider focusing on audiences and strategies that are central to sustaining SOH beyond current funding. Continued collaboration with the Evaluation Team in developing materials on sustainability will be important in this effort.

Section X: Evaluation

SOH contracts with the Research and Grants Management Department of DePelchin Children’s Center for the evaluation component of the cooperative agreement. A project staff of eight oversees evaluation efforts and includes two PhD’s, four Master’s, and two Bachelor’s degreed individuals. SOH is fortunate to have a Lead Parent Evaluation Partner who has volunteered in this role since the inception of SOH. There has been a complete turnover of evaluation staff since the last site visit. The transition has been smooth and evaluation efforts have continued uninterrupted by the changes. The evaluation team is ethnically and linguistically diverse. An Evaluation Advisory Work Team (EAWT) meets bimonthly. The Evaluation Team is involved in many aspects of SOH including coordination with Continuous Quality Improvement (CQI), Cultural and Linguistic Competency (CLC), and Social Marketing efforts. As of September, 2009, 73 families have been enrolled in the National Evaluation Longitudinal Study and a number of local evaluation efforts are underway.

Strengths

The Evaluation Team is to be commended for fostering family and youth involvement in all of its efforts. The Team has actively recruited family and youth receiving SOH services and has integrated family and youth voice through the EAWT. Several EAWT members are on the Governing Board. The Lead Parent Evaluation Partner represents SOH at the national level and has presented at national conferences. Family members have developed a family satisfaction survey and youth are undertaking a similar project.

Family members describe the evaluation component of SOH as truly “family driven” and a model for the broader system of care.

The Evaluation Team and EAWT understand the importance of using evaluation data to inform system of care development. Regular in depth presentations to the Governing Board including “Data Flash” (based on traffic light analogies: red=concern, yellow=caution/monitor, and green=good news) provide the information to foster “data driven” decision -making. Evaluation data is also presented at monthly SOH staff meetings and is disseminated through an excellent Evaluation Newsletter published in Spanish and English.

SOH leadership has instituted a Continuous Quality Improvement Work Team with an excellent CQI Plan that ties to the SOH mission. The goal of CQI is to provide “measurable accounts of programs and services provided by SOH.” The CQI Work Team and EAWT coordinate efforts.

The Evaluation Team has undertaken a number of important local evaluation efforts that measure:

- Parent/caregivers perceptions of social support, depression, and cultural and linguistic competency of services received.
- Youth perception of school climate and cultural and linguistic competency of services provided.
- Organizational readiness for change and an organizational CLC self-assessment.
- Collaborative functioning at the system level.
- Wraparound fidelity and satisfaction with services.

The Evaluation Team has competently implemented the various required National Evaluation measures with a clear process described in an Enrollment in the Outcome Study flowchart, a brochure that explains families’ participation in the National Evaluation, and careful adherence to reporting requirements.

The Evaluation Team and EAWT have collaborated effectively with social marketing efforts developing documents and presentations using evaluation data. The Evaluation team and EAWT have also collaborated around CLC activities such as the CLC Self-assessment.

The Evaluation Team presented at the 2008 Georgetown Training Institutes on the results of the Collaboration Functioning Scale and on using evaluation data throughout the life of a grant at the 2009 Technical Assistance Partnership Conference.

Challenges/Recommendations:

Increase the number of families enrolled in the National Evaluation

The number of families enrolled in the National Evaluation has been reduced by several factors including the disruption caused by Hurricane Ike in 2008, a perception of “test

burden” by families, and significant wraparound staff turnover. The EAWT is encouraged to continue to develop strategies to impact the last two factors. Consult with the Technical Assistance Coordinator regarding strategies developed at other communities regarding these issues.

Prioritize SOH cost/benefit analysis to facilitate sustainability

For several reasons the Evaluation Team has been unable to gather data regarding the cost benefit of involvement in SOH services. As issues of sustainability become of key importance the EAWT is encouraged to prioritize a SOH cost benefit analysis. Partner agencies (Juvenile Probation, Child Welfare, and Education) are strongly encouraged to share their cost data so that a comparison to SOH costs can be made. The Evaluation Team and EAWT are encouraged to develop a work plan for this effort and to engage the active support of the Governing Board. Consult with the Technical Assistance Coordinator regarding successful strategies used by other communities in developing a cost benefit analysis around sustainability efforts.

Section XI: Service Records

Ten charts chosen by SOH staff were reviewed by the site visit team.

Strengths

In 2008 EVOLV, a case management data system, was implemented. Care Coordinators using laptops can now input information into the service records from the field. EVOLV has also increased availability of client demographic data.

The charts were well organized with twelve “tabs” to identify various sections of the service record.

Service records showed significant use of flexible funds to meet a variety of needs. There was evidence of referrals to a number of community-based agencies for services.

Service records included a statement of “clients’ rights” with an accompanying statement about parent/caregiver expectations. Information was available about whom to call regarding complaints.

Challenges/Recommendations

Develop strategies to address mental health needs of families receiving wraparound services and document in the service record

The site review team noticed a lack of focus on mental health needs in the service records. Efforts to link families to mental health providers were apparent, but there was little evidence of integration of mental health providers and other services. The service records showed a focus on basic needs, but not on mental health issues. Clinical issues also did not seem to be integrated into the service plan. SOH leadership is encouraged to

work with the recently hired child psychiatrist and the wraparound consultant to integrate mental health interventions in the wraparound process.

Improve care team skills regarding plan development and structure service records to reflect this expertise in service planning

The site review team noted issues with the service plans. Strengths sometimes were not functionally based and at times plans were not tied to strengths. Sometimes the writer seemed unclear about the difference between interventions and goals. In some records there were two plans with different formatting. The site review team recommends that SOH leadership develop a plan with the wraparound consultant to improve staff expertise regarding service plan development. Review of wraparound concepts such as “strengths,” “needs,” and “goals” should be included in the training. Use the knowledge of the TAC to facilitate this process.

Review wraparound team membership with a goal of increasing informal and formal membership on care teams. Develop transition plans for families. Reflect these issues in the service record.

The service records reviewed reflected limited formal and informal membership on the wraparound teams. The site visit team had difficulty finding transition plans for families. Several families had been involved with wraparound for two or more years and there did not seem to be measurable goals that would signal it was time to move toward “graduation” from wraparound services. SOH leadership is strongly encouraged to address the issue of wraparound team membership and transition planning in the wraparound process. Given the concerns about service plan development and the inclusion of information about relevant mental health issues, SOH leadership is encouraged to review the current wraparound training methodology and service record standards and develop strategies that address the challenges outlined above. Consult with the TAC regarding resources to facilitate this effort.

Establish a work group to review the composition of service records. Records should tell the family’s story and qualify for Medicaid reimbursement.

The service records contained many computer-generated, checklist forms that seemed to be duplicated many times in each record. At the same time the site visit team had difficulty locating narratives that described the child and family’s unique story and progress. The site review team notes that the current service records would not qualify for Medicaid reimbursement. The site visit team recommends that SOH leadership develop a work group tasked to review the composition of the service record forms and to establish narratives that clearly document the child and family’s story and progress. Service records should be reviewed with an eye toward qualifying for Medicaid reimbursement. Use the expertise of the TAC in helping with this effort.

Summary

SOH has made great progress since the last site visit two years ago. Steps have been taken to implement many of the recommendations from the first site visit. The governance structure has been modified and family and youth receiving SOH services

have been added to the Governing Board. To continue the evolution from a “family and youth involved” system to a “family-driven” and “youth-guided” system, continued recruitment especially of family members is encouraged. Training of family and youth on how to be effective members of the Governing Board will be an important next step for SOH.

During the last two years SOH leadership has effectively collaborated with interagency partners on a number of exciting, innovative service ventures. These efforts greatly expand the reach of SOH and seed system of care philosophy and values in the broader Harris County community. Much excellent work has been done in the areas of cultural and linguistic competency, evaluation, and youth involvement.

Challenges remain including the need to develop a strategic/sustainability plan to guide the work of SOH as federal funding winds down. Finally, the site visit team noted new challenges in the delivery of wraparound services and documentation in the service records. The site visit team continues to be impressed with the dedication and commitment of SOH leadership and staff. Although challenges remain the site visit team is confident that SOH leadership will successfully resolve these issues and continue to move forward.