



A PROPOSAL FOR THE TEXAS SOCIAL AND EMOTIONAL WELLNESS CENTER FOR CHILDREN AND FAMILIES

Background

The Texas Mental Health Transformation (MHT) initiative is a five-year grant-funded effort to fundamentally change the state infrastructure for mental health promotion, prevention, and treatment throughout the lifespan. Through a collaboration of 17 state agencies, legislative representatives, consumers, and family members, a comprehensive state plan for mental health has been created and remains a dynamic document. The MHT project has attempted to move towards that realization of the goals of the President's New Freedom Commission report, including ensuring services are consumer and family driven, that disparities are eliminated, and that early mental health screening, assessment and referral are common occurrences.

In Texas, targeted action teams have been developed to address special populations or issue areas. One action team is focused on children, adolescents, and their families. This team focused on three primary goal areas – increasing access to evidence-based and promising practices; enhancing mental health promotion, prevention and early intervention; and increasing school-based behavioral health resources. As a part of its work, members began to explore the possibility of developing an entity that could continue efforts to

transform the Texas mental health system for children and families. Members of the group recognized the many unique challenges within the state that support the need for such an entity. Texas is a large and diverse state. Like many states, Texas is experiencing fiscal challenges that could hamper innovation and growth. Other challenges include the significant mental health workforce shortages and diverse geography of the state. However, Texas also boasts excellent higher education programs that serve as a strength within the state and a history of collaboration between state government and higher education.

Recognizing that a number of states have developed organizations to support mental health and/or children's mental health initiatives, the team members decided to research existing entities within other states. Four primary centers were identified and interviews with center leadership were conducted. A core set of questions was developed by the team members to standardize the information gathered. Additional state centers were researched through a document review of publically available information. The existing centers that were researched are listed in Table 1.

Table 1.

Sample of Centers Supporting Mental Health	Primary Affiliation
National Technical Assistance Center for Children’s Mental Health*	Georgetown University
Center for Healthier Children, Families, and Communities*	University of California, Los Angeles
Florida Mental Health Institute*	University of Southern Florida
Texas Protective Service Training Institute*	University of Texas at Austin
California Institute of Mental Health	None
New York Center for Implementing Evidence-Based Practices for Children	New York Office of Mental Health
Connecticut Center for Effective Practice	Children’s Fund of Connecticut
Minnesota Center for Excellence in Children’s Mental Health	University of Minnesota
North Carolina Center for Excellence in Community Mental Health	University of North Carolina
Ohio Center for Innovative Practices	Kent State University
Mental Health Systems Improvement Collaborative	University of Maryland

*Center research involved interviews of leadership

The current report summarizes the information gathered by team members regarding existing organizations, focusing on their history, mission, activities, and methods of finance. Utilizing this information, recommendations are made for the development of an entity to support children’s mental health in Texas. Lastly, the current and next steps to reach this goal are suggested.

Description of Existing Centers

Structure. The majority of the existing centers that were researched are affiliated with a university. Within these university-affiliated

entities, two types of organizational structure are found. Some centers operate as stand-alone entities within the university, not directly reporting to a specific university department or school. Examples of this structure are the Center for Excellence in Children’s Mental Health (Univ. of Minnesota), the Center for Innovative Practices (Kent State University), and the Center for Healthier Children, Families, and Communities (UCLA). These programs stressed that the potential advantage of this structure is the enhanced ability to create multi-disciplinary collaborations across departments, as well as increased flexibility to focus on its specific

mission, apart from academically-valued endeavors surrounding teaching, research grants, and peer-review publications. Alternatively, some centers are embedded within a specific school or department. Examples of this structure are the Center for Excellence in Community Mental Health (University of North Carolina), which is housed in the Department of Psychiatry, the Mental Health Systems Improvement Collaborative, housed in the University of Maryland School of Medicine, and the National Technical Assistance Center for Children's Mental Health (Georgetown University), which is housed within the Center for Child and Human Development in the Department of Pediatrics. Even those programs housed within university departments note that the organization must have some degree of autonomy so that university rules do not become a barrier. The Texas Protective Services Institute has a unique structure, in that it represents a collaborative of state universities working together with a shared mission.

A minority of the organizations were not housed within a university. The California Institute of Mental Health is a non-profit organization that is not directly affiliated with a higher education institution. Although not directly affiliated with a university, the Institute works closely with university partners. Similarly, the Child Health and Development Institute is a non-profit subsidiary of a public charitable foundation in the state and houses the Connecticut Center for Effective Practices. The Florida Mental Health Institute was initially a free-standing organization, but later opted to become affiliated with a university, citing the value of the relationships with university faculty across different departments. One of the

existing centers is housed within the state mental health authority, the New York Center for Implementation of Evidence-based Practice for Children, but has strong affiliations with universities in the state.

Governance. A variety of governance structures were found during research on existing centers. A few organizations operated purely within the university structure, with oversight of the center falling to university leadership. One example of this structure is the Florida Institute for Mental Health, in which leadership resides with the Dean of the school. However, in order to ensure strong collaborations with state agencies, select staff members serve as agency liaisons.

Many of the university-affiliated centers operate under an advisory board or steering committee, generally comprised of leadership within the university departments, state agency representatives, and representatives of the public (e.g., advocacy organizations, consumers, or mental health providers). These boards assist in developing the mission of the organization and strategic planning. Within the UCLA Center for Healthier Children, Families, and Communities, public members on the board bring with them financial resources which support the core administrative staff of the center. The California Institute of Mental Health, as a non-profit organization, has a board of directors made up of county mental health providers and mental health advocates. This structure is consistent with the county-driven mental health system operating in California.

Core Services. Each of the organizations researched by the team has a mission focused on improving mental health services. For some, children and adolescents are the primary focus,

while others have a broader population-based focus. Across the centers, there are four primary areas of effort – training and technical assistance, behavioral health research and evaluation, policy, and services. Most of the centers provide training and technical assistance as a core service. Many of the centers primarily focus on assisting the state and local mental health systems in implementing evidence-based and promising practices. This generally includes workforce training and agency support for system change, including developing on-going infrastructure to sustain and expand implementation efforts. In addition, community education around evidence-based practices, newsletters, and evaluation activities are common. Examples of centers focused primarily on implementation of best practices include the Connecticut Center for Effective Practices, the New York Center for Implementation of Evidence-based Practice for Children, and the Ohio Center for Innovative Practices.

Several of the centers have a broader policy focus, working closely with stakeholders on specific projects. The National Technical Assistance Center works with the Substance Abuse and Mental Health Services Administration (SAMHSA) and state mental health leadership to create policies that support a System of Care. This work may include technical assistance, leadership training, publications, and webinars. The UCLA Center for Healthier Children, Families, and Communities focuses on several key policy areas and communicates via presentations, policy papers, and a listserv. Many of these centers work with state agencies, providers, and other stakeholders to improve existing

policies, frequently providing expertise and facilitating the policy work.

Several of the centers also focus on conducting or supporting research in mental health. The New York Center has a primary research function, providing information to the state system about optimal strategies for implementing evidence-based practices. The Florida Mental Health Institute has held contracts with SAMHSA to conduct national cross-site evaluation of the Comprehensive Community Mental Health Services grant program and conducts research supporting this initiative. The Maryland Mental Health Services Improvement Collaborative provides direct support to the state mental health system on research and evaluation activities. Two of the centers provide direct services in addition to other efforts, generally focused on specialized populations. Examples include the North Carolina Center for Excellence in Community Mental Health and the Florida Mental Health Institute. Similarly, a small number of the centers play a direct role in graduate training or provide special certification courses. The Florida Mental health Institute is unique in providing two graduate certificate programs, with one focused on the values and concepts from children's System of Care.

Some examples of current programmatic efforts across the various sites include evidence-based practice dissemination, improving the child welfare workforce, addressing the needs of transition-age youth, developing a culturally competent system, and eliminating health care disparities. Each center maintains an active website, with multiple communication strategies, including webinars, policy, and research papers. Each center maintains and

active relationship with their stakeholders to ensure they are addressing the current needs of the system. Some leaders indicated that there can be a conflict between traditional activities of faculty members (e.g. peer-review publications) and the needs of state or community systems. They indicated that contracts with state agencies allow them to focus on activities and products that will have the greatest impact within these systems.

Financing. Most of the centers that were researched operate with a variety of funding sources. A few centers are dependent on one primary source of funding. The New York Center is funded through a 5-year National Institute for Mental Health (NIMH) Developing Center grant, while the Ohio Center for Innovative Practices is funded by the state and county mental health system. Most of the other centers operate on a combination of funding from state agencies, federal grants or contracts, and foundation grants and donations. Core infrastructure at the UCLA Center for Healthier Children is financed through dues supplied by agencies serving on the advisory board. The Florida Mental Health Institute was initiated through legislation and receives support for infrastructure through a direct appropriation. Leadership indicated that the flexibility to maintain this stable core funding, which is supplemented by grants and contracts, has been critical for their ongoing success.

Recommendations

Based on research and interviews with existing centers that support children's mental health, the child and adolescent team formulated recommendations regarding the creation of a center in Texas.

Mission. The specific wording of the mission for the proposed center would be determined by the advisory board. However, the team suggests that the center's purpose be to serve as a recognized hub of state-of-the-art knowledge that focuses on the social and emotional wellness of Texas children and families by strengthening the system of care. This should include promotion of positive mental health, prevention of mental health problems, and interventions to address mental health difficulties, focusing on families of children birth to age 21.

Structure and Governance. The team recommends that the center be affiliated with a Texas university. The center should utilize expertise from within various university departments that interact with children and families, including psychology, social work, education, medicine, psychiatry, nursing, public health, public policy, and criminal justice. Importantly, the center should collaborate with existing entities, both academic and non-academic, with expertise around the state. For example, the center should collaborate with ViaHope, which provides training and technical assistance around consumer, family and youth involvement and service provision, as well as the Texas School Safety Center at Texas State University, which provides expertise on safety and violence in schools. The team recommends that the center operate with an advisory board made up of state agency representatives, university representatives, provider representatives, and family and youth representatives. The advisory board would be responsible for strategic planning for the center and ensuring that the center is addressing the needs of its stakeholders.

Scope and Services. The proposed scope of the center would include workforce training, technical assistance, research and evaluation and information dissemination. Direct service provision would not be within the scope of the center, but rather center faculty would partner with mental health providers around the state to carry out its mission. One of the key activities for the center would be providing postgraduate training and technical assistance for agencies or clinicians interested in adopting evidence-based or promising practices. The center could serve as a hub for ensuring appropriate training, coaching and technical assistance for both clinicians and organizations. The center could also develop the infrastructure to assist in sustaining ongoing implementation, such as becoming a certified trainer of interventions such as Multisystemic Therapy or Functional Family Therapy. This could ultimately save money by eliminating the need for out-of-state certification programs.

The center could also focus on cross-system needs for evidence-based practices, allowing providers from multiple systems to be trained collaboratively, sharing both expertise and resources. For example, both the child welfare and juvenile justice systems may share an interest in enhancing the workforce's ability to provide trauma-informed care and may find benefit in collaborative training efforts. By being affiliated with one or more universities, the Center could begin to influence pre-graduate training programs to ensure the graduating workforce has key competencies necessary for in effective system of care.

The center could also focus on policy initiatives of interest to the state. Center faculty could help facilitate cross-agency initiatives, such as

efforts to improve the system for transition-age youth with mental health needs. Center faculty could serve as a liaison to experts on best practices in other states and provide information as well as technical assistance with policy changes. The center could also be a source of expertise related to children's mental health for both local and state government.

Research and evaluation could also be a core function of the proposed center. The center could facilitate the collaboration of academic researchers throughout the state with both state and local agencies interested in children's social and emotional wellness. This could help increase the relevance of academic research, by embedding it within existing service systems, and ensuring it's applicability to stakeholders. Center and provider partnerships could also facilitate the "proving up" of promising local practices, expanding the number of practices with known efficacy. The center could provide expertise for evaluating state and local initiatives, including assisting state and local agencies with grant seeking efforts. The proposed organization could also assist with cross-agency efforts to share data for evaluation purposes. Dissemination of research information should also be a key role to ensure Texas is utilizing the best current information for planning and decision making.

Financing. Leaders of existing centers strongly suggested that financing should include both "hard" money devoted to key infrastructure and "soft" funding that can be used to complete particular projects. To ensure consistent base funding, the Center could be funded through a legislative appropriation or through contributions by participating agencies or organizations. This base funding could also

come from foundation grants or an endowment. Additional funding to fully staff the Center and support the services described above could come from contracts with state agencies, federal grants, foundation grants, and fund raising. The Center funding should be flexible enough to maintain key infrastructure and staffing, but allow for expansion and reduction depending on current activities.

Next Steps. The MHT Child and Adolescent Action Team is sharing the Center proposal with stakeholder groups and seeking input. The plan will be modified based on feedback from stakeholders. Opportunities for initial financing are being explored. Next steps will vary depending on how initial funding is structured,

but an initial advisory board should be identified to begin drafting key documents for the organization, such as a mission statement and multi-year strategic plan. Preliminary steps should include an inventory of Texas universities that support centers of excellence that are complementary to children's mental health. Texas non-profit organizations with expertise related to children's mental health should also be researched. Additionally, a cross discipline scan of state child and youth-serving agency's existing training programs and priorities can be determined to assess future directions.