

# A Strategic Plan for Building a Public Health Approach to Children's Mental Health



Houston and Harris County  
Joint City/County  
Commission on Children

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The Joint City/County Commission on Children  
wishes to acknowledge the  
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## Executive Summary

In 2007, the Hogg Foundation for Mental Health awarded a grant to the Joint City/County Commission on Children (JC4) to lead a community-wide process to create a strategic plan addressing the mental health needs of children and youth in Houston/Harris County. The JC4 has published the outcome of this comprehensive community collaborative effort in a new report. “A Strategic Plan: Building a Public Health Approach to Children’s Mental Health in Houston and Harris County” captures the desires of the community for all children and youth to thrive.

Over the course of 18 months the JC4 conducted focus groups with various segments of the population representing varying levels of need within the mental health spectrum. Participants ranged from children and youth receiving services to families who have never encountered diagnosable illness. It was important to engage all families because the mental health and well-being of all children and youth should be a community priority. Cross-cultural communities and various socioeconomic and age groups were engaged in the process. Cross-sector professionals, including non-traditional sectors, were also engaged and asked questions similar to those asked of the community based stakeholders to gauge consistent themes and needs.

A survey instrument was developed and administered to examine youth perceptions regarding mental health and diagnosed mental health issues. Lastly, participants from the focus groups and other stakeholders were invited to participate in a two-day strategic planning retreat to develop a vision for our community and prioritize mental health goals. The strategic plan provides an overview of the planning process and highlights the current status of children’s mental health in Houston and Harris County. To address the challenges and build on the strengths of the community, the plan proposes a framework and process for change with strategic goals and preliminary recommendations to achieve the shared vision for all children in Houston and Harris County.

### **We begin with the identification of our service area.**

Houston/Harris County, Texas, has approximately 1.9 million children who reside within 1,700 square miles. The Houston/Harris County community has a number of negative indicators, such as:

- » A 47 percent high school attrition rate;
- » 26 percent of children under 18 live in poverty;
- » The highest number of uninsured children in the state of Texas reside here;
- » 186,000 children have a mental illness requiring treatment; and
- » Approximately 10,000 of the 16,000 children in the juvenile probation department were identified with a diagnosable mental illness.

With this information in mind, there is a need to address these challenges in a holistic manner. The development of a comprehensive mental health plan for the prevention and treatment of children and youth is an essential component to address the aforementioned challenges.

Data was gathered through community engagement, cross-sector professional engagement, youth perception surveys, and the strategic planning retreat, which set the direction for this plan. Feedback from these processes supported the exploration of a public health approach.

### So, what is a Public Health Approach?

A public health approach includes the following:

- » Focuses on the entire child and youth.
- » Promotes prevention and positive mental health.
- » Considers the underlying factors of health.
- » Engages and involves diverse community partners.
- » Provides access, and a process to assess, intervene, and ensure children's mental health.

Additionally, a public health approach would set the direction to address key principles and core components set forth by this plan:

- » Start early and start smart for all children.
- » Acknowledge that children's mental wellness is essential to school readiness, academic success, and overall health.
- » Embrace a child development approach.
- » Address issues that weaken the underlying factors of positive mental health.
- » Enhance the focus on positive mental health and take a holistic approach to interventions.
- » Engage and actively involve parents and caregivers. .
- » Engage and actively involve youth through a youth-guided process
- » Intentionally promote inclusion, build on youth and family strengths, and expand acceptance
- » Collaborate with and engage diverse community partners
- » Provide access to quality programs and services
- » Deliver affordable services where children and families are.
- » Build upon and positively integrate existing systems
- » Improve the quality of life for children and their families in Houston and Harris County neighborhoods.

### This data will be used to design, develop, and deliver the goals and long-term initiatives.

The information presented in this plan will guide our next steps and set the direction for addressing our immediate priorities:

- » Identify and support a guiding coalition to collaborate and convene diverse voices to support children's mental health.
- » Broadly disseminate the shared vision, shared outcomes and strategic plan.
- » Continue gathering data to inform decision-making.
- » Identify and accomplish short-term success.
- » Institute accountability and performance measures which can be utilized for future sustainability.





## About the Joint City/County Commission on Children

The City of Houston and Harris County in Texas created the Joint City/County Commission on Children (JC4) to accomplish four goals:

- » Advocate for individuals under the age of 18 and their interests.
- » Assess the general welfare of youth in Houston and Harris County.
- » Offer ways in which the key needs of these youth can be met.
- » Promote the healthy development of youth, which will ultimately benefit the entire community.

The JC4 was formed after several long-term efforts, including a recommendation from a Blue Ribbon Children's Committee appointed by former Mayor Kathy Whitmire in 1990, continuous advocacy efforts from child advocates and organizations, and a recommendation from the Texas Cities Action Plan (T-CAP). These efforts led to the formation of a group by former Mayor Bob Lanier, which was co-chaired by former city council member, Gracie Saenz and local child advocate, Jim Mickelson. The JC4 was established by ordinance in November 1993 and began meeting in April 1994.

In 1999 the JC4 was reorganized at the request of the Mayor and County Judge, based upon recommendations by Harris County's Youth Services Review 1999 (a study by KPMG on all the youth services within Harris County – public, private, nonprofit and faith-based).

The JC4 consists of 25 members and a staff of three. The chair is dually appointed by the Mayor and County Judge. Eight positions are appointed by the Mayor, including one member of Houston City Council, and eight are appointed by the County Judge, including one member of Harris County Commissioner's Court. The remaining eight standing positions include representatives from the following: the Harris County legislative delegation, Houston Independent School District, Harris County Department of Education, Harris County's Youth Services Division, MHMRA, United Way, the medical community, and the philanthropic community.

The JC4 works to address issues facing children and youth in the community. For example, in 2003 the JC4 convened a summit on immunization to address low immunization coverage rates in Houston and Harris County. To identify pressing issues and underlying causes, the JC4 assembled focus groups representing parents, early childhood providers, public and private physicians, managed care providers and the business community. As a result of the summit the Mayor and County Judge convened an Immunization Task Force, which the JC4 facilitated, to recommend solutions to the city and county public health systems. Those efforts contributed to an 11 percent increase in the rate of immunizations in the past two years.

Activities facilitated by the JC4 since its inception resulted in Houston being named one of the 100 Best Communities for Young People by America's Promise – The Alliance for Youth in 2005 – 2006. This led to the establishment of Houston's Kids, a program to help meet a growing need for quality out-of-school programs. The goals of this program are to ensure children feel safe and cared for by adults, enhance children's social competencies and prepare them for school and job success, increase their access to health care and counseling, and reinforce the importance of helping others. This grew into a multi-agency collaboration that brought \$1.5 million in funds to the community.

The community's need for out-of-school care became even greater with the influx of children and families relocated by hurricanes Katrina and Rita. In addition to the multitude of basic needs, educational challenges and stress-related disorders faced by these children and families, the lack of quality out-of-school activities presented an acute challenge, particularly during the summer months. America's Promise and the JC4 were particularly interested in mobilizing a "national response" to increase the availability of these programs and activities.

Other JC4 accomplishments include receiving the 2006 Extra Miles Award from the Gulf Coast CHIP Coalition, taking steps to simplify access to Medicaid, publishing a report on school violence, restructuring the community's Head Start program, creating an after-school achievement program and a cooperative for after-school enrichment, and establishing the Houston/Harris County Child Fatality Review Team.

"We need to stop defining children as either  
in or out of school and our schools become  
the measure by which we define our children;  
afterschool programs, etc.

Everything is centered on a dysfunctional organ.

We need to stop defining our children in  
relationship to it.

We need a more holistic child development  
approach that talks about the child in the world  
rather than the child in the school."

— Houston social service professional







## Why a Public Health Approach to Children’s Mental Health Makes Sense

Houston and Harris County community leaders want to address the mental health needs of all children in the community by using a public health approach that:

- » Focuses on the population.
- » Promotes positive mental health and prevention.
- » Considers the underlying factors of health.
- » Engages and involves diverse community partners.
- » Provides a process to assess, intervene, and ensure children’s mental health.

### Key components to a public health approach.

A public health approach focuses on the population which involves interventions and outcome measurements at the population level. The approach considers the mental health of all children, the entire child population of Houston and Harris County from birth to 21 years of age. This population includes children without identified mental health needs, children with potential needs, and children in need of mental health treatment.

A public health approach takes steps to promote children’s positive mental health, including the prevention of problems before they occur. This step expands the traditional approach to mental health. Every child has mental health needs. Promotion and prevention can save significant resources for the community, as untreated mental health needs in children have serious fiscal and community consequences. While prevention programs exist in Houston and Harris County, there are many efforts that may not recognize their potential to positively influence children’s mental health.

A public health approach considers underlying factors that influence health and intervenes to create supportive environments. Children’s mental health takes into account the context within which a child lives. Various family, school, and community conditions influence the well-being of children. The strategic plan identifies important underlying factors to address and create strategies with which to intervene.

**Intervention** refers broadly to any activities that create change, either by trying to reduce/eliminate a problem or by trying to improve or strengthen health. Examples of interventions include community action and advocacy, public policy, clinical treatment, agency programs, etc.

**Note:** definitions were extracted from the State of Illinois Glossary on Mental Health Terms from the Illinois Children’s Mental Health Partnership Report, 2005.

A public health approach engages and involves diverse community partners. No one agency, system, or sector of the community can be entirely responsible for the mental health of all children. Many potential partners may not see that they can play an essential role in influencing children’s mental health. These partners may include schools, day care providers, early childhood educators, family members, faith-based supports, media, senior citizen groups, civic and youth organizations, businesses and others.



A public health approach provides a process to assess, intervene, and ensure children’s positive mental health. This approach involves implementing three inter-related functions - assessing, intervening, and ensuring (Miles, Espirtu, Horen, Sebian & Waetzig, 2007). **Assessing** involves gathering data through a community-driven process about the underlying factors of mental health. **Intervening** for children’s mental health involves action through policy, environmental change, programs, services, education, and social marketing. **Ensuring** the mental health of all children involves the steadfast commitment to the access, quality, and sustainability of any intervention.

“If families are not supported, they cannot support their children.”

— Houston health administrator

### Underlying Factors of Health for Children

#### CHILD

- Physical activity
- Attachment to adult role models
- Social competencies
- Positive identity & positive values

#### FAMILY

- Basic needs
- Parent education
- Employment/socioeconomic status
- Family support & family boundaries
- Parental involvement in child care/education

#### SCHOOL (Early education to higher education)

- Caring and safe environment
- Connectedness
- Caring, skilled and satisfied teachers
- Availability of school counselor

#### COMMUNITY

- Safety & empowerment
- Connectedness, cohesion and support
- Care – child care, family-friendly work policies, after-school activities
- Constructive use of time – play, out-of-home, community programs, faith-based community
- Adult role models
- Housing & transportation
- Location and access to services and resources
- Formal and informal workforce
- Coordinated health care services

**Promotion and prevention** efforts increase public awareness of children’s mental health issues and reduce stigma associated with mental illness. Promotion and prevention also ensure a coordinated system of education, programs and interventions that are designed to promote social, emotional and behavioral well-being as an integral part of a child’s health development.

**Mental health** is the state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. It is easy to overlook the value of mental health until problems surface. Yet from early childhood until death, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience and self-esteem.



## Defining Community Challenges

“Children get lost in the cracks... lots of service agencies that don’t communicate — there needs to be more interagency communication.”

— Family Member

In July 2007, the JC4 launched a yearlong, in-depth dialogue with children, youth, families and other members of the Houston and Harris County community (highlights can be found in the appendix – sections A & B). The goal was to gain a better understanding of the experiences of children, youth, families and professionals related to the mental health needs of children and youth. The following statements highlight the key themes that arose during these conversations.

### **Common misperceptions exist about mental health and mental illness.**

Similar to the rest of the nation, community members may not recognize or correctly identify symptoms of mental illness. Participants in the community listening sessions often were unable to accurately describe mental health needs. The term “mental health” was commonly equated with the term “mental illness.”

### **Stigma associated with mental health and mental illness creates problems for children, youth, families and communities.**

Inaccurate beliefs, cultural attitudes and discriminatory behavior can negatively impact people with mental health needs and prevent them from seeking help. Because of this stigma, members of various racial and ethnic groups indicated that families tend to keep mental health needs within the family for various reasons, such as shame, to save face, to protect their “children’s chance at marriage,” or to avoid being labeled.

**Houston youth report they are facing serious problems.** As part of the strategic planning process, the JC4 conducted a survey and focus groups with nearly 500 Houston youth. Youth indicated that drug and alcohol abuse, teen pregnancy, gangs and skipping school were the biggest problems facing them today.

**Youth and their families face significant barriers to accessing treatment in Houston and Harris County.** The most common barriers identified include; a lack of knowledge of services, resources and supports; language and cultural differences; cost of care; and transportation.

**The children’s mental health care system is fragmented and under-resourced.** The sheer size of the Houston and Harris County area, the number of children who require mental health supports, and workforce shortages challenge the region’s ability to develop, coordinate, fund, and deliver mental health services and resources.

**A significant number of children who experience mental health challenges and serious emotional disturbance have unmet needs.** These Serious emotional disturbances are diagnosable disorders in children and adolescents that severely disrupt their daily function in the home, school, or community. These disorders may include depression, attention-deficit/hyperactivity, anxiety disorders, bipolar disorders, conduct disorder and eating disorders. Children with serious emotional disturbance may be but are not always eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA). Although mental health researchers estimate that up to 19 percent of the student population exhibit symptoms of serious emotional disturbance, only one percent of students are identified and referred for the necessary support services.

“We need to deal with every child not as a mental health client. We need to try to teach them about good mental health. We need to have a universal impact. They all have problems from low to high socioeconomics. There are core problems. These children are dealing with dysfunctional homes regardless of money.”

- *Houston social service professional*

**Mental health workforce shortfalls exist throughout Houston and Harris County.** The acute shortages of mental health care professionals may be a factor in the findings of a 2006 study by the Mental Health Needs Council, Inc.

- » Approximately 186,000 children in the community have a mental illness requiring treatment.
- » 141,360 (76 percent) of these children did not receive the services they needed.
- » 111,600 (60 percent) required but did not receive more intensive treatment intervention.
- » 19,700 (11 percent) needed but did not receive services from the public mental health system.
- » More than 1,970 (about 1 percent) needed but did not receive hospitalization for mental illness.





## Major Principles for Achieving Mental Health in Houston and Harris County

To achieve the vision of a thriving community with children who grow up healthy, the people of Houston and Harris County envision a more unified and responsive community dedicated to optimal mental health for all children. The following key principles are core components of the strategic plan to achieve this vision:

- **Start early and start smart for all children.** Promote mental health and prevent mental illness of children from before birth through young adulthood, to help ensure their success at home, in school, in the community and in life.
- **Acknowledge that children's mental wellness is essential to school readiness, academic success, and overall health.** The social and emotional development of children is a fundamental part of their transition from early childhood through adolescence and into adulthood.
- **Embrace a child development approach** that takes into account and responds to the changing needs of children, adolescents and their families.
- **Address issues that weaken the underlying factors of positive mental health** for populations across Houston and Harris County.
- **Enhance the focus on positive mental health and take a holistic approach to interventions.** Recognize that all children have mental health needs and develop a spectrum of supports and resources to meet those needs.
- **Engage and actively involve parents and caregivers** at all levels of the community and at every intervention point: promoting health, identifying and meeting needs, and reclaiming health.
- **Engage and actively involve youth through a youth-guided process** that gives young people a sustainable voice in shaping their environments, interventions, and future.
- **Intentionally promote inclusion, build on youth and family strengths, and expand acceptance** of physical, intellectual, emotional, and behavioral diversity. This prevents marginalization of affected children, youth, and their families.
- **Collaborate with and engage diverse community partners** by reviewing the impact of their existing policies and practices related to children's mental health.
- **Deliver affordable services where children and families are.** Successfully reach children and their families in community-based settings such as homes, schools, early childhood programs, parks, community centers, and primary health care clinics.
- **Provide access to quality programs and services** that are community-based, evidence-based, family-driven, youth-guided, culturally and linguistically competent, and developmentally appropriate.

- **Build on and positively integrate existing systems** that serve children and their families while avoiding duplication of services. Ensuring a unified community response for optimal mental health builds the community's strength and well-being.
- **Improve the quality of life for children and their families in Houston and Harris County neighborhoods.** Build capacity in neighborhood resources, strengthen ties among neighbors, and develop individual capacities to work alone and together toward neighborhood change.

**Cultural competence** is a set of congruent practice skills, attitudes, policies and structures which come together in a system, agency or among professionals that enable that system or those professionals to work effectively in cross-cultural situations. Cultural competency is the acceptance and respect for difference, continuing self-assessment regarding one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources flexibility within service models to work towards better meeting the needs of diverse populations. These can be along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs or other ideologies.

**Evidence-based practices** are those practices which research has shown to produce consistently good outcomes applicable across varied populations.

**Family-driven** means families have a primary decision-making role in the care and education of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing supports, services and providers;
- Promoting the inclusion of current, innovative treatments and therapies;
- Setting goals;
- Designing and implementing programs;
- Supporting the youth/consumer to guide care as appropriate;
- Monitoring outcomes; and
- Determining the effectiveness of all efforts to promote the mental health of children and youth.

**Linguistic competence** is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.







## Two Sample Intervention Models that Support the Goals for the Houston and Harris County Public Health Approach

The first model explored here is a work in progress by the National Technical Assistance Center at Georgetown University's Center for Child and Human Development and Searchlight Consulting. The model is supported by a partnership between the Substance Abuse and Mental Health Services Administration Center for Mental Health Services and Priority Programs and Prevention Branch.

As shown in Model 1, the framework organizes the range of mental health interventions into four broad categories: promoting health, preventing problems, treating problems and reclaiming health.

**Promoting** interventions focus on optimizing health and measuring positive outcomes. Promotion is general in nature, aimed at increasing awareness and responsiveness.

**Preventing** interventions aim to reduce problems such as alcohol or drug use and delinquent behaviors before they emerge or become entrenched and result in negative outcomes. Interventions such as mentoring programs, crisis support, and mental health consultation with providers are preventive interventions when they occur with populations before the onset of a problem and when they focus on and measure problem behavior.

Some interventions are broad in scope and may include both promoting and preventing activities. For example, the mentoring example above could also include a focus on character development and improving relationships with adults and include outcomes of increased alliances and improved social skills, and therefore be considered a promoting intervention as well.

**Treating** interventions focus on populations with identified symptoms or a diagnosis of mental illness and work to prevent negative outcomes and a return to optimal development and functioning. Therapy and support groups, respite, and other support services for families and drug treatment are examples of treatment programs. Examples of outcomes include reduced symptoms and decreased stressors. A policy intervention might be a memorandum of understanding between two agencies to jointly serve and fund services for a subpopulation of youth.

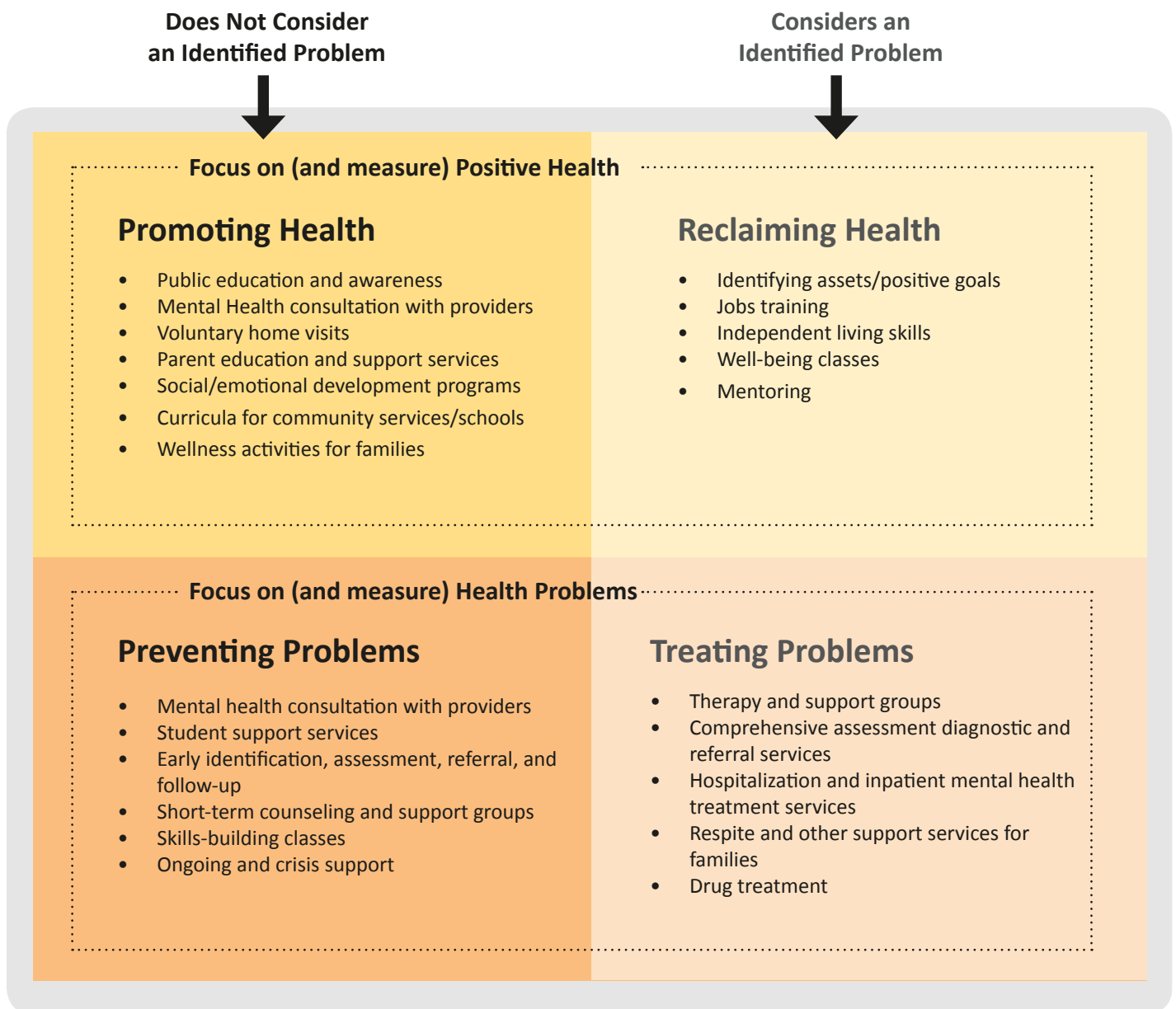
**Reclaiming** interventions focus on optimizing positive health for populations or groups when one or more identified problems already exist. This new concept provides a holistic approach to balanced health. The concept recognizes that, even with an identified problem or illness, children, youth, and families can still achieve positive mental health. Examples of reclaiming interventions can include job training, well-being classes, and independent living skills training.



The intervention framework in Model 1 outlines strategies that could fall within each of the above categories. Interventions can be placed in multiple categories depending on the focus of the intervention and the measurement of outcomes. Even though interventions may appear related to programs and services, the actual interventions can be policy development to support programs, community actions, and community education.

The reclaiming interventions can also be used to prepare community-based settings for child growth and development, such as schools, after-school programs, and parks, to be better prepared for inclusion of children and youth who may also have serious mental health needs.

### **Model 1: Intervention Framework for Strengthening the Mental Health of All Children Ages 0-21**



*Adapted from: Miles, J., Espiritu, R., Horen, N., Sebian, J., & Waetzig E. (in progress) A Public Health Approach to Intervention: A New Framework for Strengthening Children's Mental Health and Well-Being. Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. Washington, DC.*

The second model with promise for guiding the work in Houston and Harris County is the Framework for a Coordinated Mental Health System in Illinois for Children Ages 0 – 18. (Model 2). This framework illustrates how prevention, early intervention, and treatment systems can be layered to address the varying needs of all children in the community. This model allows distinct “systems” to work together in a manner that can be shared to provide collaboration among the many partners and initiatives in Houston and Harris County.

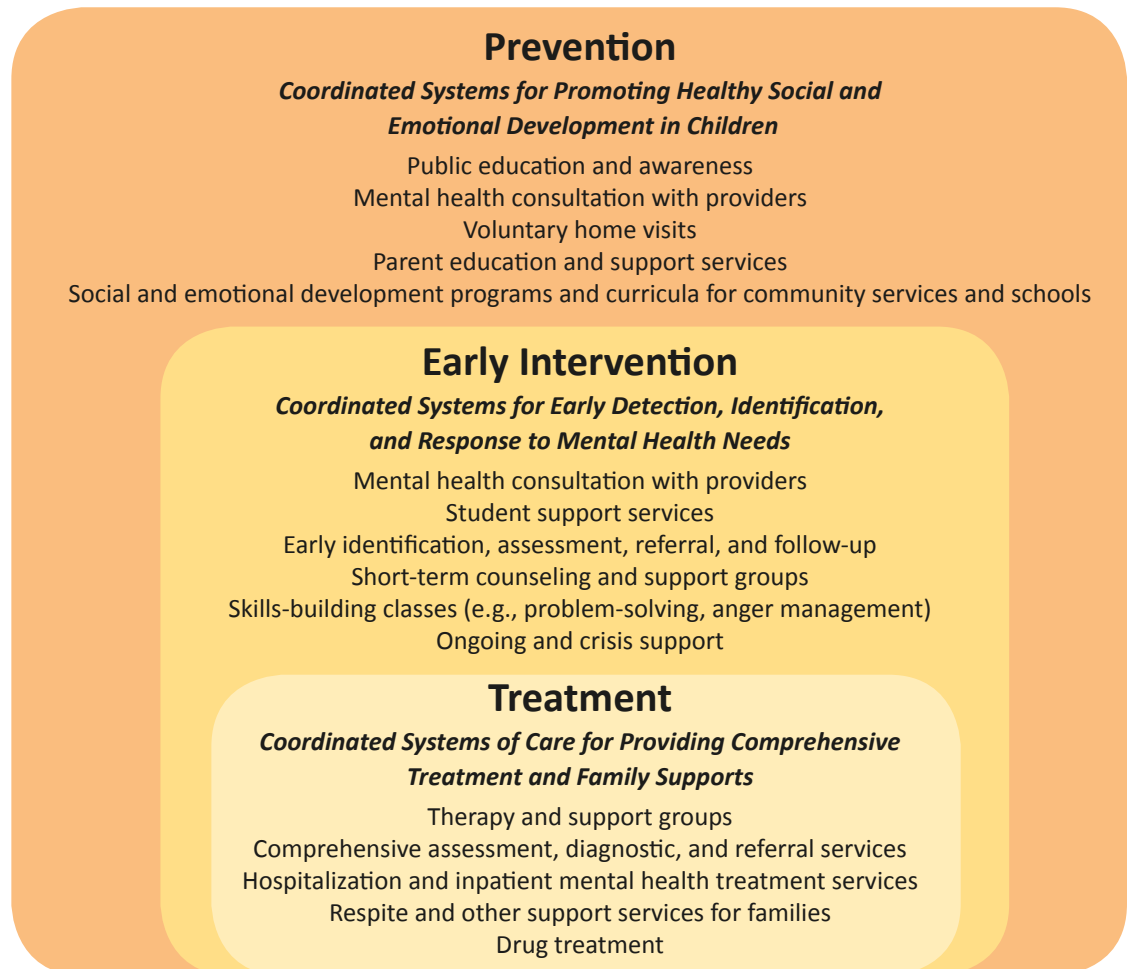
Significant to a public health approach, the Illinois framework shows **Prevention** as its outermost sphere with broad strategies to promote healthy social and emotional development in all children. Prevention is characterized by population-specific education and awareness, consultation with mental health experts, and curricula on social and emotional development.

**The Early Intervention** sphere addresses a subset of the total children’s population. Early intervention is a link between prevention and treatment systems and uses more specific, short-term strategies for detection and response. This can be viewed as a support and linkage system to assist children and families in skill-building and crisis support.

**The Treatment** sphere includes an array of services and supports for access to care.

All of the spheres in the Illinois framework work together to create a coordinated system. The need for coordination is a primary growth area for Houston and Harris County and could be supported with this model.

### **Model 2 - Framework for a Coordinated Mental Health System in Illinois for Children Ages 0-18**



Major transformation and change are necessary to achieve the shared vision of a public health approach to children’s mental health in Houston and Harris County. Through the strategic planning process, multiple and diverse groups have come together to build a shared vision and identify priority areas to address.

Moving from the strategic planning phase into implementation requires the infrastructure, resources and processes to be in place. The following immediate priorities are recommended to create the conditions necessary for implementing the strategic plan over the next one to two years.

**1) Identify, develop, and sustain a guiding coalition to collaborate and convene diverse voices to support children’s mental health.** Building a public health approach to children’s mental health requires the collaboration of various stakeholders who impact the underlying factors of mental health. Convening diverse voices and continuously looking for ways to broaden the involvement of the community are critical. Creating an infrastructure with resources dedicated to support the work is necessary for successful collaboration and coordination.

#### Essential steps to achieve the goals:

- » Find a “home” for the new guiding coalition. Consider starting with an existing collaborative effort or entity when making the selection.
- » Establish the composition and authority of a collaborative council. Identify and invite the critical stakeholders who will work to shape, promote, and implement the framework.
- » Develop strategies to build and sustain the infrastructure and staff to support the coalition.
- » Define the roles and responsibilities of the coalition, the council, and staff to carry out the strategic plan.
- » Create and support work groups for each of the strategic goals.
- » Develop a shared language among the multiple partners to support communication, increase understanding, and maintain collaboration.

**2) Broadly disseminate the shared vision, shared outcomes, and strategic plan.** A successful change effort should have a picture of the future that is easy to communicate and will be supported by the community. The strategic planning process has resulted in a shared vision, a preliminary set of shared goals and outcomes, and initial strategies and recommendations. It is a priority to communicate these efforts broadly to inform and educate the public, policy makers, providers and families about the movement toward a public health approach to children’s mental health.



## Moving from Strategic Planning to Implementation

A local coordinated mental health system integrates and ensures access to a full range of key child-serving systems including: mental health, education, early childhood, health, child welfare, substance abuse, violence prevention, juvenile justice, and diverse community-based organizations (e.g. faith-based and civic institutions).



## Key Strategic Sectors for Mental Health Partnerships

Home

Childcare

Education health:  
physical and mental

Welfare

Housing

Community

Faith-based

Philanthropy

Arts, sports and recreation

Employment

Financial, business

Corrections

Media

Government

### Essential steps to achieve this goal:

- » Develop a clear and consistent message that the community can embrace.
- » Develop logic models to organize the work, build understanding and consensus by engaging diverse stakeholders in the process, and show clear linkages between activities and outcomes.
- » Use all existing communication channels to broadcast the vision.

**3) Gather data to inform decision-making.** Ongoing, comprehensive assessments of the status of children’s mental health in Houston and Harris County are important to implement the strategic plan and make adjustments as needed along the way. While some of this work has been done through the strategic planning process data must be updated and reviewed continuously to make sound decisions during plan implementation.

- » Use a community-driven process to refine the mental and physical health outcomes and underlying factors presented in the strategic plan. Each of the strategic goals will require an in-depth data gathering process. Some information already is available through existing data collection efforts.
- » Collect additional long-term, community-level data on the mental and physical health needs of Houston and Harris County youth to enhance and improve existing datasets. Establish sustainable agreements to use current data as benchmarks and collect comparable data annually.
- » Garner interest and support among public child-serving agencies to identify a uniform children’s mental health assessment and outcome variables. Develop memorandums of understanding to share data and develop an interagency management information system.
- » Examine mental health status and trends across age groups to identify and address community mental health barriers and intervention strategies. The process may include examining existing efforts for gaps, duplication, and opportunities to collaborate and intervene.
- » Establish or identify an existing resource such as a clearinghouse to house, maintain, and disseminate information so the community can readily access and use it.

**4) Identify and accomplish short-term wins.** Building a public health approach to mental health takes time. It is important to not just hope for, but to create short-term wins that can be met and celebrated. Identify and accomplish short-term wins that will provide credibility, resources, and momentum for the effort. Achieving these short-term wins will also highlight the urgency and minimize resistance to change. Community members will want to participate in a successful change effort. Short-term wins would include the accomplishment of these immediate priorities within the next year.

The goals and recommendations presented in this plan represent the key areas to be initiated, developed, and accomplished over the next few years. These goals were identified by community members through the strategic planning process and through a review of existing initiatives and collaboratives.

### **GOAL 1: Increase the community's responsibility for the mental health and well-being of all children in Houston and Harris County.**

#### **Recommendation**

- 1.1 Promote and disseminate the shared vision for optimal mental health for all children.
- 1.2 Coordinate and advance a public health approach to mental health to address the needs of all children through the collaboration of community partners.
- 1.3 Garner the support of leaders in the community to lead the change effort. Leadership is critical to advancing a public health approach to children's mental health.
- 1.4 Establish the commitment of all agencies, organizations, systems and sectors to promote the mental wellness of the children and youth they serve.

### **GOAL 2: Increase public education and awareness of mental health, including wellness, illness and recovery, and their connection to public health outcomes.**

#### **Recommendations**

- 2.1 Develop a comprehensive, culturally inclusive public awareness campaign to decrease stigma and educate key audiences on the importance of children's mental health, including wellness, illness, and recovery.
- 2.2 Create community strategies to build public awareness of underlying factors of mental health issues and increase the public's understanding of the concepts of mental wellness and recovery.
- 2.3 Enhance existing strategies for children, youth, families, and providers regarding methods to access assistance.
- 2.4 Educate policymakers and other leaders about the need for expanding mental health resources for prevention, **early intervention**, and treatment.
- 2.5 Develop marketing strategies to interest potential providers in behavioral health professions through job fairs, school fairs, guidance counselors, and school, college and university partnerships.

## **Goals and Recommendations**

**Early intervention is a process aimed to recognize mental, emotional, behavioral, or learning problems and to respond to factors that put individuals at risk of developing mental health problems before they become established and more difficult to treat or reverse.**





### **GOAL 3: Maximize all available funding streams to support a public health approach to children's mental health.**

#### **Recommendations**

- 3.1 Develop comprehensive and strategic plans to identify and maximize funds available to support a public health approach to children's mental health.
- 3.2 Seek adequate and flexible funding to support the broad array of interventions in a public health approach to children's mental health; identify potential incentives to promote evidence-based and promising practices; support cross-agency service coordination.
- 3.3 Realign funding streams and structures; encourage distribution of funds to diverse organizations, sectors and systems that influence the mental health of children; create a system of pooled and integrated funds; maximize federal entitlement funding; increase flexibility of state and local funding streams and budget structures; consider Medicaid 1915C waivers; partner with local foundations and grant-makers.
- 3.4 Support youth, family, community-based, faith-based and grassroots partnerships; provide financial supports for involvement of diverse community partners to build this public health approach to children's mental health.
- 3.5 Provide support to improve and enhance the workforce (both traditional and nontraditional providers and natural helpers) and provider networks.
- 3.6 Require accountability by implementing the following strategies: monitor and manage service utilization and system costs, create performance-based evaluations of providers and system managers, and evaluate financing policies and strategies to ensure the support of continuous quality improvement frameworks.

### **GOAL 4: Expand workforce capacity, quantity, and diversity.**

#### **Recommendations**

- 4.1 Formally adopt a cross-agency workforce strategic plan in collaboration with key stakeholders from local child-serving agencies, families, universities, community colleges, professional associations, private providers, faith organizations, and advocacy groups.
- 4.2 Provide funding to train youth and families; health care, education, juvenile justice, child welfare and other child-serving professionals; and faith- and community-based providers to enhance their knowledge of mental health, including wellness, illness and recovery, existing resources and referral processes.
- 4.3 Develop funding for paraprofessional workforce development to increase the number and skills of providers to support mental health interventions in community-based settings, provide nontraditional services and supports, facilitate intensive community supports, and provide culturally appropriate interventions.



4.4 Partner with school districts, universities and community colleges to design and promote pre-service coursework, emphasize cross-disciplinary training in co-occurring disorders (mental health, substance abuse and developmental disabilities), and recruit students from diverse racial and ethnic backgrounds into human services degree programs.

4.5 Partner with family organizations in all aspects of the workforce strategic planning; engage family organizations in all aspects of implementation; encourage family organizations to take a leading role in educating legislators about workforce issues and advocating for solutions to address these issues.

4.6 Use technology such as tele-health and web-based curriculum training to support workforce training. Partner with universities, nonprofits, and government agencies with existing infrastructure and resources.

## GOAL 5: Develop and strengthen policies, programs, services, supports and community action.

### Recommendations

5.1 Adopt a common prevention and intervention framework for strengthening children's mental health and well-being to integrate the array of community interventions that address the mental health of all children in Houston and Harris County.

5.2 Promote the positive mental health of children and their families through interventions in the mental health care system and in familiar settings such as schools, primary care, parks, public locations and faith-based organizations. Use various intervention methods such as face-to-face, Internet, tele-health, texting through formal and informal providers and peers.

5.3 Promote **screening** strategies, especially with schools, primary care, child welfare, substance abuse, juvenile justice and community providers.

5.4 Focus on identification and prevention to address issues related to underlying factors of health and build resilience in children to promote a positive trajectory in life.

5.5 Incorporate children's mental health and social and emotional development as an integral component of schools. Develop **school-based mental health services** to help identify, refer, and obtain services for children with mental health needs.

5.6 Integrate and coordinate mental health and primary care to provide a holistic and comprehensive approach to children's health and improved health outcomes.

5.7 Support a quality, coordinated, family-driven, and culturally competent **system of care** that provides accessible services and supports for children with mental health problems and illnesses and their families, including those with co-occurring disorders.

5.8 Integrate promising and evidence-based practices and programs that incorporate data on positive outcomes into the array of community interventions for children's mental health.

5.9 Support strategies that encourage the positive mental health of children with identified problems or illnesses.

Screening is a commonly used method to inform parents and professionals about the physical, cognitive and emotional strengths and needs of a child.

School mental health programs are developed through partnerships between schools and community agencies to move toward a full continuum of effective mental health promotion, early intervention and treatment of youth in regular and special education.

System of care is a comprehensive method of addressing children's mental health needs organized around defined principles of care, and based on the premise that the mental health needs of children adolescents and their families can be met within their home, school and community environments.



## **GOAL 6: Ensure access, quality, and sustainability of interventions for all children.**

### **Recommendations for Access**

**6.1** Provide access to appropriate and effective services and supports to all children and their families. Include emergency preparedness models for response to natural disasters for children and their families.

**6.2** Make help easy to access – locate services and supports close to children and families being served. Consider community-based settings for the provision of services and supports.

**6.3** Identify and address disparities in accessing mental health services based on culture, age, gender, and socioeconomic status. Identify barriers, develop services to support capacity, and expand awareness of community services and resources.

### **Recommendations for Quality**

**6.4** Ensure children, youth and families are satisfied and interventions involve informed choice and participation and are family-driven and youth-guided.

**6.5** Incorporate promising and evidence-based practices and programs into the array of community interventions for children's mental health.

**6.6** Be accountable for results. Increase community accountability for improvements in access to services, quality of services and cost of interventions. Assess effectiveness of interventions to ensure positive treatment outcomes.

### **Recommendations for Sustainability**

**6.7** Develop a results-oriented sustainability plan. Identify, develop, and pursue a variety of financing options to develop a broad base of community support. Identify key champions. Develop strong internal processes and controls.

**6.8** Support collaboration and cooperation among diverse partners to work toward the shared vision.

**6.9** Identify indicators for shared outcomes and benchmarks for child-serving agencies and organizations to ensure the positive mental health of children.

**6.10** Support youth and family leadership and voice to mobilize a broad base of community support and involvement in the strategic plan's long-term goals.

**6.11** Develop and conduct process and outcome evaluations that monitor and measure changes made in Houston and Harris County as a result of implementing the strategic plan. Conduct ongoing comparisons of local quality and support to national benchmarks.

**6.12** Use outcome data to garner support for quality interventions, including services, resources, and supports. Demonstrate the positive impact of interventions and share results widely.

The advocacy group **Texans Care for Children** published the **Children's Campaign Report: 2009 Update**, which emphasizes the importance of prevention in mental health systems for children. The report also outlines the consequences of under-funding. "...if mental health needs go untreated until children reach adulthood, these children can become parents at risk of endangering their own children's well-being."

Texans Care for Children identified several indicators in children's mental health that coincide with key areas of interests brought forth by the Houston and Harris County community and professional focus groups. These indicators include access to mental health professionals in schools, access to mental health professionals in general, public spending on mental health treatment, and the number of children receiving public mental health services.

**Phase I** of the strategic planning process brought Houston and Harris County stakeholders together for discussions that encouraged broader input on issues of children's mental health. The dialogues and review of data allowed identification of barriers, challenges, and common practices. It resulted in articulation of broad goals and recommended strategies for improving a collective system for children. This strategic plan is an initial step.

**Phase II** will move the strategic plan toward implementation. A second retreat is planned in May 2009 to further prioritize and refine Phase II action steps, which could include both enhancing existing resources and creating new initiatives. JC4 will address the following **immediate priorities**:

- » Develop a guiding coalition to collaborate and convene diverse voices to support children's mental health.
- » Broadly communicate the shared vision, shared outcomes and strategic planning efforts.
- » Monitor the progress of implementing the plan and adjust the long-term plan accordingly.
- » Continue to gather data to inform decision-making.
- » Identify, accomplish, and celebrate short-term successes.

Social marketing meetings will be held May through July 2009 to develop and implement communications strategies, report on progress, and encourage new stakeholders to become partners in fulfilling the goals of the strategic plan.

**Conclusion:  
Making Ambitious  
Goals Achievable**



**Overview of Potential Key Sectors Where Service Delivery Strategies Will Be Applicable**

	<b>Pre-School</b>	<b>School-Based</b>	<b>Community &amp; Faith-Based</b>	<b>Child Welfare</b>	<b>Juvenile Justice</b>
<b>DIRECT SERVICE</b>	Early diagnosis Early intervention services	Peer-to-peer interventions Early screening School based behavioral health services	Peer-to-peer interventions Therapeutic interventions by mental health professionals Support and interventions for gay, lesbian, transgender and questioning youth Support and therapy for homeless youth	Kinship care family support services Reunification psychological supports (child and parent) Psychological support for children removed from birth family	Court-based mental health staff and services Services for community-based treatment for youth offenders Support and treatment for families/siblings of youth offenders
	<b><i>Focus on diagnosis, treatment and supports for children and youth most at risk of developing more severe disorders.</i></b>				
<b>SERVICE INTEGRATION</b>	Coordination with post-natal programs i.e. WIC, Early Head Start, Early childhood intervention Coordination with OB/GYNs and pediatricians	Develop intervention framework Group counseling Coordination w/special education Integration into special population	Improve community capacity Youth ministry Out of school time programs Youth supports	Services for transitional youth Criminal justice system Abuse (physical & sexual) and neglect	Transition services for entering and leaving juvenile facilities Juvenile mental health docket
	<b><i>Require alignment with local continuum of care and the children’s mental health agenda priority outcomes.</i></b>				
<b>TRAINING</b>	Training for youth, families, child serving professionals on signs, symptoms & emotional development Parents, caregivers, Pre-K teachers and administration	School-wide training to change the behavior and culture of the school environment Training for physical health providers including public health clinics Expand telemedicine & other technological resources	Youth group leader training Training for community-based providers Training for peer-to-peer support	Training of families & recruitment of homes for children with mental health needs Cultural and linguistic competency and responsiveness	Training of juvenile justice staff (probation officers and court staff) Training of law enforcement within and outside of institutions Training of school personnel, particularly alternative school staff
	<b><i>Training on psychological first aid, suicide prevention, early intervention, and referral. Training for families and professional organizations to “demand” strategies that work best.</i></b>				
<b>POLICY ADVOCACY &amp; REFORM</b>	Educate policy makers re: need Promote screening strategies Create public awareness campaign Media partners to get word out about mental wellness Diversify & increase funding	Integrate promising evidence based practices Promote family driven; strength based Redefine role of school counselor	Realign funding streams and structures Coordinate & advance a public health approach to mental health Advocate for higher reimbursement rates	Public awareness campaign on the importance of kids’ mental health & need to reduce stigma Promote systems of care principles Educate policy makers on need for per capita funding	Decriminalization Expand Texas Corrective Office on Offenders with Medical or Mental Impairments Develop outcome evaluations
	<b><i>Development of cohesive and comprehensive policies addressing mental health needs.</i></b>				

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*Eastwood Academy*  
*Harris County Systems of Hope Parents*  
*Kashmere High School Parents*  
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Education Sector – *Harris County Department of Education*  
Early Childhood – *Neighborhood Centers, Inc.*  
Health Providers – *Depelchin Children’s Center*  
Business Professionals & Elected Officials – *Catholic Charities*  
Social Service – *Harris County Protective Services*

### Communities by Region/Ethnic Groups

Southeast Houston  
Clear Lake Community  
Southwest Houston  
Refugee Immigrant Community  
Asian Indian  
Nigerian Community  
Pakistani Community  
Arab Community

### Youth

Burnett Bayland Home – Girls  
Burnett Bayland Reception Center – Boys  
Depelchin Boys Group  
Depelchin Girls Group  
GLBTQ Youth  
Systems of Hope Youth Advisory Council

### Special Snapshot

Families Displaced by Hurricanes Katrina and Rita

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