

# Texas State Action Plan

<b>PRIORITY ONE: Communication with Governor's Advisory Committee on Children at Risk.</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager<sup>1</sup></b>	<b>Implementer<sup>2</sup></b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
Strategy 1.1 Identify key public and private stakeholders who are responsible for providing or supporting services to children at risk to reduce barriers and improve positive outcomes for youth and families	Action 1.1.1 Participants in the policy academy team will offer input in to the selection of the Governor's Mental Health Transformation Workgroup (TWG) members.	Dave Wanser	Dave Wanser	Diverse membership that adequately represents agencies that serve children.	Participation of identified children's agencies in initial meeting.	May 2005
	Action 1.1.2 Propose that this action plan serve as a basis for TWG planning concerning behavioral health for children.	Dave Wanser	Dave Wanser	Establish communication link from the policy academy team to TWG on these issues.	Several members from TWG will serve on the policy academy team.	August 2005
	Action 1.1.3 Update state leadership and the legislature of the progress of this plan.	Dave Wanser	Dave Wanser	TWG is informed on team issues for communication with state leadership/leg	Continued interest from the governor's office and legislature.	Ongoing
Strategy 1.2 Improve collaboration between agencies and strengthen services to children at risk.	Action 1.2.1 R Identify areas of service and purchasing overlap and gaps.	Sam Shore	<del>1/28/2008</del> TEA, DSHS, TYC	Improved outreach and service delivery systems.	Areas of service and gaps are mapped to easily identify the needs of the state.	July 2007
	Action 1.2.2 Explore the possibilities of joint purchase of services to maximize utilization of funds.	Sam Shore	TJPC, DFPS, TEA, DSHS, TYC	Maximize the use of existing funds.	Agencies participate and implement joint purchasing efforts to address service gaps and overlap.	September 2007

# Action Plan for State

<b>PRIORITY TWO: To utilize data and information in support of clinical and business case decision-making and policy.</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager</b>	<b>Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
Strategy 2.1 Implement data sharing and data matching across child service agencies.	Action 2.1.1 Invite stakeholders to identify and define commonly used terms in their service systems.	Stacey Stevens/ Mike Maples (DSHS)	Epidemiology Workgroup (EWG), TWC, TJPC, DFPS, DSHS, TEA	Common terms are identified.	Identified stakeholders provide information.	April 2006
	Action 2.1.2 Produce a lexicon of terms that establish working definitions across agencies that serve children with or at risk of COD.	Stacey Stevens/ Mike Maples	Epidemiology Workgroup (EWG), TWC, TJPC, DFPS, DSHS, TEA	Improved communication across agencies.	Identified stakeholders agree on terminology.	June 2006
	Action 2.1.3 Request technical assistance in confidentiality issues, requirements and constraints.	Stacey Stevens/ Mike Maples	Epidemiology Workgroup (EWG), TWC, TJPC, DFPS, DSHS, TEA	Ensure compliance with legal mandates.	Federal assistance is provided.	August 2006
	Action 2.1.4 Identify and share multiple agency confidentiality mandates and constraints (catalog current mandates constraints)	Stacey Stevens/ Mike Maples	Epidemiology Workgroup (EWG), TWC, TJPC, DFPS, DSHS, TEA	Improve coordination of services within the legal constraints.	Process and required consent forms are identified and implemented.	October 2006
Strategy 2.2 Confirm service effectiveness by shared or complementary client outcomes across agencies.	Action 2.2.1 Identify common outcome measures domains and seek to develop a shared common set of requirements.	Kristine Kostoff	LBB, TWC, TJPC, DFPS, DSHS, TEA	Determine similar domains and success outcomes.	Stakeholders provide feedback of required and preferred measures.	April 2006
	Action 2.2.2 Determine feasibility of implementing common outcome measures	Kristine Kostoff	LBB, TWC, TJPC, DFPS, DSHS, TEA	Consensus from participating agencies regarding outcome measures.	Agencies meet to discuss outcome measures and decisions are made.	June 2006
	Action 2.2.3 Use outcomes to improve practice across agencies.	Kristine Kostoff	LBB, TWC, TJPC, DFPS, DSHS, TEA	Improve service coordination and delivery	Participating agencies implement new outcome measures and seek approval to change performance measures if applicable.	August 2006

# Action Plan for State

<b>PRIORITY Three: Align policy across agencies to support and strengthen screening and assessment, referral and evidence-based practices.</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager<sup>1</sup></b>	<b>Implementer<sup>2</sup></b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
Strategy 3.1 Identify (1) screening and (2) assessment tools acceptable across all child service systems.	Action 3.1.1 Catalog all (1) screening and (2) assessment tools in use in each child service agency.	Sam Shore	School of Social Work, Hogg Foundation, TWC, TJPC, DFPS, DSHS, TEA	Common data elements are identified and evaluated across agencies.	Participating agencies provide tools that are commonly used in their domain.	April 2006
	Action 3.1.2 Identify screening and assessment tools that are culturally, age, gender appropriate for children and families.	Sam Shore	School of Social Work, Stacey Stevens Hogg Foundation	Enhanced screening and assessment tools.	Experts evaluate tools to ensure that they are culturally, age and gender appropriate.	June 2006
	Action 3.1.3 Utilize a consensus process to identify current practices, identify common elements, develop a common approach to be field tested in selected pilot sites and evaluated.	Sam Shore	School of Social Work, Stacey Stevens Hogg Foundation, TWC, TJPC, DFPS, DSHS, TEA	Screening and assessment processes are integrated where possible and duplication is reduced.	Stakeholders meet to discuss screening and assessment tools. Consensus is derived on best practices.	September 2006
Strategy 3.2 Formalize incentives for appropriate early intervention	Action 3.2.1 Convene a consensus process for local and state leaders to meet and agree on incentives that increase collaboration in the use of (1) screening and (2) assessment tools for at-risk children with or at risk of COD.	Sam Shore (DSHS)	TWC, TJPC, DFPS, DSHS, TEA	Agencies will use similar tools, when appropriate and reduce duplication of effort.	Participating agencies meet to discuss the process and decisions are made.	February 2007
Strategy 3.3 To establish consistent, timely, cross-agency referral practices based upon risk factors identified by the screening and/or assessment tools.	Action 3.3.1 Develop appropriate placement criteria to inform effective service interventions for children and youth with or at risk of COD.	Erin Espinoza (TJPC) Audrey Deckinga (DFPS)	TWC, TJPC, DFPS, DSHS, TEA	Improved services by matching the intervention to the client's needs.	Similarities and differences are determined and common criteria are developed.	June 2006
	Action 3.3.2 Ensure referral processes; identify children and youth who can benefit from prevention programs.	Judy Brow/Esther Betts (DSHS)	TWC, TJPC, DFPS, DSHS, TEA	Improved coordination among agencies referring clients for services.	Determine referral processes currently in place. Referral process is defined.	June 2006

## Action Plan for State

<p>Strategy 3.4 Promote the use of evidence-based practices when feasible and consensus-based practices when necessary.</p>	<p>Action 3.4.1 Convene a consensus conference to identify a uniform set of evidence-based practices.</p>	Kristi Kostoff	TWC, TJPC, DFPS, DSHS, TEA	Improved service coordination and delivery.	Conference held and similar best practices identified.	June 2006
	<p>Action 3.4.2 Work with agency leadership to obtain commitment to purchase evidence based practices.</p>	Kristi Kostoff	TWC, TJPC, DFPS, DSHS, TEA	Improved purchasing collaboration and coordination.	Hold meetings with agency leadership concerning potential joint purchases.	August 2007
<p>Strategy 3.5 Prevent involvement in juvenile justice and child protective services by identifying and intervening with children and families as risk or in early stages of problem behavior</p>	<p>Action 3.5.1 Provide effective training to school personnel in identifying problem behaviors and community agencies with available resources and services.</p>	Sam Shore	UT School of Social Work. UT Addiction Technology Transfer Center.	School personnel are identifying problem behaviors and making successful referrals.	Training curriculum developed and offered through teacher workshops within school districts.	June 2006
	<p>Action 3.5.2 Connect any child with actuarially derived indication of risk for future mental health and substance abuse problems with resilience – building services through targeted family based prevention and early intervention programs.</p>	Sam Shore	Florestine Mack, Jayme Ramirez, Anita Wheeler, TWC, TJPC, DFPS, DSHS, TEA	Improved early intervention services by increased collaboration between local providers.	Hold meeting with providers at state and local levels.	September 2007
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>			<b>Immediate Next Steps (including potential technical assistance needs)</b>	

# Action Plan for State

<p>Priority 1 – Governor’s Transformation had their first meeting on May 6, 2005.</p> <p>Priority 2 – Action plan completed and managers and team members assigned.</p> <p>Priority 3 - Action plan completed and managers and team members assigned.</p>	<p>Legislative session precluded most agencies from meeting to work on the plan.</p>	<p>June 05 – Process meeting for the policy academy team August 05 – Detailed work plan developed for each action. August 2005 – Identify technical assistance needs.</p>
---	--	---