Mental Health Transformation Community Collaborative Toolkit

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ACKNOWLEDGEMENTS

Principal Authors:  Susan Griffin, Community Development Specialist
                  Michelle, Smith, MFS Consulting

Texas Mental Health Community Collaboratives:

Bexar County Safety Net Community Collaborative
   Leon Evans
   Gilbert Gonzales

Coastal Bend Rural Health Partnership
   Martin Ornelas
   Barbara Giovannone
   Dr. Diana Bill

Llano Estacado Alliance for Families
   Ron Trusler
   Kay Brotherton
   Jere Newton

Nacogdoches County Mental Health Collaborative
   Kinnie Parker
   Anne Bondeson
   Tim Hayward

Tarrant County Transformation Project
   Patsy Thomas
   Susan Garnett

Williamson County Mental Health Task Force
   Annie Burwell
   Kathy Grimes

Reviewers and Contributing Editors:
   Lawson Carter Kimble, Consultant
   Nancy C. Speck, Mental Health Transformation Consultant
   Klaus Madsen, Vice-President of Programs, Texas Health Institute
   Camille D. Miller, CEO/President, Texas Health Institute

Appreciation is extended to:
   Sam Shore, Director, Mental Health Transformation for Texas
   Wendy Latham, Mental Health Transformation for Texas
   Jessica Hartos, PhD, Mental Health Transformation for Texas

Texas Health Institute Staff and Consultants:
   Jenny Brown
   Amanda Conway
   Sherry Wilkie-Conway
   Mitchell Gibbs
   Havovi Katki
   Priscilla Van Noy
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I. Keys to Transforming Mental Health at the Community Level
In April 2002, President George W. Bush signed Executive Order 13263 establishing the President’s New Freedom Mental Health Commission (Commission) and charged the group with conducting a comprehensive study of the problems and gaps in the mental health service system and to make concrete recommendations for immediate improvements that the Federal government, State governments, local agencies, as well as public and private health care providers, could implement.

Two of the five principles set forth in the Executive Order that established the responsibilities of the Commission, were:

- “Focus on the desired outcomes of mental health care, which are to attain each individual’s maximum level of employment, self-care, interpersonal relationships, and community participation.”
- “Focus on community-level models of care that effectively coordinate the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services.”

From June 2002 to April 2003, The Commission held monthly meetings to analyze the public and private mental health systems, visit innovative model programs across the country and hear testimony from the systems’ many stakeholders, including dozens of consumers of mental health care, families, advocates, public and private providers and administrators and mental health researchers. The Commission received feedback, comments and suggestions from nearly 2,500 people from all 50 states via personal testimony, letters, emails and a comment section on this website. In addition to public comment, the Commission consulted with nationally recognized professionals with expertise in diverse areas of mental health policy. The Commission established 15 subcommittees to examine specific aspects of mental health services and offer recommendations for improvement.

In their final report, entitled, “Achieving the Promise: Transforming Mental Health Care in America,” The Commission identified the following six goals as the foundation for mental health transformation.¹ The goals are intertwined. No single step can achieve the fundamental restructuring that is needed to transform the mental health care delivery system:

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In order to truly transform the mental health system at the community level, the recommendations of the President’s New Freedom Commission on Mental Health should serve as a blueprint.

**Goal 1: Americans Understand that Mental Health is Essential to Overall Health**

In order to achieve this goal, the Commission Report recommends that the following areas of concern be addressed:

- Design public education activities to reduce stigma and encourage people to seek treatment; and
- Recognize of the connection between mental health and physical health.

**Mental Health Awareness and Stigma Reduction**

Stigma, the fear and shame experienced by persons with mental health disorders, often prevents people from obtaining the help they so desperately need. Reducing stigma, increasing awareness, and encouraging treatment will lead to a healthier population. Research has shown that the best way to reduce stigma is through contact with a person with mental illness.²

The Texas Mental Health Transformation Community Collaboratives (TMHT-CCs) have been actively involved in reducing stigma in their communities through a variety of programs and interventions. They have found involving persons with mental health issues in their communities in designing and implementing stigma reduction campaigns and programs, sharing their stories, experiences, and talents to be particularly effective. We have included some examples from these initiatives. Additionally, there are numerous national anti-stigma campaigns and programs. In this toolkit we provide links to these resources.

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### Mental Health Connection of Tarrant County
#### Anti-Stigma Campaigns

To rid Tarrant County of the stigma related to mental illness, Mental Health Connection has conducted two multi-year anti-stigma communications campaigns. The first, "Open Minds Open Doors" began in May 2005; and the second, "Friendships Count," began in late 2008.

Please feel free to use these materials in your community. We only ask that you let us know you are using them and that you give credit to Mental Health Connection of Tarrant County and Community Solutions of Fort Worth.

Materials including posters, bookmarks, Public Service Announcements (PSAs), Glossary, curriculum and Teacher’s Guide are available at no charge to individuals or groups who want to join the fight against the stigma of mental illness and can be viewed at the following link: [http://www.mentalhealthconnection.org/anti_stigma_materials.php](http://www.mentalhealthconnection.org/anti_stigma_materials.php)

The artwork for the street banner, bus ads and billboards is also available and can be localized. To order:

- **Call**
  Kay Barkin, Social Marketing Coordinator
  817-219-2162

- **E-mail**
  kbarkin@mentalhealthconnection.org

- **Write**
  Kay Barkin
  Mental Health Connection of Tarrant County
  3880 Hulen, Suite 610
  Fort Worth, TX  76107

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Llano Estacado Alliance for Families (LEAF)

Mental Health Awareness and Stigma Reduction Activities

LEAF’s mental health awareness and stigma reduction activities have focused on the following populations: School Age Youth (K through 12), Juvenile Justice Alternative Education, School Personnel, Civic groups, Faith based communities, Universities, Communities at Large, Primary Care Health Professionals. Activities have included:

**Sho Out Suicide Prevention Community Palooza:** A free community event to allow teens with different artistic abilities to show their “stuff” & to bring together all youth serving agencies, ministries and programs to distribute information on how and where to find the help they need.

**Caring for Every Child “Bust It” Campaign:** The BUST IT campaign promotes support for children who have, or are at risk of having mental health need and encourages communities to support the total well-being of young people. The goal is to eliminate stigma associated with mental health needs.

**The Look of Hope:** This campaign was a poster contest conducted among elementary school children. The winning poster was presented on a billboard with the top 12 posters being made into an extremely popular calendar.

**Mental Health First Aid:** First aid is the help given to an injured person before medical treatment can be obtained. Mental Health First Aid is the help provided to a person developing a mental health problem or in a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis resolves.

For more information contact:

Kay Brotherton
(806) 983-4929
kaybro@sbcglobal.net

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**“Fine Line: Mental Health/Mental Illness” Multimedia Exhibit**

“Fine Line: Mental Health/Mental Illness” is a traveling multimedia exhibit exploring the fine line between mental health and mental illness in its frank portrayal of people who are living with psychiatric disorders. The photographer, Michael Nye, of San Antonio, Texas designed this documentary of voices, stories, and photos to bring public awareness to the issues surrounding persons living with mental illness.

The TMHT-CCs have worked with their local art and science museums and universities to bring this exhibit to their communities. In addition, to the exhibit, public forums, speaker series, and other educational activities have been planned to address mental health stigma.

For information about this exhibit, see: [http://www.michaelnye.org/finline/](http://www.michaelnye.org/finline/)

For rental prices and availability contact:

Michael Nye
806 South Main Avenue
San Antonio, Texas 78204

Mark Menjivar OR
2303 W. Mistletoe Ave.
San Antonio, TX 78201
210-241-7364 studio p: 210-476-0497
mjmenjivar@gmail.com michaelnye@aol.com
National Anti-Stigma Resources


This excellent resource Kit is intended to raise awareness of mental health and help counter the stigma and discrimination faced by people with mental illnesses. It contains guidance on the basic mechanics of planning and implementing an initiative, provides sample materials and templates you can use to develop and customize your own communications materials, includes tactics to enhance and maximize your outreach efforts, and provides several directories of resources for creating your own public education materials, including communications resources.


This resource center/website provides information about what works to promote acceptance and social inclusion of people with mental illnesses, training and technical assistance, information about how to connect with campaigns and programs that already are in place, information about publications, events, research, resources, and issues of relevance regarding prejudice and discrimination, a comprehensive bibliography of literature addressing prejudice and discrimination, and resources and information promoting social inclusion related to special populations.


A nationwide nonpartisan public education campaign that was launched as part of the 1999 White House Conference on Mental Health, this organization provides our speaker's bureau, public service announcements, Town Hall Meetings, media outreach and printed materials.


This Mental Health Campaign for Mental Health Recovery to encourage, educate, and inspire people between 18 and 25 to support their friends who are experiencing mental health problems, includes TV, Radio, and Print PSAs, campaign materials, myths and facts about mental illness, and webcasts.
Suicide Prevention and Postvention Toolkit
For Texas Communities
Texas Suicide Prevention Council

This suicide prevention toolkit for Texas communities is organized in two parts. The first section covers the basic knowledge that people need to have in order to act effectively on this issue, and the second covers actions they can take once they have that basic knowledge. The goal is to make this a very practical resource that community leaders can easily use in efforts to prevent suicide deaths in Texas.

Updates to the toolkit are posted periodically on the Texas Suicide Prevention Council website, http://www.TexasSuicidePrevention.org.

Are You In Crisis?
Please Call 1-800-273-Talk (8255)
Integration of Mental and Physical Health

Physical and mental health are invariably linked, and chronic illnesses such as diabetes, cancer and heart disease often are accompanied by behavioral ailments such as depression or anxiety. Research has shown that people with severe mental illnesses such as schizophrenia and bipolar disorder die an average of 25 years earlier than people without these disorders, largely due to challenges and obstacles in receiving medical treatment. Integrated health care is gaining recognition as a viable way to improve people’s health by treating physical and behavioral illnesses together.

The majority of the TMHT-CCs have been actively involved in integrating mental and physical health care through a variety of initiatives. In addition to the community mental health care centers, Federally Qualified Health Centers (FQHC’s), hospitals, and providers are key members of the community collaboratives.

Patient Information Index

Nacogdoches County Mental Health Community Collaborative

Nacogdoches County Mental Health Community Collaborative is working on integration of physical and mental health services through a web-based patient information index that would track patients between MHMR centers, hospital ERs, and primary care clinics, providing history of patient health care, reducing duplicative assessments, lab work, and time.

Information includes:

- Client name
- Address
- Diagnosis
- Medications Prescribed
- Emergency Contact Information

For more information about this system, contact:
Anne Bondesen
(936) 465-0357
anneb@burke-center.org

In some locations, community mental health center physicians and staff provide mental health services at the local FQHC several times a week. Patient navigators (often consumers or family members) are used effectively to assist in setting up appointments and then following up with patients/clients to ensure that they received care and are complying with treatment.

Physical and Mental Health Integration

Coastal Bend Rural Health Partnership (CBRHP)

Organizations Participating in Integration Efforts:

- CHRISTUS Spohn Hospitals
- Coastal Plains MHMR
- Coastal Bend Rural Health Partnership
- Community Action Corporation of South Texas

Target Population: Consumers (SMI) with Co-Morbid Conditions

Services that are accessed:

- Primary Health
- OB/GYN
- Dental Services
- Mental Health Services
- Pharmacy
- Labs
- Other Social Services

Mental Health Navigation: Assist consumers in accessing behavioral and primary care by insuring that there is “No Wrong Door.”

For more information about CBRHP’s integration initiatives, contact:
Martin Ornelas
(361) 664-0145, xt. 268
martin.ornelas@cacost.org
Bexar County CareLink

CareLink is a payment assistance program available to individuals with up to 150% of poverty income. Center for Health Care Services (CHCS) is a provider and is the primary behavioral health care provider for CareLink (University Health System). CHCS has put therapists in the Texas Diabetes Institute, due to co-morbidities and has therapists within the Women’s Center of Excellence (high-risk pregnancies). CHCS has recently designed a concept to put therapist in the Express –Med Center at University Health Services.

CHCS has been operating a sobering unit with medical providers from UTHSC physicians and Physician Assistants. People in recovery greet these people (motivational engagement and interviewing) in the sobering unit and help them into detox. There is a community court co-located within the sobering unit. Case managers work both with the judge and CHCS.

Story: A person was living on the streets for 10 years who had a Masters degree and worked with the Clinton administration. After multiple efforts and care, he is now back teaching at San Antonio College.

CHCS is working with CentroMed (FQHC), which is providing primary care at Haven for Hope (see Housing, Haven for Hope). These entities have agreed to put a behavioral health care manager and psychiatrist in the primary care clinic. A joint grant has been developed to put a primary care physician in one of the mental health clinic. Additional efforts are directed at trying to create additional capacity through working with primary care. Services are co-located with adult and juvenile probation.

For more information, contact:
Gilbert Gonzales
210) 731-1300 , ext. 397
(210) 363-5979 (Cell)
ggonzales@chcsbc.org
Health Risk Assessment Pilot

As part of the Mental Health Transformation Initiative, the TMHT-CCs participated in a pilot project to assess mental and physical health risks among their clients. A web-based questionnaire was developed and piloted. Revisions resulting from the pilot project are currently in progress.

For more information about this project, contact:
Steve Eichner
Mental Health Transformation Project
Texas Department of State Health Services
Cell: 512.750.2683
Fax: 512.206.5718
steve.eichner@dshs.state.tx.us

Lessons Learned
Health Risk Assessment

- Persons with mental health problems often have very extensive physical health problems. Since additional questions were triggered when positive risk responses were entered, the assessment was very time consuming for these persons. Many became very frustrated and quit before completing the assessment. Therefore, it would be best to select one or a few specific conditions (i.e., smoking, diabetes, hypertension, depression) to assess to shorten the length of the assessment.

- It is best to focus on those conditions that would be easy for the systems to address. An example is smoking cessation: In Texas, refer to 1-800-QUIT. Questions must be short and in laymen’s terms (< 3rd grade reading level) due to the high level of health illiteracy among this population. Staff had to take an inordinate amount of time to read and explain the questions to clients.
Connecting Body and Mind:
A Resource Guide to Integrated Health Care
in Texas and the United States
Hogg Foundation for Mental Health, December 2008

This report provides a summary of various approaches to integration and what is known about their effectiveness. Additionally, it described integrated health care programs in Texas and in the U.S., and identifies resources to assist with developing and implementing integrated health care systems.

Goal 2: Mental Health Care Is Consumer and Family Driven

In order to achieve this goal, the Commission Report recommends that the following areas of concern be addressed:

- Individualized plans of care for consumers, youth, and families (CYFs) that meet their specific needs;
- Involving CYFs in planning, evaluation, and services;
- Employment;
- Housing; and
- Mental health issues in criminal justice and juvenile justice systems.

Individual Plans of Care that Meeting Needs of Consumers, Youth, and Families

Self-Directed Care (SDC) is a new way of providing mental health services in which adults with serious mental illnesses directly control the funds spent on their recovery. TX SDC participants create a person-centered recovery plan and a budget for the purchase of goods and services to achieve their life goals. Staff, called SDC Advisors, helps participants hire providers and make purchases that lead to wellness. The program is operated by the North Texas Behavioral Health Authority in its 7-county area. The managed care company Value Options acts as the program’s fiscal manager, paying service providers and processing budgets. The program is operated by the Texas Department of State Health Services as part of its federal Transformation initiative. Researchers from the University of Illinois at Chicago act as the program evaluators.

Participants are provided with tools for person-centered planning and creation of an individual budget of up to $7,000 per year to spend on traditional and non-traditional services, as well as material goods tied directly to specific recovery goals. Medications, crisis services, and inpatient care remain available through the current service system.

Information on this initiative can be obtained at: http://www.texassdc.org
Involvement of Consumers, Youth, and Families in Planning, Evaluation, and Services

It is extremely important to have consumer, youth, and family members integrally involved in the decision making of the community collaborative, particularly in the design of services and supports for this population. An increasing body of evidence indicates that significant improvements in outcomes result from consumer-driven care. In the experience of the Texas MHT-CC’s, the breaking down of communication barriers between consumers and providers, empowering consumers, youth, and family members with improved leadership skills, and allowing consumers, youth, and family members to be involved in designing community services and supports, has resulted in rich, creative environments that promotes recovery and resilience for all.

In recruiting consumers, youth, and family members to participate in the community collaboratives, start with local chapters of organized consumer and family groups such as National Alliance on Mental Illness, Mental Health America, Federation of Families for Children’s Mental Health, Prosumers, Depression and Bipolar Support Alliance, and Mental Health Consumers. If you are not aware of any such organizations in your community, work with your local community mental health authority and other health and human services agencies to identify persons who could serve in this capacity from their client bases.

Some consumers, youth, and family members may need assistance with transportation, stipends, and child care to participate in regular meetings and events. (See “Coastal Bend Rural Health Partnership Rural Transportation Initiative” and “Llano Estacado Alliance for Families/Williamson County Mental Health Task Force Pooled Funding Resource”).

Llano Estacado Alliance for Families and Williamson County Mental Health Task Force

Pooled Funding Resource

Llano Estacado Alliance for Families (LEAF) encompasses 11 counties in rural and frontier west Texas spanning over 9,000 square miles. One of the innovative ways LEAF responds to the needs of consumers, youth, and family members in their communities is to provide funding for mileage, meals, and stipends so they can participate in group meetings and for any other personal emergency needs. It is not a great deal of money, but goes so far in ensuring that consumers, youth, and family members can be active, contributing members of the collaborative.

In Williamson County, Mobile Outreach Workers are issued credit cards so that they can defray expenses (i.e., prescriptions on weekends for someone just leaving the hospital, gasoline and utility costs) for mental health consumers with urgent and immediate needs.
Leadership Skills and Community Transformation Training

To assist the Texas MHT-CC’s with consumer engagement in the operations of the collaboratives, Texas Health Institute (THI) contracted with Carolyn Nava, Leadership International, to design and implement a curriculum and local workshops (See “Leadership Skills and Community Transformation Facilitation Guide” in the tools and resources section). This training was not specifically for consumers, but included all collaborative members, including consumers, youth, and families.

A basic tenet of this curriculum is the development of a “Covenant for Safety” that is achieved through total agreement. These covenants among the participants were instrumental in fostering open and sharing relationships between all members of the collaboratives. This training has served as the catalyst launching numerous ongoing initiatives and groups at the community level.

For information on this curriculum, contact:

Carolyn Nava
Leadership International
7403 W. 48th Avenue
Wheat Ridge, CO 80033
(303) 379-9711
leadershipinternational@gmail.com
http://www.leadershipinternational.net

Lessons Learned
LSCT Training

• Workshops should be planned well in advance (1-2 months at least).
• The purpose, target audience, and objectives should be clearly communicated to local planners and potential participants.
• It is recommended that one person serve as the point person for travel and meeting arrangements and logistics with the local site.
• Collaborative leadership should fully participate in the training. When the leadership of the collaborative organizations do not participate, it sends a message that the leaders do not support the concepts of consumer involvement.
• A “Train-the-Trainer” format is essential to maintaining the skills learned through this training for collaborative membership that is changing and growing.
Voices Leadership Group
Coastal Bend Rural Health Partnership

This dynamic growing community of consumers, family members, and providers was launched from the Leadership Skills and Community Transformation Training held in Kingsville, TX in August 2008. Since then, this group has been successful in:

- Conducting extraordinary consumer conferences, beginning with the “Together We Stand Conference “Empowerment Through Support, Education and Shared Visions,” September 18-19, 2009
- Advocating with local governmental officials and state legislators
- Developing a Speakers’ Bureau, addressing mental health at civic organization meetings and other venues,
- Establishing a rural transportation initiative with drivers’ training and scheduling assistance, and representing mental health consumers and family members at state and national conferences.

Meeting monthly, the VLG continues to grow and find unique ways to improve the lives of mental health consumers in their communities.

For more information, contact:
Martin Ornelas
(361) 664-0145 , xt. 268
martin.ornelas@cacost.org

Lessons Learned
Consumer Participation

- One full-time or several part-time consumer coordinators or consumer engagement specialists are needed to provide the needed administrative support and assistance to the consumers. These positions are ideally filled by consumers. It instills hope of recovery to other mental health consumers and that employment is a realistic goal. Furthermore, it promotes the recovery of the consumer employees themselves by helping others.

- Consumers and family members often do not have ready resources to pay the upfront costs of participation in local, state, and national conferences, such as registration fees, lodging and travel reservations requiring credit card information, and meal costs. Even if these costs are reimbursable, potential participants often have difficulty managing to cover these expenses initially. Provisions need to be made to direct payment of registration, lodging and travel for these participants and to provide cash advances or cash “gift cards” for meals and incidental expenses.

- Stipends are often needed to defray the costs of lost income of consumers and family members taking time off to participate in meetings. These costs need to be considered in organizational budgets.
Employment

Many of the TMHT-CCs have hired consumer and family members to provide services for persons in their communities with mental health issues. These positions run the gamut of consumer engagement specialists, family liaisons, and youth coordinators.

Employment of consumer peers offers mental health consumers hope by providing “walking, talking” examples of persons in recovery. Family members who have experienced issues with mental illness in their families can best help other families understand their loved one’s illness and how to obtain the services and supports needed to promote recovery. Additionally, employment of consumer and family peers provides a cost-effective way to expand a mental health workforce that is chronically understaffed and underfunded. Many consumers feel that the best way to recover is to help others; therefore, employment of consumers in the mental health system provides much needed income and promotes recovery.

Through the Texas Mental Health Transformation Initiative, Via Hope, a Mental Health Resource Center, has been established to provide training, technical assistance, and resources for mental health providers and consumers in Texas. One of the principal initiatives of Via Hope is the training and certification of mental health peer specialists.

Via Hope
Peer Certification Training

If a mental health provider wants to bill Medicaid for peer supports, they must be provided by a certified peer specialist, as defined by the state’s Medicaid agency. Via Hope will provide training and certification programs for peer specialists approved by Texas Medicaid.

The following site provides information about peer specialist training, the training application, and the certification process: http://www.viahope.org/peer_certification.asp

For more information about Via Hope and the peer certification program contact:
   Dennis Bach
   Director, Via Hope
   Mental Health America of Texas
   1210 San Antonio Street, Suite 200
   Austin, Texas 78701
   Phone: 512-454-3706, x204
   Fax: 512-454-3725
   www.mhatexas.org
**Housing**

The provision of safe, affordable housing for mental health consumers continues to be a challenge. Research has shown that stable housing is essential to recovery, contributes greatly to improved mental health outcomes, reduces hospitalizations and incarcerations, and increases satisfaction and quality of life.

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**Toolkit for Developing and Operating Supportive Housing**

Corporation for Supportive Housing

The Corporation for Supportive Housing (CSH) is a national nonprofit organization and community development financial institution that helps communities create permanent housing with services to prevent and end homelessness. CSH has offices in eleven states (California, Connecticut, Illinois, Indiana, Michigan, Minnesota, New Jersey, New York, Ohio, Rhode Island, and Texas) and in Washington, DC.

CSH has developed a toolkit to guide organizations in the planning, development, and on-going operation of permanent supportive housing projects through access to over 150 informational pieces, tools, and sample documents.

The toolkit may be accessed at the following link:


For more information, contact:

Corporation for Supportive Housing
50 Broadway, 17th Floor
New York, New York 10004
Tel: (212) 986-2966
Fax: (212) 986-6552
email: info@csh.org

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**Haven for Hope**

Bexar County Safety Net Community Collaborative

Haven for Hope of Bexar County is an independent non-profit organization dedicated to improving the lives of homeless men, women and children in the San Antonio-Bexar County area by providing a wide array of critical social services on a centralized 37-acre campus located near downtown and the central business district of San Antonio.

Far beyond shelter, food and clothing, Haven for Hope’s services are designed to address the root causes of homelessness, with over 70 Partner agencies providing such services as: job training; mental health and substance abuse treatment; medical, dental, and vision care; legal services, credit union, barber shop, exercise and recreational facilities; and transportation services.

For more information about Haven for Hope, contact:

Gilbert Gonzales
210) 731-1300 , xt. 397
(210) 363-5979 (Cell)
ggonzales@chcsbc.org
Jail Diversion

The TMHTCCs have been actively involved in jail diversion efforts through the establishment of psychiatric emergency services centers, mobile outreach, and crisis intervention teams. These initiatives have resulted in millions of dollars saved in cost avoidance and allow persons to be treated in the most appropriate settings.

It is essential that law enforcement as well as local government be major stakeholders in the collaborative.

Jail Diversion Toolkit
Bexar County Safety Net Community Collaborative

The Bexar County Jail Diversion Program of the Center for Health Care Services is an award-winning program because of its development of an innovative system of jail diversion involving community partnerships and collaborations, which has improved services, enhanced access to and continuity of care for persons with mental illness, and resulted in financial savings (over $3.8 million/yr. in Bexar County).

Bexar County has developed a Jail Diversion Toolkit, a step-by-step guide to help other communities develop the conceptual framework and collaborations necessary for a successful jail diversion program:

- Blueprint for Success: The Bexar County Model
- How to Set Up a Jail Diversion Program in Your Community

You may obtain copies of this toolkit along with an extraordinary costs analysis report of the program and many other essential resources at: [www.diversioninitiatives.net](http://www.diversioninitiatives.net) or by contacting:

Gilbert Gonzales
210) 731-1300, xt. 397
(210) 363-5979 (Cell)
ggonzales@chcsbc.org

Mobile Outreach Team
Williamson County Mental Health Task Force

The Williamson County Mobile Outreach Team started out with only two social workers working 8am – 5pm five days a week. However, once the law enforcement officers saw how essential they were in helping out with persons with mental illness, they were in great demand. Now there are 10 social workers working 24-7, 365 days a year. Over the period of the grant, Williamson County has shown a cost savings of $3 for every $1 invested in this initiative.

For more information on how to establish a mobile outreach team, contact:

Annie Burwell
(512) 943-3544
(512) 663-0415
aburwell@wilco.org
Psychiatric Emergency Services Center (PESC)  
Nacogdoches County Mental Health Community Collaborative

In rural East Texas, when someone was in psychiatric crisis, law enforcement officers had to accompany the person and stay with them in the emergency departments of the hospitals and then take them to a state hospital facility, depending upon bed capacity, sometimes as far as El Paso (> 800 miles, a two-day trip). In some rural counties, two officers might comprise over half the law enforcement force for the entire county. In addition, to the time away from other duties, the costs of transport and officers’ time adds up quickly.

To remedy this situation, governments and hospital districts in the 12-county region worked together with a private foundation to build a psychiatric emergency services center. Persons in psychiatric crisis can now be managed locally in a more appropriate setting close to their support systems.

For more information on the PESC, contact:
Anne Bondeson  
(936) 465-0357  
anneb@burke-center.org

Goal 3: Disparities in Mental Health Services Are Eliminated.

The report, Mental Health: Culture, Race and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General, highlighted striking disparities in mental health services for racial and ethnic minority populations. These populations are less likely to have access to available mental health services, are less likely to receive needed mental health care, often receive poorer quality care, and are significantly under-represented in mental health research.\(^3\)

Therefore in transforming the mental health system in communities, there is a need to:
- gauge the degree to which the needs and preferences of culturally and linguistically diverse groups are being effectively addressed;
- establish partnerships that meaningfully involve families/consumers and key community stakeholders;
- improve family/consumer access to and utilization of services and enabling supports;
- increase family/consumer satisfaction with services received;
- strategically plan for the systematic incorporation of culturally and linguistically competent policies, structures and practices;
- allocate personnel and fiscal resources to enhance the delivery of services and enabling supports that are culturally and linguistically competent; and
- determine individual and collective strengths and areas for growth.\(^4\)

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ACCESS
(Advancing Cultural Confidence and Equity in Standards and Services)
Tarrant County Mental Health Connection

A direct result of the Tarrant County Mental Health Connection, Bridging the Gap At Risk/Prevention Learning Community (See Goal 5), the ACCESS Implementation Team on Cultural Competency is helping to ensure each individual client is served with care that is responsive to the family's culture and values.

To date, 36 executives and 37 practitioners have received 4 days of training from Dr. Gloria Morrow, using the training curriculum for the California Brief Multicultural Competency Scale (CBMCS). Ten persons of this group will receive further training to disseminate this learning widely throughout the system.

For more information about this initiative, contact:
Lydia Garcia
817-492-4673
lgarcia@santafeyouth.org

National Center for Cultural Competence

The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health care and mental health care programs to design, implement and evaluate culturally and linguistically competent service delivery systems.

The NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy. The NCCC uses four major approaches to fulfill its mission including (1) web-based technical assistance, (2) knowledge development and dissemination, (3) supporting a "community of learners" and (4) collaboration and partnerships with diverse constituency groups. These approaches entail the provision of training, technical assistance, and consultation and are intended to facilitate networking, linkages and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency.

The NCCC is a component of the Georgetown University Center for Child and Human Development (GUCCHD) and is housed within the Department of Pediatrics of the Georgetown University Medical Center.

Contact Information:
Center for Child and Human Development
Georgetown University
Box 571485
Washington, DC 20057-1485
Voice: 800.788.2066 w 202.687.5387
TTY: 202.687.5503 w Fax: 202.687.8999
E-mail: cultural@georgetown.edu
URL: http://gucchd.georgetown.edu/nccc
Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

Extensive research has shown the importance of early life experiences and the central role of early relationships in brain development and social emotional development. This knowledge coupled with the current complex social environments of children (i.e., children spending considerable in childcare settings, family economic stressors, increased cultural diversity, disparities in access to mental and physical health care) calls for policy makers, business and community leaders, practitioners, and parents to work together to identify and implement policies and practices that are effective in addressing early childhood mental health.

Approaches should include:

- Training a workforce skilled in treating young children and their families;
- Training primary health providers to screen for and recognize early signs of emotional and behavioral problems and to offer connections to appropriate interventions; and
- Ensuring that mental health is addressed in school health.

Early Screening and Intervention

Early Mental Health and Autism Screening
Tarrant County Mental Health Connection

A direct result of the Tarrant County Mental Health Connection, Bridging the Gap Autism Learning Community Implementation Team (See Goal 5), the Physicians Network at Cook Children’s Medical Center decided to provide reimbursement to its physicians for autism and early mental health screenings at 18 or 24 months. The team is now working on system navigation issues that will address additional barriers to early identification and treatment.

For more information on this initiative, contact:

Patsy Thomas
(817) 927-5200
(817) 307-7001
patsywthomas@aol.com

Integrating Child and Adolescent Mental Health into Primary Care:
A Physician’s Resource Guide
Texas Medical Association, 2008

This guide offers primary care physicians (PCPs) practical information on the prevention, early diagnosis, and treatment of mental illness in young patients. To help PCPs begin to incorporate more mental health care into their practices, this guide includes:

- new information and data on trends;
- tips on prevention;
- screening, especially structured screens;
- descriptions of the most common disorders;
- guidance on coding; and
- state and national resource lists

It’s about what PCPs can do in their office and in their community. Starting by acknowledging that mental health is as important as physical health, PCPs can learn to build on a child’s strengths and resources for achieving and maintaining good mental health.

In short, this guide finds answers and resources for PCPs and their patients and their families, and their community.

For Copies or Reprints:
Visit the TMA Web site at www.texmed.org, or contact the TMA Public Health Department at (800) 880-1300, ext. 1396.

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**School-based Mental Health**

An estimated 20% of youth experience mental health problems in any given year, and approximately 75-80% of youth in need of treatment and support services do not receive adequate care. Emotional and behavioral health problems represent significant barriers to academic success. Suicide is the 3rd leading cause of death among young people. Failure to address the mental health needs of students has serious consequences both now and in the future: increased risk for school failure, social isolation, violence, substance abuse, unsafe sexual behavior, incarceration, unemployment and poor health.

The TMHTCC’s work closely with the school districts, youth organizations, faith-based organizations, non-profits agencies, childcare centers and other child-serving agencies and organizations in their communities to address the mental health needs of children and youth. Program initiatives vary from mentoring programs, mental health school curricula, professional development series, student assistance programs, and other innovative solutions.

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### Youth Initiatives
#### Llano Estacado Alliance for Families

Llano Estacado Alliance for Families (LEAF) has numerous initiatives targeting:

- At-risk youth, ages 9-17, in need of prevention or intervention
- 5th & 6th graders experiencing challenges in school or at home
- Youth involved or at risk of being involved in gangs
- Children and youth, ages 5-21, experiencing serious emotional disturbance or behavioral disorders

Projects include:

- Mentoring
- Youth Leadership Forums
- School Mental Health Curricula
- Gang Reduction Task Force
- Anti-Stigma Campaigns
- Mini-grants to communities for youth-based projects

For more information, contact:
Kay Brotherton
(806) 983-4929
(806) 292-7283 (Cell) [kaybro@sbcglobal.net](mailto:kaybro@sbcglobal.net)

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### School-based Mental Health Toolkit
#### National Association of School Psychologists (NASP)

Mental health underlies all aspects of children’s learning and development. School-based mental health professionals must be able to address a broad spectrum of student needs, ranging from prevention and wellness to behavior problems and mental health disorders. The NASP Toolkit: School-Based Mental Health includes over 130 relevant chapters, articles, and handouts from NASP print and online resources, including bestselling reference books, peer-reviewed periodicals, and practice-oriented products.

Information on purchase of this toolkit can be found at:


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**Student Assistance and Intervention Liaison (SAIL)**  
**Georgetown ISD**

SAIL is a problem solving process. It helps students overcome any problems related to grades, attendance, or behavior. With parental permission, students are connected to existing on-campus services and/or community resources that will help them overcome their problems.

- The SAIL team gathers data, such as grades, attendance, work samples, discipline referrals, and classroom teacher observations to determine if and where there are significant problems occurring.
- This data collection may lead to a plan of action. The student may be referred to on-campus resources such as special education, bilingual or English as a Second Language support, counseling, mentoring, tutorials, literacy services, etc.
- Parent or student conferences and questionnaires may be obtained to provide valued input to the SAIL team. These are seen as an essential element in the development of a plan of action for the student.

At times the problem is beyond the scope and responsibility of the school. The parents are then given information about community-based services.

For more information, contact:  
Coordinator: Ginna Beal, LCSW  
Phone: 943-5100 x 7508  
Email: bealg@georgetownisd.org

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**Goal 5: Excellent Mental Health Care Is Delivered and Research Is Accelerated**

An Institute of Medicine report, *Priority Areas for National Action: Transforming Health Care Quality*, cites a 17-year gap between published research and putting research into practice.\(^8\) While effective state-of-the-art treatments and programs are becoming more and more available, too few persons with mental health disorders are benefiting from this knowledge and practice.

The TMHTCCs are all utilizing evidence-based and emerging best practices (EBPs), including:
- Cognitive Behavioral Therapy (CBT) for depression,
- Collaborative treatment in primary care,
- Consumer operated services,
- Jail diversion and community re-entry programs,
- School mental health services,
- Trauma-specific interventions,
- Wraparound services,
- Multi-family group therapies, and
- Systems of care for children with serious emotional disturbances and their families.

One of the TMHCCs, Tarrant County Mental Health Connection, has placed special emphasis on “Bridging the Gap” from research to practice.

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Bridging the Gap
Tarrant County Mental Health Connection

In 2007, Mental Health Connection (MHC) embarked on a five-year plan to create a community of learners to bridge the 17-year gap between research findings and application in the field. The first step was to educate ourselves about evidence-based practices (EBP) for the treatment of mental illness. The second step was to devise ways to analyze what we learned from experts and from our own reading of scientific research. The third step was to implement the EBP’s with fidelity to the model. The fourth step is to evaluate our work to ensure maximum positive outcomes for families in a cost effective manner. Building our own local data will provide an invaluable tool for strategic planning and decision making for our community.

By creating opportunities for structured peer-to-peer discussion, MHC learned to:
- evaluate the integrity of research,
- analyze its relevance to our local community,
- recognize the value of fidelity to the research model during implementation,
- build consensus about our community’s understanding and value of EBP’s
- study the science of implementation,
- identify policy issues that either impede or enhance the goal of narrowing the gap between research, practice and policy.

For more information on the Learning Communities and Implementation Teams, contact:
Patsy Thomas
(817) 927-5200
(817) 307-7001
patsywthomas@aol.com

Research Roundtables
Tarrant County Mental Health Connection

The Tarrant County Mental Health Connection Research Council has established a Research Roundtable series to provide a forum for current research and evaluative information to be shared and discussed, including its relevance to the local community. Researchers present their preliminary research findings at brown-bag luncheons and serve as opportunities for mental health professionals to network with researchers.

For more information on the Research Roundtables, contact:
Patsy Thomas
(817) 927-5200
(817) 307-7001
patsywthomas@aol.com

Best Practices Clearinghouse for Mental Health Systems
Texas Department of State Health Services

The Clearinghouse is a resource designed to help Local Mental Health Authorities and other behavioral health providers, consumers, family members and interested stakeholders find information about practical approaches for improving mental health service systems that have demonstrated effectiveness, with emphasis on practices that are working in Texas.

The Best Practices Clearinghouse may be accessed at:
http://www.dshs.state.tx.us/mhsa/clearinghouse/bestpractices.shtm
### Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
#### Tarrant County Mental Health Connection

Due to their work through the Bridging the Gap Learning Community and Implementation Team on Trauma, the Texas Department of State Health Services, through the Mental Health Transformation Grant, has chosen the Tarrant County Mental Health Connection to be a part of research on the effectiveness of TF-CBT.

More than 50 individuals at 13 agencies in Tarrant County have already received training in TF-CBT, and are now participating in regular consultations and evaluation of fidelity to the model with experts in the Evidence-Based Practice. Another community will receive the training in TF-CBT, but not the ongoing consultation and fidelity evaluation. The study’s result will provide one measure of the impact transformation has on consumer outcomes.

For more information on this study, contact:

Molly Lopez, PhD  
University of Texas  
1717 West 6th Street, Suite 335  
Austin, TX 76107  
Fax: 512-232-0613  
E-mail: mlopez@mail.utexas.edu

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### Goal 6: Technology Is Used to Access Mental Health Care and Information

Health technology, telehealth, and telepsychiatry now offer powerful tools to improve access to mental health care in rural, remote, and other underserved areas.

Integrated electronic health record systems can promote high quality, coordinated services by enabling service providers to communicate vital health information clearly, confidentially, and timely.

The majority of the TMHTCCs are currently conducting mental health assessments and providing mental health services via telehealth. Utilizing these systems is particularly vital in very remote, frontier, and rural areas of the state and ameliorates the severe shortage of mental health professionals.

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### Telepsychiatry
#### Nacogdoches County Mental Health Community Collaborative

The Nacogdoches County Mental Health Community Collaborative conducts 100 percent of their mental health assessments and mental health services through telepsychiatry in their Psychiatric Emergency Services Center (PESC). Through a contract with an emergency psychiatry group in Houston, Texas, services are available 24-7, 365 days a year.

Plans are to extend this service to the hospital emergency departments. Trainings for hospital personnel have been conducted on utilizing this system.

For more information on this telemedicine system, contact:

Kinnie Parker  
(936) 569-4691  
(936) 556-2820  
parkerk@nacmem.org  
or  
Anne Bondeson  
(936) 465-0357
**Tele-Health**  
*Llano Estacado Alliance for Families (LEAF)*

LEAF funded the purchase of two tele-health units to connect the local Federally Qualified Health Center (FQHC) with the Community Mental Health/Mental Retardation clinic to facilitate the provision of integrated physical and mental health for mental health consumers with physical health needs and community health center patients that need mental health services.

Another unit was placed in the Hale County jail and is connected to the Community Mental Health/ Mental Retardation Clinic to provide assessments for incarcerated persons. This will result in great time savings for the law enforcement personnel.

**For more information, contact:**  
Ron Trusler  
(806) 293-2636  
(806) 774-3401 (Cell)  
ron@clplains.org

The majority of the TMHTCCs are involved in data sharing to assist with care coordination among all the agencies in the collaborative. The results in terms of lives saved, improved quality of care, and cost-savings are immeasurable.

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**Project Emerson**  
*Williamson County Mental Health Task Force*

Project Emerson is an Electronic Emergency Mental Health Record, a secure, live, web based, database used by emergency mental health providers and Crisis Intervention Team Deputies. This system replaces paper charts for approximately 4,000 mental health consumers which are updated live by clinicians via laptop computers (mounted in patrol cars) – during or just after a mental health evaluation / crisis intervention. Information includes: client history, medications, emergency contacts, diagnostic information, and safety precautions for consumers and responders-all accessible in the field. Not only does it improve coordination of care and follow-up services, it has saved lives as well.

**Story:** During a stand-off, information gleaned from Emerson provided officers at the scene to talk the person down, not requiring services of the SWAT team.

**For more information on Project Emerson, contact:**  
Annie Burwell  
(512) 943-3544  
(512) 663-0415  
aburwell@wilco.org
II. Developing a Community Collaborative to Address Mental Health at the Local Level
Power of the Collaborative

You don’t have to do it alone! By far the most effective means to transform mental health systems is through the power of collaboration. In Texas, collaboratives have been successful in implementing numerous transformative projects, directly saving lives and expanding the quantity and quality of mental health services and supports for consumers, youth and family members in their communities.

The most significant achievement has been the development of relationships and partnerships at local and state levels. While the Mental Health Transformation (MHT) grant funds created an opportunity for developing essential infrastructure, the vast majority of funds utilized in these transformation efforts and activities have been those developed at the local level and as in-kind resources leveraged in conjunction with the community collaborative subcontracts with Texas Health Institute (THI). The result has been a tremendous return on investment. A second major achievement resulting from these collaborative grants has been the substantial expansion of consumer, youth and family involvement in decision-making at both the local and state levels.

The purpose of this toolkit is to assist other communities in learning from the experiences of the Texas Mental Health Transformation Community Collaboratives (TMHT-CC’s) and to provide tools and resources for transforming mental health services and supports.

Stakeholder Development

The first order of business for the communities was to get the right people to the table. To help the communities with this step, THI provided a stakeholder analysis tool (See “Tools and Resources” section). It is recommended that the following stakeholder groups be represented in the collaborative:

- Consumers, Youth, and Family Members
- Community Leaders (e.g., United Way, Faith Community, Civic Organizations)
- Business (e.g., Chambers of Commerce, Insurance Companies, Bankers)
- Elected Officials (e.g., County Judges, Mayors, Commissioners, Hospital District Board)
- Education (e.g., School Board Members, School Administrators, Colleges/Universities, Area Health Education Centers)
- Mental Health Providers (e.g., Community Mental Health Centers, Physicians, Nurses, Pharmacists, Hospitals, Community Health Centers)

Additionally, as the collaborative matures and the needs of the community are assessed, it may be desirous to bring other stakeholders to the table.

Coastal Bend Rural Health Partnership

Rural Transportation Initiatives

When working to get consumers, youth, and family members more involved in the decision making of the community collaborative, a major barrier was discovered. Consumers, residing throughout the three-county rural area of South Texas, lacked transportation to meet together as a group with the collaborative leadership.

The Coastal Bend Rural Health Partnership (CBRHP) worked with the Texas Department of Transportation (TXDOT) and the Regional Transportation Authority to provide transportation for consumers to participate in Voices Leadership Meetings and activities.

Initially some of the drivers were concerned and reluctant to drive persons with mental health issues. To remedy this situation, training was provided for consumers in public speaking and telling their stories; following which, the consumers jointly led anti-stigma workshops with the leadership of the collaborative organizations for the rural transportation drivers.

This training for the drivers was so successful, that the drivers are now fully integrated into all the collaborative activities. Additionally, the Rural Transportation Authority has contracted with CBRHP to provide this training on an ongoing basis for all their drivers in the region.
Leadership is Key!!!

It is absolutely essential that key leadership of the member organizations are fully committed to collaborating and involving consumers, youth, and family members as integral partners in the community transformation process. Leadership support allows collaborative members to make participating in meetings and events a priority. Active participation by key leaders sets the tone for the collaborative as a whole and allows for immediate decision making regarding budgets, expenditures, and policy changes to facilitate needed changes.

Williamson County Mental Health Task Force

The amazing thing about the Williamson County Mental Health Task Force is the roster of actual participants who meet monthly to address mental health issues in the community. The county judge, county commissioners, county sheriff, hospital administrators, the medical directors for the community mental health/mental retardation center and the community health centers along with other community leaders meet regularly together to problem solve and make dispensations about individual cases. This body has been so successful and powerful that the membership has had to be limited so that confidentiality may be preserved and decisions can be reached in a timely manner.

Achievements of this august body include the development, implementation and expansion of an emergency mental health record system for use by the mobile outreach team members and crisis intervention officers; the creation of a much needed crisis respite center; a community mental health resource website that provides 24-hr. response to emails from residents regarding mental health issues; cross-agency/organizational data collection and sharing; and facilitation of cost-effective, appropriate, and local community services and supports for individuals with mental health issues. These initiatives have been proven to save the lives and dollars for county residents.

Lessons Learned

One of the original eight funded community collaboratives, Terrell County, a frontier county on the border of Texas, population 1,081, ceased to participate as an MHT community collaborative, when the project director moved away from the area. When you are in a place as small and remote as Terrell County, it is extremely difficult to identify new leaders.

Another of the original funded community collaboratives experienced a complete change in leadership of the managing organization in the second year of the project. As a result, the project was put in hiatus. Now that the leadership has stabilized again, the original collaborative members are reforming to continue their efforts.
Planning Meetings

There are several things to keep in mind when you are setting up meetings:

- A good meeting is well organized and has an agenda
- The length of the meeting should be made clear when it is set and you need to stick to the end time, even if you don’t accomplish everything you set out to do
- Make sure you have everything you need (flip charts, post-it notes, markets, pads, pens, projector, refreshments) Use a checklist to keep track
- Meetings for meeting sake are not conducive to accomplishing your goals. If you don’t have a clear agenda, don’t have the meeting.

Meeting Logistics

- Set an agenda you can stick to. Make sure you have specific items you want to cover, decisions that need to be made. Your agenda should be sent out in advance if possible so people can be prepared when they arrive.
- Allow enough time to accomplish your goals. If you have one item or twenty, make sure you allow enough time. Sometimes one item can take an hour to discuss. Look at your agenda and decided if you have anything that you feel people will have strong opinions they will want to share, allow enough time.
- Select a time that is most convenient for the most people. Parents might prefer mornings, business people might prefer evenings. There are Internet based tools you can use, like Doodle.com, a free service that can help you select the best time.
- Make arrangements that will help your consumers be able to attend. You might need to provide transportation, childcare, or even food to help ensure attendance. Consider who is involved and what would make it easier for them to attend.
- Pick a location that has plenty of parking, if possible centrally located. And be sure and send directions or a map with your meeting notice. Sometimes location is the deciding factor that determines if someone can attend a meeting or not. The meeting place can also convey the importance of a meeting. Be sure and pick a location that is quiet and allows for good dialog. Avoid restaurants or other places where there are noise and distractions.
- Name tags or name cards are helpful if you have a group of people who do not know each other well.

Having a Purpose

When people attend a meeting they are usually there for a specific purpose. That purpose can be as broad as being there to provide advise and support for a specific endeavor to fulfilling an obligation or simply wanting to network with individuals from a specific group. Whatever the reason, to have an effective meeting, you need to be able to make the purpose one of value to each participant:

- Try to identify possible benefits of the meeting for each person or organization.
- The value of a coalition vs. each person working on an issue alone
- The simple fact that they will be transforming mental health in their community
- Being associated with an elite group of leaders within the community
Letter of Introduction

Date
Name
Title (if applicable)
Organization (if applicable)
Address
City, State, Zip

Dear ________: 

You are invited to attend a presentation in (city or town) that will educate citizens of (city/town) about mental health issues we are currently facing and how we can begin to transform mental health services in our community.

We would be honored if you could attend this introductory meeting, being held (insert location, day, date and time) Our agenda will include brainstorming and planning out ideas/goals for a Mental Health Transformation team in (city/town).

We truly hope you can join us at this initial meeting; your knowledge and ideas are necessary to help us develop a strong vision for the future of our community. Please call (name/phone) for additional information.
Follow Up Letter (or email)

This letter should include some relevant facts/statistics on mental health both from a national perspective and a local perspective.

Date
Name
Title (if applicable)
Organization (if applicable)
Address
City, State, Zip

Dear ________:

Did you know that last year over ____________ teens committed suicide in _____________. This is a serious issue for our community and we are making it a priority to reduce teen suicide.

We believe you can be a vital part of our effort to accomplish this goal. We invite you to join our No Teen Suicide in ____________ County Task Force as we work to solve this critical situation.

We will meet (date/time/place) for brainstorming and strategic planning. Bring a friend. If you have questions, please call me at ______________ or email ________________. I look forward to seeing you on (the date).
Sample Agenda

You agenda can probably include many of the same elements each time. Below is a list of items you should consider for your first meeting and subsequent meetings.

Welcome

Purpose of Meeting (Why you are meeting/what you want to accomplish)

Introduction of Group

Ice breaker activity

Mental Health Issues (national)

Brainstorming the Local Issues

Choosing Goals

Logistics (future meetings/communication plan)

Identify Responsibilities (minutes/agendas/etc.)

Identify who else to invite

Agenda for next meeting
**Breaking the Ice**

For a group to work well together they must first get to know each other and develop a sense of trust and equality. To help achieve this, having an activity that everyone can participate in equally and shows that there are things we all have in common can be helpful. We have listed some examples, you may have some favorites of your own. After everyone has introduced themselves, try one of these activities.

**Getting to Know You!**

Have everyone stand up. Ask people to get into groups based on certain factors you have predetermined. These can include:

- Color of shoes, hair, eyes, shirt
- Over or under a certain age
- Have flown on an airplane
- Have traveled outside the state you are in
- Were born in this community
- Have a pet
- Think of some community specific things that might show people their connection.

**Brainstorming activity**

There are many ways to brainstorm. One of the best ways to get people talking is with guided questions. Some people are more comfortable speaking out than others. Here are two different approaches.

1. Set up three separate easels and put a guiding question on each easel. Have people count off 1-2-3 and put a group with each easel. Have them select on person to be the recorder and read the question. Some possible questions would be:
   - Who is involved in mental health issues in your community?
   - What do you think the key issues on mental health are in our community?
   - What are some of the barriers to people getting mental health services in your community?

   After 10 minutes, rotate each group to another question until each group has had an opportunity to have input on all three. When the group rotates, have them review what the previous group listed before they begin again. Once they have been through all three stations. Have the final group report out key findings to the larger group.

2. Have a large piece of butcher paper or several sheets of flip chart paper on the wall (or an easel) List a guiding question at the top of each sheet and facilitate the group’s answering of these questions.

Once the meeting has ended, it is important to capture the key ideas that came out of the meeting and share them back with participants. Someone should be a designated note taker who can listen well and type/return notes quickly.
**ATTACHMENT A**  
**STAKEHOLDER ANALYSIS TOOL**  
*Adapted for the Mental Health Transformation Project*

<table>
<thead>
<tr>
<th>Organization / Participant</th>
<th>Attendee #1</th>
<th>Attendee #2</th>
<th>Attendee #3</th>
<th>Attendee #4</th>
<th>Attendee #5</th>
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</thead>
<tbody>
<tr>
<td><strong>Stakeholder Group 1:</strong></td>
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<tr>
<td>Business</td>
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<td>Chambers of Commerce</td>
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<td>Local Major Employers / Corporate Leaders</td>
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<td>Retired Business Leaders</td>
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<td>Minority Chambers of Commerce</td>
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<td>Media</td>
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<td>Bankers / Realtors: (Commercial &amp; Residential)</td>
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<td>Health Insurance Companies</td>
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<tr>
<td>Insurance Agents / Brokers</td>
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</table>
## ATTACHMENT A
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<thead>
<tr>
<th><strong>ORGANIZATION / PARTICIPANT</strong></th>
<th>ATTENDEE #1</th>
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<tr>
<td><strong>STAKEHOLDER GROUP 2:</strong></td>
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<tr>
<td>Consumers</td>
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<tr>
<td>Consumers- Recipients of mental health services</td>
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<td>Family Members- Family members of Mental Health Consumers who have facilitated or accessed services for a loved one</td>
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<tr>
<td>Consumer Advocacy Organizations- Non-profit Consumer focused advocacy organizations such as Mental Health American (MHA), National Alliance on Mental Illness (NAMI), Texas Mental Health Consumers (TMHC), Advocacy Inc. (AI), etc.</td>
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<tr>
<td>Consumer Organizations- Organizations that exist within the community that are owned, run by and for Consumers of Mental Health Services.</td>
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<td>Youth – Recipient of services while under age 21</td>
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### ATTACHMENT A

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<td><strong>Stakeholder Group 3:</strong></td>
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<td>Community Leaders</td>
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<td>United Way</td>
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<td>Parent Teachers’ Associations</td>
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<td>Civic Clubs, such as Rotary/Lions/Kiwanis</td>
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<tr>
<td>Junior League, Junior Forum, Service Organizations</td>
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<tr>
<td>Faith Community</td>
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<tr>
<td>Community or Neighborhood Organization</td>
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<tr>
<td>Medical Societies / Auxiliaries</td>
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<td>Elected Officials</td>
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<td>Mayor and Council Members</td>
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<td>County Judge and Commissioners</td>
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<td>Hospital District Board Members</td>
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<tr>
<td>Sheriff</td>
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<td>Judges (juvenile and family law)</td>
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<td>Justices of the Peace</td>
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<td>ORGANIZATION / PARTICIPANT</td>
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<td><strong>STAKEHOLDER GROUP 5:</strong></td>
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<td></td>
<td>Education</td>
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<td>School Board Members</td>
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<td>School Superintendent(s) / Principals (s) / School Counselors / Teachers</td>
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<td>University/College/Junior College Faculty, Students, Administrators</td>
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<td>Area Health Education Center (AHEC)</td>
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<th>ATTENDEE #4</th>
<th>ATTENDEE #5</th>
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<tbody>
<tr>
<td><strong>STAKEHOLDER GROUP 6:</strong></td>
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<tr>
<td>Providers and Suppliers of Mental Health Services</td>
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<tr>
<td>Physicians: Primary Care, Emergency Room, Psychiatrists, Pediatricians</td>
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<tr>
<td>Hospitals: Public, Private, Faith Sponsored (i.e. Catholic, Methodist), Religious affiliations</td>
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<tr>
<td>Nurses</td>
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<tr>
<td>Emergency Medical Technicians, Paramedics</td>
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<tr>
<td>Allied Health Providers (Dietitian, Occupational Therapist, Physical Therapist etc.)</td>
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<tr>
<td>Providers of Complementary and Alternative Medicine</td>
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</tbody>
</table>
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<th>ATTENDEE #3</th>
<th>ATTENDEE #4</th>
<th>ATTENDEE #5</th>
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<tr>
<td><strong>CONT...</strong></td>
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</tbody>
</table>

**STAKEHOLDER GROUP 6:**

Providers and Suppliers of Mental Health Services

- Community Health Clinics
- Pharmacists
- Pharmaceutical Representatives
- Other Clinics
- Community Mental Health Centers
- HMO Service Providers
## ATTACHMENT A
### STAKEHOLDER ANALYSIS TOOL
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<table>
<thead>
<tr>
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<th>ATTENDEE #1</th>
<th>ATTENDEE #2</th>
<th>ATTENDEE #3</th>
<th>ATTENDEE #4</th>
<th>ATTENDEE #5</th>
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<tbody>
<tr>
<td><strong>CONT...</strong></td>
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</table>

#### STAKEHOLDER GROUP 6:

Providers and Suppliers of Mental Health Services

<table>
<thead>
<tr>
<th>Corporate Health Providers (i.e. Hospital Corp. of American, private out-patient and in-patient / residential programs)</th>
<th>ATTENDEE #1</th>
<th>ATTENDEE #2</th>
<th>ATTENDEE #3</th>
<th>ATTENDEE #4</th>
<th>ATTENDEE #5</th>
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</thead>
<tbody>
<tr>
<td>MBHO (Managed Behavioral Health Organizations)</td>
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</table>
**ATTACHMENT B – Delivery Services Diagram Example**

**Tryinghardville MH Services**

In order of volume of contacts what do you know about state of services?

<table>
<thead>
<tr>
<th>Community MH Center</th>
<th>Hospital Emergency Rooms (ER)</th>
<th>Schools-Counselors</th>
<th>Physicians</th>
<th>Law Enforcement</th>
<th>Churches</th>
<th>Civic Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>- long waiting lists</td>
<td>- same consumers over and over</td>
<td>- lots of kids with behavior and learning problems</td>
<td>- primary care</td>
<td>- # lock-up</td>
<td>- counseling</td>
<td>- boys &amp; girls club</td>
</tr>
<tr>
<td>- mostly pharmaceutical prescriptions</td>
<td>- type of problems presented in ER</td>
<td>- pediatrician</td>
<td>- # probation</td>
<td></td>
<td></td>
<td>- Big Brothers &amp; Sisters</td>
</tr>
<tr>
<td>- underfunded</td>
<td></td>
<td>- psychologists</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- licensed professional counselors</td>
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</tbody>
</table>
## Attachment C

### Designing the Healthcare Quilt©

<table>
<thead>
<tr>
<th>What types of service?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Times</strong></td>
</tr>
<tr>
<td>Performed and at <strong>Unit</strong> Cost?</td>
</tr>
<tr>
<td>How many people served? (unduplicated)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Expectant Mothers and Babies</th>
<th>Children</th>
<th>Adolescents and Teens</th>
<th>Adults</th>
<th>Seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH PREVENTION AND DISEASE PREVENTION</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Promote Health and Prevent Illness or Injury</td>
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<tr>
<td><strong>ACUTE</strong></td>
<td></td>
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</tr>
<tr>
<td>Provide for Immediate or Urgent Health Needs</td>
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<tr>
<td><strong>CHRONIC</strong></td>
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<tr>
<td>Provide for Ongoing and Long Term Health Needs</td>
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</tbody>
</table>
### What types of service?
- Number of Times Performed and at What (Unit) Cost?
- How many people served? (unduplicated)

<table>
<thead>
<tr>
<th>Services</th>
<th>Expectant Mothers and Babies</th>
<th>Children</th>
<th>Adolescents and Teens</th>
<th>Adults</th>
<th>Seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH PREVENTION AND DISEASE PREVENTION</td>
<td>Services by whom</td>
<td>Services by whom</td>
<td>Services by whom</td>
<td>Services by whom</td>
<td>Services by whom</td>
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<tr>
<td>Promote Health and Prevent Illness or Injury</td>
<td>Times performed</td>
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<td>Unit Costs</td>
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<td></td>
<td>People Served (Unduplicated)</td>
<td>People Served (Unduplicated)</td>
<td>People Served (Unduplicated)</td>
<td>People Served (Unduplicated)</td>
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<tr>
<td>ACUTE</td>
<td>Services by whom</td>
<td>Services by whom</td>
<td>Services by whom</td>
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<tr>
<td>Provide for Immediate or Urgent Health Needs</td>
<td>Times performed</td>
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<td>Unit Costs</td>
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<td>People Served (Unduplicated)</td>
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<td>10</td>
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<td>CHRONIC</td>
<td>Services by whom</td>
<td>Services by whom</td>
<td>Services by whom</td>
<td>Services by whom</td>
<td>Services by whom</td>
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<tr>
<td>Provide for Ongoing and Long Term Health Needs</td>
<td>Times performed</td>
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<td>14</td>
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</table>
III. Assessing the Mental Health System in Your Community
III. Assessing the Mental Health System in Your Community

There are two levels of assessment you should do at the beginning the transformation process.

First, determine if there is a key issue that will bring the community together to work on mental health issues. Many times a tragic event can motivate a community to unite and work toward changes that they would not have considered before.

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Shooting in Baptist Church
Tarrant County Mental Health Connection

In September 1999, an armed man entered a local church and began shooting. He killed seven youth and adults and injured numerous others before committing suicide. Subsequent analysis showed that this man suffered from some form of mental illness and had not received the services he needed through the existing mental health services system.

Several key players in the mental health community already had been meeting as an outgrowth of the legislatively mandated Community Management Team (CMT), which had been in existence since the late 1980’s. In 1999 the CMT became frustrated with the lack of services for children and adolescents and decided to involve other community players in the discussions. After the shooting, Kenneth Barr (the Mayor of Fort Worth at the time) approached the group and asked if they would develop a plan that incorporated services for adults as well. A full-day retreat in October, hosted by Cook Children’s Medical Center, was attended by CEOs of local mental health agencies and professional advocacy organizations who began developing a plan for a seamless system of mental health care. Mental Health Connection was born from that initial group.

Today Mental Health Connection enjoys active participation from more than 150 members representing public and private provider agencies, health care providers, advocacy organizations, elected officials, educators, the judiciary, the criminal justice system, clergy, consumers and their caregivers, and other concerned citizens.
Second is the more process-oriented assessment that will identify what assets you currently have in place and where you have a need to improve. There are many different ways to go through an assessment process. Some focus on the positive and others look for gaps. The process we have utilized with our collaboratives is simple but effective way of identifying both assets and gaps.

### Mapping Exercise Example
**Houston Healthcare Alliance**

As attendants were signed in, individuals were asked to join one of two groups they had been assigned to by the Harris County Healthcare Alliance. To begin the mapping exercise, each group was asked to draw on their butcher paper the current system of delivery for behavioral health services. Groups were given 20 minutes to visualize and map out the delivery system as they knew it in Harris County. Groups began their individual discussions as to what entities were already large players in the behavioral health delivery system and what services, or lack of services, each of these entities provided. Both groups began listing area providers such as the Harris County jail system; the Harris County Health Department; Mental Health Mental Retardation Authority; and various other private and public providers.

After the groups had been given time to map out the current system the two groups came together, and were asked how the current system could change to better serve those in the service area. Following was a discussion of where and how this ideal system could work and what pieces were essential for serving the Harris County community. Part of the first step of mapping the system came with what participants would like to see increase or decrease in the envisioned system. Immediately the jail system was mentioned as something that everyone would like to see play less of a role in providing behavioral health services. To counter the jail system playing a lesser role, “step down care” was recommended to increase efforts through an increase in supervised, permanent support, and transitional housing. The larger group also agreed that hospital emergency rooms are not an appropriate provider of behavioral health services. Among the items listed that the group wanted to see increase was clinical case management as well as an integrated “health home”. This piece would be a “one stop shop” for community-based physical and behavioral outpatient services.

The group discussion also included a “no wrong door” single point of access vision. The central focus of the new delivery system would be an integrated single point of access in which assessment, information and triage is available to those seeking services and those in need of outreach. The inspiration for this easy access point came from concerns among the group that individuals in need of help didn’t know where they could go to receive it. Moreover, some individuals who might need help wouldn’t even know they needed it.

The last piece of the large group map outlined elements to address a much needed paradigm shift. Through different educational efforts, for employers and individuals, and early intervention and prevention measures, a shift in the way behavioral health is viewed would ideally occur on governmental, institutional, and academic levels as well as lead to a shift in societal views of behavioral health. The group discussed stigma issues as a major barrier to access in an appropriate and timely manner to behavioral health issue prevention, intervention and recovery.

Once the mapping was completed, participants were led in creating priorities for which reform were essential. These priorities are the next steps in transforming the current system into a more efficient, superior system of behavioral health services in the Harris County community.

### Butcher Paper Exercise

On one 16 foot sheet of white butcher paper, have your community collaborative produce a descriptive diagram of the current mental health delivery system in your collaborative area. (See example at end of chapter)

Then, on an additional 16 foot sheet of white butcher paper identify the areas of the delivery system that your collaborative intends to transform.

By comparing the diagrams one above the other on the same wall, group conversation will stimulate the development of logic models for your project.
Community Assessment

Community assessment is an important tool in developing community collaboratives because it provides background information for groups to consider before planning and implementing programs and projects. Every community is unique with different goals, preferences, resources, history, and potential. A good community assessment helps a collaborative make informed decisions appropriate to the community. No single method works best in all cases. In fact, as a rule, most successful assessments use a variety of methods. The following is a brief overview of different community assessment methods. Consideration should be taken to the amount of time, effort and resources that will be dedicated to the assessment in the selection of the methods to be used.

Secondary Data

Secondary data are information sources about cities, counties, and regions such as census data; vital records (births and deaths and disease); data collected by state agencies (public school finances and enrollments or tax records); local administrative data (housing starts); and any other data collected for administrative or governmental purposes. Most of this information is readily available online, in public libraries, or through relatively inexpensive governmental reports. However, there are limitations in the use of secondary data. Definitions of the data are extremely important. The data may be dated, not captured in the exact format needed, and may reflect a larger population than is needed.

Focus Groups

A focus group is a structured interview of a group of 6 to 12 people selected at random or chosen to represent different groups within the community. It is best to begin with a set of pre-selected questions but allow for flexibility so that the group can expand upon ideas. Five or six questions are usually enough, with the more direct and detailed questions coming later in the session. Focus groups are very effective in getting participants involved in an issue and making them feel that their viewpoints count. Focus group interviews are relatively easy and inexpensive to conduct. All that is required is a moderator, someone to record the discussion (it could be taped), a predefined set of questions, an adequate meeting room, and some refreshments or light snacks.

Key Informant Interviews

Key informant interviews are conducted with selected individuals in a community who are involved with or have knowledge of particular situations as a way to get "insider information" about an issue, situation or problem. Key informant interviews are a quick and relatively inexpensive way to define the nature and extent of an issue and to identify potential solutions. Key informant interviews require a fair amount of time to make contact, arrange meetings and conduct interviews. Key informant interviews are most reliable when only one or two persons conduct the interviews since this helps to insure that the same kinds of questions are asked of all informants.

Expert Presentation and Testimony

Expert presentation or expert testimony involves having an expert, or someone who is particularly knowledgeable or experienced in a certain topic, make a presentation to a community group or decision-making body. This type of information provides an in-depth analysis of a given issue from people who have technical backgrounds or experiences which give them insights that are not available to the average person. In many cases the testimony is free, although some experts from outside the community may charge a fee or at least reimbursement for expenses. The value of this testimony depends upon the knowledge of the experts, and it is often wise to hear from several speakers, particularly when dealing with controversial issues.
Environmental Media Scan

An environmental media scan is based upon the assumption that community situations and issues are reflected in the content of local media (newspapers, radio, television, newsletters, etc.). The strategy is to form a scanning team, with each member being assigned a small number of media outlets to review on a regular basis. A common form is developed and used by all team members as they record the topics appearing in their assigned outlets. Media scans have the advantage of being relatively inexpensive to conduct provided there is enough volunteer help available. This method may miss issues, assets and community resources that have not yet surfaced or are not deemed as newsworthy, so it is best to use this method in conjunction with other assessment methods.

Community Forum

A community forum is a public meeting held to discuss a certain topic, issue or opportunity. Most commonly, there is a set of short presentations at the beginning of the forum describing the situation or topic to be discussed or outlining several options, viewpoints or approaches to be considered. A moderator then leads the discussions of strengths, weaknesses and outcomes based on the presentations. A recorder captures the viewpoints and suggestions presented during the forum as well as any conclusions reached and plans for future action. The major advantage of a community forum is the openness that is present by having public discussion in which anyone can participate. It also provides people an opportunity to hear various viewpoints and perspectives explained, leading to better understanding of others in the community. Disadvantages arise when not all relevant groups are represented at the forum and when not every individual feels comfortable expressing his or her thoughts in front of a larger group.

Social Surveys

Social surveys are a useful method of obtaining information about knowledge, attitudes, attributes or practices of the general population. Surveys can be used to find out how people feel about alternative programs, what services the community needs, and how well current services are meeting public expectations. Surveys are predetermined sets of questions and usually answer options which are asked of all individuals in a group or sample of people. Survey methods may include in-person face-to-face interviews, telephone, mail, web-based, or a combination of these methods. The strategy is to select a representative sample (best done on a random basis); get responses to questions; and tally the results for further analysis. If properly done, this approach provides useful and valid information about how the whole population and sub-groups feel about situations and issues in the community. While surveys can provide detailed information about the population of a community, this approach is one of the more expensive and demanding of the community assessment methods and should not be undertaken unless the group is able to devote the time and resources necessary to conduct a valid survey.

Community Tool Box

Kansas University

One of the most comprehensive community assessment tool boxes has been developed by Kansas University. The Community Tool Box is a global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement.

The Community Tool Box may be accessed at: http://ctb.ku.edu/en/

We encourage material reproduction, but ask that you credit the Community Tool Box: http://ctb.ku.edu

For more information, contact:
Work Group for Community Health and Development
4082 Dole Human Development Center
1000 Sunnyside Avenue
University of Kansas
Lawrence, KS 66045-7555 (U.S.A.)
Telephone: (785) 864-0533
Fax: (785) 864-5281
Email: toolbox@ku.edu
Website: http://communityhealth.ku.edu
Using Mental Health Statistics and other Data Sources

As you develop your needs assessment, you are also developing your story. To gain support within the community, they will need to understand and relate to the issues you identify. While it may seem very clear to stakeholders what the problem is; it will not be that clear to everyone. Using mental health data to help tell your story is an essential part of gaining support for change.

The community must understand the serious nature of mental health issues, both on a larger scale (state and national) as well as locally. Work with your local health department and hospital to develop information on your community mental health statistics. Use the resources provided here for state and national data.

Texas Department of State Health Services Comprehensive Health Data Portal
http://www.dshs.state.tx.us/chs/datalist.shtm

Here you will find Mental Health Data & Reports, Substance Abuse Stats, even information on which counties have a health care shortage designation.

SAMHSA’s National Mental Health Information center
SAMSHA provides state level data for all states, including incidence of mental illness among children and adults, utilization of inpatient services and amount of State spending on mental health.

SAMHSA’S Mental Health Services Directory
http://mentalhealth.samhsa.gov/databases/MHDR.aspx?D1=TX&Type=MDR
This directory lists organizations in Texas for a broad range of disorders

National Institute of Mental Health
This website provides access to a multitude of different studies and data sets, including a national survey that tracks rates of common mental disorders among American youth.

Center for Disease Control and Prevention
http://www.cdc.gov/mentalhealth/data.htm
The CDC and participating state health departments track adults’ perceived mental and physically unhealthy days using Behavioral Risk Factor Surveillance System (BRFSS) Also summary health statistics for US Adults.
IV. Prioritizing, Planning and Evaluation
Identifying Priorities

Before you can develop a plan, you must identify your primary issue(s). Do you have an issue with consumers being held in jail rather than referred out? Is there an issue with access to services for youth? Do you have a shortage of psychiatrists in your community?

Based on your assessment, make a list of the issues/gaps your community has identified. Then prioritize those issues.

Consider these questions as you prioritize:

- Will this issue require a short term or long term action plan?
- Is there evidence/statistics to support this issue?
- Will the community embrace efforts to address this issue? If you have an objective that the community does not support, it will be difficult to get resources and buy-in. If you do not have support, you need to educate and communicate before you begin.
- What are your existing resources?
- Do you have the resources available to accomplish this priority?
- Does your collaborative support your priorities?

Examples of Priorities from Communities

- Bexar County Safety Net Community Collaborative established the need for additional facilities to take consumers out of emergency rooms and get them needed help.
- Llano Estacado Alliance for Families decided to focus on children and youth mental health as a priority for their communities.
- Nacogdoches County Mental Health Community Collaborative came together to address the need for a crisis respite facility.
- Tarrant County Mental Health Connection felt the need to reduce stigma of mental illness as one priority. They developed a plan that included a business conference to help business leaders embrace consumers, and a social marketing campaign that focused on normalizing mental illnesses.
- Williamson County Mental Health Task Force had issues with consumers being held in jail rather than being directed into appropriate service systems.

Prioritization Exercise

Materials Needed:

- Flipcharts
- Masking Tape (if flipchart pages do not have adhesive)
- Markers
- Colored dots (optional)

1. Ahead of time, list the issues/gaps that have been identified through the assessment process on flipchart pages and post on walls of meeting room.
2. As a group process, review the list from the assessment and add any others identified by the group.
3. Group like issues/gaps.
4. Give each person a set of dots (3-5) and have them place the dots on the flipchart pages next to the items they feel are most important.
5. Those items with the most dots should reflect the top priorities for the community.
**Setting Goals**

Your goal(s) will provide the backbone for your action plan. Your action plan should include the strategies you plan to use and the action steps you will take to achieve your goals and objectives. It should identify a role for each sector of the community or group(s) involved in your effort.

Your goal(s) can be broad based, visionary statement that portrays what you want to see transformed in your community.

**Goal Exercise**

**Materials Needed:**
- Flipcharts
- Masking Tape (if flipchart pages do not have adhesive)
- Markers
- 3 X 3 Sticky Note Pads

1. Ask each person write down on a sticky note words that they feel exemplify what a quality mental health program would include.
2. Put all of the words on a wall/flip chart.
3. Pull out the words that are repeated.
4. Discuss the words as a group and use these key words to formulate your goal.
5. Make sure that everyone is in agreement about the final goal.

Example: Our community will provide comprehensive, caring, consumer-driven mental health services

**Setting Objectives**

Objectives should be measurable and relate directly to the issue(s) you have identified. One measure for establishing good objectives is using the SMART formula:

**SMART Objectives**

- **S** = Specific. Does your objective identify specific need and how it will be addressed? Be specific about what you are going to achieve.
- **M** = Measureable. Can you measure your success?
- **A** = Attainable. Can you actually accomplish your objective? Is it achievable?
- **R** = Realistic. Do you have the resources to make it happen (people/funds/materials)?
- **T** = Timed. Have you established a time frame to work within?
Examples of SMART Objectives:

By (date), the ---_________ Community Collaborative will increase the number of consumers/family members involved in community collaborative networks/workgroups from _____ to ______.

By (date), the ---_________ Community Collaborative will reduce the amount of time it takes to fill out paperwork for first time visitors by 50% from ____ minutes to _____ minutes on average.

By (date), ----__________ Community Collaborative will hold a (e.g., training, symposium, workshop) for approximately [targeted number] of (e.g., consumers, businesses, public) to promote (e.g., anti-stigma; public awareness on issues related to mental health; improved employment of persons with mental illness; increased housing supports).

Identifying Potential Barriers

A truly well-thought-out plan includes a discussion of barriers. Any time you are making changes, there will be obstacles, such as lack of funds or resources, no support from local leaders, or need for facilities and equipment. This could possibly include even negative feelings and publicity. By discussing and identifying barriers during your planning process, you can design strategies and action steps to help break down those barriers.

As a part of the group planning process, as each objective is written, it would be wise to list the potential barriers to achieving the objectives so that your action plans/strategies address steps to reduce/alleviate these barriers.

Identifying Action Steps

If your goal is your vision for your community and your objectives are the specific changes you want to make, then your action steps are the strategies you will use to accomplish those objectives. You can be specific and detailed or you can generalize. Whichever works for you, the following four items should be part of your action steps. (See Action Planning Template in Resource Section)

• What actions or changes will occur? Action steps should related to each specific objective and will explain how the objective will be achieved.

  Five specific strategies can help guide most interventions:
  o Providing information and enhancing skills (e.g., offer skills training in leadership, public speaking, etc. for consumer members of the team)
  o Enhancing services and support (e.g., start a mentoring program for high-risk youth)
  o Modify access, barriers, and opportunities (e.g., providing stipends and scholarships for consumer and family members to participate in conferences and meetings)
  o Change the consequences of efforts (e.g., provide incentives for community members to participate)
  o Modify policies (e.g., change business policies to allow parents and guardians and volunteers to spend more time with young children).

• Who will carry it out?

Assigning Responsibility: A plan is only as good as its execution. You can write a wonderful plan, have SMART objectives and concrete action steps, but if you do not have someone identified to implement each strategy, you cannot be successful. As you develop your plan, identify who will be responsible for each step. Make sure they are aware of the expectations and timeline and develop a system that will check progress and remind people of deadlines
• **What is the timeframe for completing the action?**
  
  o Be realistic in your projections.
  
  o Don’t overstate what you can accomplish.
  
  o Set short term objectives that you can accomplish and celebrate your success!
  
  o Set target dates for each action step, revisit on a frequent basis and adjust as needed
  
  o Remember to be flexible. A timeline can be projected to a specific date, or to a range of dates.

• **What resources are needed?** (People/funds/equipment/etc.)

  As you are developing your plan, you will also need to determine what other resources you will need. If you are having an event, you may need sponsors, equipment, and materials. If you are planning an advocacy effort, you will need volunteers to write letters. Make sure you have considered all aspects of your initiative and have identified all resources, including people.

**Evaluation**

Without evaluation, you do not know if you have been successful and you will not have evidence to share with funders and stakeholders of your accomplishments. As you develop your action plan, it is critical that you determine how you will evaluate your success.

If you set measurable objectives, make sure you will be able to gather the data to measure results.

**Examples of data to be gathered to measure the following objectives:**

By (date), the ___ Community Collaborative will increase the number of consumers/family members involved in community collaborative networks/workgroups from _____ to ______.

- Meeting rosters/Sign-in Sheets
- Meeting notes

By (date), the ___ Community Collaborative will reduce the amount of time it takes to fill out paperwork for first time visitors by 50% from ____ minutes to _____ minutes on average.

- Very brief timed study (could possibly use volunteers to time pre- and post- modifications in intake procedures).

By (date), ___ Community Collaborative will hold a (e.g., training, symposium, workshop) for approximately [targeted number] of (e.g., consumers, businesses, public) to promote (e.g., anti-stigma; public awareness on issues related to mental health; improved employment of persons with mental illness; increased housing supports).

- Participant lists
- Participation evaluation forms
A framework for program evaluation

Program evaluation offers a way to understand and improve community health and development practice using methods that are useful, feasible, proper, and accurate. The framework described below is a practical non-prescriptive tool that summarizes in a logical order the important elements of program evaluation. The framework contains two related dimensions:
1. Steps in evaluation practice, and
2. Standards for "good" evaluation.

Figure One shows the framework:

The six connected steps of the framework are actions that should be a part of any evaluation. Although in practice the steps may be encountered out of order, it will usually make sense to follow them in the recommended sequence. That's because earlier steps provide the foundation for subsequent progress. Thus, decisions about how to carry out a given step should not be finalized until prior steps have been thoroughly addressed.

However, these steps are meant to be adaptable, not rigid. Sensitivity to each program's unique context (for example, the program's history and organizational climate) is essential for sound evaluation. They are intended to serve as starting points around which community organizations can tailor an evaluation to best meet their needs.

The steps are as follows:
1. Engage stakeholders – These should include:
   - Those involved in program operations;
   - Those served or affected by the program; and
   - Primary intended users of the evaluation.
2. Describe the program -- Specific aspects to include when describing a program are:
   - Need – Problem, issue or opportunity that is being addressed
   - Expectations – program’s intended results
   - Activities – strategies and action steps (from initial plan)
   - Resources – time, talent, equipment, information, money, and other assets (identified in original plan)
   - Stage of development – is the program in it’s first year? What phase (planning, implementation)?
   - Context – history, geography, politics, and social and economic conditions, and also what other organizations have done
   - Logic model -- picture of how the program is supposed to work
3. Focus the evaluation design
   - Purpose – will information be used to improve services, determine program outcomes, etc.?
   - Users -- who will be using the evaluation data?
   - Uses -- what will be done with what is learned from the evaluation (e.g., gain insight, improve how things get done, determine what the effects of the program are, affect participants)
   - Questions -- what questions are most important to stakeholders?
   - Methods -- experimental, quasi-experimental, and observational or case study designs?
   - Agreements -- summarizes the evaluation procedures and clarify everyone's roles and responsibilities

4. Gather credible evidence
   - Indicators – specific measureable data items to track (# of people, changes in behavior or status)
   - Sources – people, documents, or observations
   - Quality – reliability and integrity of data collection
   - Quantity – how much data is enough to make decisions?
   - Logistics – methods, timing, and resources needed to collect data

5. Justify conclusions -- Five principal elements are involved in justifying conclusions based on evidence:
   - Standards -- values held by stakeholders about the program
   - Analysis and synthesis -- methods to discover and summarize an evaluation's findings
   - Interpretation -- figure out what the findings mean
   - Judgment -- statements about the merit, worth, or significance of the program
   - Recommendations -- actions to consider as a result of the evaluation

6. Ensure use and share lessons learned -- Five elements are of key importance to be sure that the recommendations from an evaluation are used:
   - Design -- how the evaluation's questions, methods, and overall processes are constructed
   - Preparation -- steps taken to get ready for the future uses of the evaluation findings
   - Feedback – all stakeholders need to be kept informed of how the evaluation is going
   - Follow-up -- ensure that the correct conclusions are made from the findings
   - Dissemination -- communicating lessons learned from an evaluation to relevant audiences in a timely, unbiased, and consistent fashion.

The second part of the framework is a basic set of standards to assess the quality of evaluation activities. There are 30 specific standards, organized into the following four groups:
1. Utility – does the evaluation answer the questions stakeholders need and want to know?
2. Feasibility – does the evaluation plan make sense (practical, politically viable, cost-effective)?
3. Propriety – are the methods used ethical (e.g., rights of human subjects preserved)
4. Accuracy – Are the conclusions correct?

These standards help answer the question, "Will this evaluation be a 'good' evaluation?" They are recommended as the initial criteria by which to judge the quality of the program evaluation efforts.
V. Finding Funding and Resources
The TMHTCCs have found that the strength of their collaboration has given them an edge in grant applications and in leveraging other governmental and private funds.

**Sustainability Planning**

Sustainability planning should be one of the first considerations in the formation of a new collaborative. For many of the community collaboratives, member organizations make annual contributions to the collaborative proportionate to their budgets to provide staffing and operating costs for the collaborative and provide services. Organizations vital to the collaborative, but without the resources to contribute monetarily, provide invaluable in-kind contributions through staff time, meeting space, and other contributions.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has an excellent toolkit on sustainability:

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**Sustaining Grassroots Community-based Programs:**

A Toolkit for Community and Faith-based Service Providers

Substance Abuse and Mental Health Services Administration

This toolkit is designed to help grassroots community and faith-based treatment and recovery providers to continue critical services for people affected by substance abuse and mental health disorders. Time-limited grant funding and categorical funding put grassroots organizations in the position of searching for funds to cover program expenses. Resources are needed to sustain and support program services over time. Sustainability is about maintaining and continuing program services after a funding period is over and ensuring that the organization has become a permanent part of community resources.

Providing helpful information to guide sustainability planning efforts, the toolkit has samples of tools and fill-in-the-blank planning templates and worksheets. It contains six booklets that cover:

- strategic planning
- organizational assessment and readiness
- effective marketing strategies
- financial management
- fund development and fund raising
- results-oriented evaluations

The kit is free and available in print and online. To order up to five printed copies, call 1-877-SAMHSA-7 (1-877-726-4727) and request order number SMA08-4340. To access and download the online version of the kit, go to [http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17868](http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17868)
Grants

Tarrant County Mental Health Connection has a permanent grant committee. Their grant seeking process is outlined below:

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**Grant Seeking Process**  
**Tarrant County Mental Health Connection**

1. Members of the Grants Committee shall be agency members of the Mental Health Connection (MHC). Individual consumer members may also serve on the committee.

2. The Grants Committee will search existing funding source databases in the normal course of their business days for grant opportunities to support the mission and goals of the Mental Health Connection.

3. When a potential source is identified, the member of the Grants Committee will forward that information to the Co-Chairs of the Grants Committee, who will discuss the opportunity and determine action or direction. The basis for this decision will be the following:

   - Whether or not the Mental Health Connection, a member organization, or other community organization meets the eligibility criteria
   - If the goals of the funds match the goals and objectives of the Mental Health Connection
   - If the funds represent a new or expanding opportunity for mental health or substance abuse services in Tarrant County

4. Via e-mail and within one week, the Co-Chairs will call an open meeting of the Grants Committee. This invitation will include basic information about the available funds including:

   - Eligibility criteria
   - Funding source
   - Amount of funds available
   - Purpose of funds
   - Due date of proposal

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For more information about Tarrant County Mental Health Connection Grant Committee, contact:

Patsy Thomas  
(817) 927-5200  
(817) 307-7001  
patsywhomas@aol.com
**Identifying Funding Resources**

**Where do you start?**
Seeking funds is sometimes the most difficult part of initiative transformation. Before you can start looking for funding, you need to be prepared.

1. Write a brief description your project. Who is involved, why you are qualified to initiate the project, identify your partners, how you will evaluate your success and measure your outcomes.
2. You will need to be prepared to state why your initiative is necessary. This is where you data/statistics will be helpful. Personalizing your story with local examples that are dramatic revelations can be as important as show the need.
3. Be specific in your request of funds. Be detailed in the budget you submit. Consider all potential expenses and calculate in-kinds donations of time and include those dollars. Many funders require matching funds or other resources.
4. Foundations are more likely to fund your initiative if you are implementing a “best practice.” If you can share the success of a similar initiative in another community it can increase your likelihood of being funded.

**Where do you go?**
More funds are donated to worthy causes by private donors than are distributed through grants. Local businesses, local foundations and private philanthropists are willing to help fund programs, especially if they know the funds are being used to better their own community. It also helps if a key individual being asked for funds has been touched by a mental health experience.

**Grant Resources**
The internet is an excellent source for specific grant titles. If you are looking for school-based resources, substance abuse funding, or if you are targeting a specific minority with your initiative, you can do a search to find links directly to funding sources. The ones we are providing here are more general in nature.

*NOTE: Most of these web sites also have great information on preparing grant applications.*

- **www.grants.gov**
  This is a one-stop place to find, apply for and manage grants. It covers over 900 grant programs.

- **www.cfda.gov**
  This website gives you access to a database of all Federal programs available to State and local governments.

- **www.samhsa.gov/grants/index.aspx**
  This link takes you directly to grant opportunities and other grant information for a variety of grants relating to substance abuse and mental health services.

- **www.hogg.utexas.edu**
  The Hogg Foundation promotes the highest standards in philanthropy by serving as a bridge between the grant-seeking and grant-making communities.

- **www.nprc.org**
  Non-profit Resource Center of Texas is a one-stop resource that can answer questions about grants, and strategic planning. They publish a directory of Texas foundations that is available on line.

- **www.nal.usda.gov/ric/ruralres/funding.htm**
  Provides information to organizations working to maintain the vitality of America’s rural areas. Also includes a list of funding resource links.

- **www.governor.state.tx.us/divisions/stategrants**
  The Governor’s Office State Grants Team provides on-line information about funding as well as statewide workshops on grant writing.
VI. Telling Your Story / Media
VI. Telling Your Story/Media

Getting the Message Out

To be successful in any endeavor you have to have good communications. If you are to be successful in transforming mental health services in your community, you will need a focused effort to educate the community, local agencies as well as the stakeholder organizations and individual consumers. Sharing information about the issues as well as solutions is critical.

Good media relations and community outreach will gain you considerable local coverage and increase awareness of your efforts. Having a well defined media plan enhances your efforts.

Tips for working with Media

Whether you are in a metro or a small town, the media is always interested in a good story. Here are some tips that could help you get coverage:

- Plan your event to coincide with a national/state or local holiday or event. It doesn’t have to be a mental health event; it could be a Senior Health Awareness Day, or National Kindness Day. By associating with events that are not all about mental illness, you can engage new partners, reduce stigma and capitalize on existing press opportunities.

- Develop a media contact list. The Internet or your local Chamber of Commerce can provide this information. Call the newspaper and find out who covers health stories/events. Get news director names for radio and/or television stations. Have a lead volunteer or staff person contact these people and introduce themselves in advance of any planned events or news releases. Offer to be a resource for information on mental health issues.

- Tell a story. Find a story that will evoke emotion and encourage action. People enjoy hearing about other people, and they will be able to relate better to the issue. Success stories, challenges, even tragedy can help you educate and communicate the need for quality mental health services.

- Be concise, factual and stick to a script. Whenever you talk with the media, it is always good to have specific information and facts to share. It is also risky to ad lib too much. If you stick to your script and answer questions carefully, you should get good coverage. Sometimes the media can misinterpret a statement, or write something down incorrectly, so be sure and have a written copy of your comments to share with media representatives so they can verify their facts when they are writing the story. And remember, even with television, a lot of what is said ends up on the editing room floor.

- Find a respected expert in your community to act as spokesperson. Use quotes from your expert in any news release and offer the media an opportunity to interview him/her if possible.

Another approach to building good media relations could involve developing a partnership with a specific newspaper radio or television station. This can be extremely helpful but requires a careful approach.

- Make sure that the media you choose fits your primary audience. If you want to develop programs focusing on the older generation, you would probably consider a news/talk station over a rock station.

- Offer exclusive coverage of some events/topics, but make sure if you are having a community-wide event that all media are still alerted.

Community Outreach

It is important to make your efforts visible within the community. Once you have your action plan, give your initiative a memorable name. Develop key phrases that describe what you want to achieve. Use these phrases on posters and flyers and distribute them to the library, schools, YMCA, hospitals, and other appropriate locations. Make sure you are delivering a message of hope as well as sharing information.

There are many resources available for presentations. Consider developing a PowerPoint presentation or a short talk with a leave behind that explains your initiative.

If you have found a local spokesperson/expert, ask your expert if he/she would be available to speak to local organizations such as Rotary or Lions.

Develop messages that can be given to local churches for the pastor to include in his or her sermon and also the Church bulletin.
Sample Letter to Media Outlet

Dear (Station Manager/Print Editor)

It is with great pleasure that we invite (Media) to partner with us on improving the mental health of our community by promoting mental health awareness.

We would like to meet with you and discuss how we can work together to help (City) citizens learn more about mental illness – how to recognize different issues, what to do if they have family members with mental illness and what resources are available.

We will be calling you in the next few days to schedule a time we can meet. You can reach me at (phone/email). I look forward to discussing this collaborative opportunity with you in more detail.

Sincerely,
Sample News Release

FOR IMMEDIATE RELEASE
Date
Contact: (Name/Phone/Email)

Teen Suicide Threatens Our Children’s Future
(Use a headline that will immediately engage interest)

(City), Texas —Despite advances in research and treatment of many diseases, our children are dying at an alarming rate. Suicide was the third leading cause of death for young people 10 to 19 years old in 2000.[1] More teenagers die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined.[2] In 2000, 1921 young people ages 10 to 19 died by suicide in the United States.[3] In fact, teen suicide rates have tripled in the past 15 years. (Add in local statistics if you have them)

Suicide is relatively rare among youth under fifteen (300 suicide deaths for ten to fourteen year-olds in 2000), but the rate has increased by 70% since 1981.[4] After increasing dramatically in the 1980’s, suicide rates among older youth have begun to decline in recent years. In 2000, the suicide rate among 15 to 19 year olds was actually slightly lower than in 1981.

Survey data from 2001 indicate that 19% of high school students had seriously considered attempting suicide, almost 15% had made plans to attempt suicide, and almost 9% had made a suicide attempt during the year preceding the survey.[5]

Suicide is far more common among some groups of teens than others. Male teens are almost five times more likely than females to die by suicide, even though females are more likely to attempt suicide. While white males account for the majority of youth suicide deaths (60 percent), the suicide rate among Native American male youths is exceedingly high in comparison with the overall rate for males ten to nineteen (16.0 per 100,000 vs. 7.8 per 100,000). Although still relatively low (5.7 per 100,000 in 2000), the suicide rate has been increasing most rapidly among African American males ten to nineteen-doubling over the last twenty years.[6]

(City) has developed a plan to address this serious issue. Working together with (List different organizations involved) we have developed...(Explain your initiative)

**Talking Points**

- Mental Health is about feeling healthy, and being healthy…mentally.
- Mental Health is about mental illness, but it is also about violence prevention, dealing with trauma and coping with daily stress.
- In a transformed mental health system, Americans will seek mental health care when they need it—with the same confidence that they seek treatment for other health problems.
- In 1997, the United States spent more than $1 trillion on health care, including almost $71 billion on treating mental illness.
- The barriers that create an unmet need for mental health services stem from stigma, fragmented services, cost, workforce shortages, unavailable services and not knowing where or how to get care.
- Suicide is the leading cause of violent deaths worldwide, outnumbering homicide and war-related deaths. In the US, suicide claims approximately 30,000 lives each year. The rate of teen suicide (for those from age 15-19) has tripled since the 1950s. Of individuals who die by suicide, approximately 90% had a mental disorder, and 40% of these individuals had visited their primary care doctor within the month before their suicide.
- Only about one-third of people with mental illnesses are employed, and many of them are underemployed.
- Too often, the criminal justice system unnecessarily becomes a primary source for mental health care.
- Each year young children are expelled from preschools and childcare facilities for severely disruptive behaviors and emotional disorders. In 1997 1 out of 200 preschoolers under the age of six received mental health services.
- A significant percentage of patients in primary care show signs of depression, yet up to half go undetected and untreated.
**Developing a Presentation**

PowerPoint Presentation Year 1

Many venues can now accommodate PowerPoint presentations and provide you with an LCD projector and a laptop computer. Here are some key elements to include in your initial presentation:

- Area of Influence (List your Community, County, or Region you will be involving in your efforts)
- The Transformation Team (List your key organizations and their representatives)
- Community Success (Share what your community is doing effectively to promote good mental health)
- Service Delivery Systems (List the areas you feel are in need of transformation)
- Consumer Involvement (Show how you will engage consumers in this process)
- Barriers to Transformation (Be frank about barriers and ask for support)
- Conclusion (Share goals/action plan)
**PowerPoint Presentation Year 2**

As you move forward, you will have more to share. Following is a guide you can use to help develop presentations in subsequent years. This guide can also help direct you on where to focus your energies from a process perspective.

**What is your Vision?**

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community.

**Which of the President's Goals does your transformation project address and how?**

- Public Understanding that Mental Health is Essential to Overall Health
- Mental Health is Consumer and Family Driven
- Disparities in Mental Health Services are Eliminated
- Early Mental Health Screening, Assessment and Referral to Services are Common Practice
- Excellent Mental Health Care is Delivered and Research is Accelerated.
- Technology is Used to Access Mental Health Care and Information

**How have you addressed these elements necessary to enact change?**

- We have motivated behavior change by:
- We have overcome resistance by:
- We are ensuring support from stakeholders by:

**How does your transformation plan align?**

- Financial reform
- Human resources retrained/redirected
- Information technology utilized
- Implementation of evidence-based practices
- Performance measures

**How does your transformation project address the following issues?**

- Stigma/Public awareness
- Consumer Voice
- Disparities in mental health services
- Education
- Housing
- School-based mental health

**How have you/will you transform(ed) the culture of your community?**

**How will your community be encouraged/rewarded for its innovative efforts?**

**How will your project be sustained?**

**What are your intended outcomes?**

**What changes will be/have been accomplished?**
VII. Advocacy
VII. Advocacy

Every day leaders in our communities are making decisions that impact our lives. From the city council who establish ordinances to the state legislature who fund programs and make policy to our leaders in Washington who make the laws of the land; and you have the ability to influence each and every one of them.

Advocacy is the process of influencing outcomes, including public policy and resource allocation that directly affect people's lives. There are people who work at influencing decision makers as their paid position. These paid advocates are called lobbyists.

Sometimes people feel they are not able to advocate for issues because of their job. Anyone can advocate for a personal issue, as long as you do state you are representing your employer.

And, there is also a difference between advocating and educating. Many times someone can provide valuable information about a specific issue, based on his or her experience and that would be considered educating, as long as you are not specifically stating a position for or against a particular policy. For instance, a research institution can present facts that show a shortage of doctors in certain areas of the state. That does not mean they are asking for more doctors, they are just presenting the facts.

"Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has."  . . . Margaret Mead

A coalition will be able to have a greater impact that a single individual, but every contact makes an impression. Legislators and other public officials keep track of how many calls and letters they receive on a specific issue. This helps them determine where to focus their energy. If they do not hear from anyone concerning mental health, then they will assume everything is fine.

Where Do You Begin?

It is important to assess the environment and try to determine what changes will be most effectively accomplished through policy. Sometimes it is easier to accomplish your goals through other avenues. But having a strong policy in place, or securing funding for specific programs are always helpful. For instance, before the seat belt law was passed, most individuals were not as inclined to buckle up.

Policy and advocacy are important locally as well as on a state and national basis. The Federal government chose to penalize tobacco companies, but local smoking ordinances are key to reducing the number of people who smoke.

Make Your Voice Heard

- Have members of your coalition visit legislators during a legislative session and share your concerns.
- Have your members each write a letter sharing information and facts with public officials. Make sure you use local information as well as national or state data.
- Have your expert representative (doctors are always well received) visit with your public officials and state your case.
- Work with other organizations having an interest in your cause, identify issues you can all support and have each group state their concerns and recommendations.
Voices Leadership Group – Advocacy  
Coastal Bend Rural Health Partnership

This dynamic growing community of consumers, family members, and providers was launched from the Leadership Skills and Community Transformation Training held in Kingsville, TX in August 2008. The group received training in public speaking, help with ‘telling their stories’, and public advocacy. Since then the group has traveled to Austin and advocated with their state elected representatives, worked with their elected officials at the local level, and engaged public officials at all levels (local, state, and national) at their extraordinary consumer conferences “Together We Stand Conference “Empowerment Through Support, Education and Shared Visions.”

For more information, contact:  
Martin Ornelas  
(361) 664-0145 , xt. 268  
martin.ornelas@cacost.org

Influencing Decision Makers

If you want to influence decision makers there are some key elements to consider.

- Is the issue important to a significant number of their constituents?
- Are there groups that will be opposed to your position/recommendations?
- Do you have broad-based community support?
- Are there state or national examples that show success?
- Will your recommendation/policy change require funding?

If you can answer these questions, you are ready to communicate with your public official.

Tips for Reaching Decision Makers

- Don’t be a one-time caller. It takes several times to establish credibility with public officials. So consider regular communication.
- Don’t always present a problem. It is nice for public officials to hear they are doing a good job. Try to comment on something favorably that your public official has been involved in promoting.
- Make sure your information is accurate and provide sources wherever possible.
Policy Coalitions

Texas Health Institute (THI) currently facilitates two highly successful policy coalitions: Partnership for a Healthy Texas and the Texas Children’s Mental Health Forum.

Partnership for a Healthy Texas
The Partnership for a Healthy Texas is a coalition of over 22 organizations coming together to identify and support legislative priorities related to conquering obesity in Texas. Prior to each legislative session, the Partnership identifies a set of common legislative priorities that all organizational members will support during the legislative session. The Partnership works to find legislative champions and sponsors for bills and then works together diligently to advocate for passage of these measures. In the last two legislative sessions, out of the six priorities supported by the Partnership each session, five priorities were passed into legislation.

For more information, contact:
Liza Creel
Texas Health Institute
(512) 279-3906
lcreel@texashealthinstitute.org

Texas Children’s Mental Health Forum
The Texas Children’s Mental Health Forum brings together a wide range of organizations with an interest in children’s mental health in our state. Monthly forums are conducted on different issues related to children’s mental health. Based on recommendations provided through the forum process and stakeholder dialogue, Forum members identify key legislative priorities. A result of the work of this forum, there has been an increased emphasis within the child-serving state agencies on children’s mental health issues and programs.

For more information, contact:
Susan Griffin
Texas Health Institute
(512) 279-3919
sgriffin@texashealthinstitute.org

Resources:
This website offers resources and information for individuals interested in advocating for mental health issues, including guides, articles and blogs. It also highlights advocacy efforts in various states.

http://www.righthealth.com/topic/Mental_Health_Advocates
www.thepraxisproject.org/irc/tools.html

This organization builds partnerships with local groups to influence policymaking. Committed to closing the health gap facing communities of color, they forge alliances for building healthy communities.