MENTAL HEALTH CONNECTION
TARRANT COUNTY

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RE-IMAGINING COLLABORATION
STRATEGIC PLAN 2023-2028

Key Plan Concepts:
Workforce & Shared Advocacy
May 8, 2023

MISSION

MHCTC integrates and strengthens the mental health system in Tarrant County.

VISION

A comprehensive, coordinated mental health system in Tarrant County that ensures all people have equitable access to high-quality services when they need them.

VALUES


Collaboration


Knowledge


Tenacity


Equity


Responsiveness & Adaptability


Trust

TOGETHER, WE'RE BETTER.

Vision, Mission, & Values

MENTAL HEALTH CONNECTION
TARRANT COUNTY

Vision

A comprehensive, coordinated mental health system in Tarrant County that ensures all people have equitable access to high-quality services when they need them

Mission

MHCTC integrates and strengthens the mental health system in Tarrant County.

Values

- *Collaboration:* we work together and support each other as we pursue our shared vision and goals.
- *Responsiveness & Adaptability:* we listen to community input, seek to understand changing requirements, and tailor our work to meet community needs.
- *Knowledge:* we seek to share and understand the capabilities of each member and best practices for mental health services delivery.
- *Tenacity:* we are committed to the long-term, consistent effort required to improve community services systems.
- *Equity:* we actively seek to end disparities in power, money, access, and resources in all aspects of our organization and our work externally.
- *Trust:* we strive to ensure integrity, reliability, and fairness among all members.

Core Beliefs

1. Mental healthcare is multi-faceted and enhances physical and emotional health, and to be most effective mental healthcare services should be integrated.
2. The mental healthcare system can and should be continuously improved.
3. We should use outcomes data to evaluate the effectiveness of our services and should incorporate both established evidence-based practices and new practices in our work to ensure effectiveness and foster innovation.
4. It is the responsibility of system participants and all community leaders to ensure all individuals and families have access to the mental health services they need: there should be "no wrong door."
5. When all mental health providers and stakeholders are at the table, we are stronger and more effective: "together, we are better."
6. The voice of recipients of services should inform the process of integrating and strengthening the mental health system.
7. To reach all people in need of mental health services, we must eliminate the stigma associated with receiving mental health services.
8. A highly trained workforce is the key to quality mental health services.
9. Transparency, integrity, and proactive coordination are required by all mental health system participants to deliver high-quality, integrated care.
10. A good system of care builds trust between mental health system participants.

MHCTC Major Goals

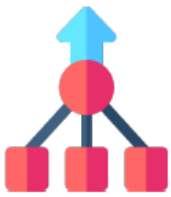
MHCTC will pursue the following major goals over the next five years:

Impact

Identify, prioritize, inform, and address critical system issues and needs in the mental health services system

Synergize

Expand and retain a vibrant membership and increase coordination, collaboration, and collective impact



Strengthen

Build the MHCTC organizational capacity and effectiveness required to achieve our mission

Advocate

Secure the changes in public policy and funding needed to achieve targeted systems improvements

Envisioned Outcomes

Impact

Definition of need is created.

Priorities for membership are established.

Intentional framework for moving forward is in place.

Synergize

Relationships between our members are strengthened.

Leading organizations in adult services have been identified, cultivated, and onboarded into membership.

A solid vehicle for providing ongoing workforce development is in place and is viewed as high-quality and desirable by CEOs and managers.

Strengthen

Successful transition to a strong, respected Executive Director has occurred.

Resources required by the plan are secured (funding, other resources) and an expanded staffing model is in place.

Advocate

A forum for developing member policy issues is established and is used by all members.

The broader community sees MHC as a leading voice for improving the mental health system in Tarrant County.

Key Strategies

MHCTC will achieve its five-year goals by:

- Utilizing available needs assessment data to inform **key mental health system improvement priorities** on an ongoing basis.
- Developing a shared advocacy platform based on identified high-priority system improvement priorities.
- Moving toward a task-driven framework that provides increased MHC staffing to support for high-priority collaborative activities.
- Launching a member-driven collective impact project to expand and improve the mental health workforce in Tarrant County: recruiting, retention, training, etc.
- Working to increase member understanding of the services each member provides and the service capacity availability among members.
- Engaging leading adult services providers to develop a stronger value proposition for MHC membership among these organizations and working to increase their membership.
- Developing a robust, technology-driven platform to support member collaboration.

Workforce Initiative Concept Model

Committee Participants

Chairs:

Wayne Carson, PhD, ACH Child and Family Services

Julie Evans, Alliance for Children

Participants:

Antoinette Oliver, Alliance for Children

Barrell Morgan, Alliance for Children

Chris Butler, The Parenting Center

Diane Davis, Alliance for Children

DiAnn Rucker, Santa Fe Youth Service

Matt Robison, Child Study Center, Cook Children's

Ottis Goodwin, Fort Worth ISD

Tnai Mason, ACH Child and Family Services

Virginia Hoft, MHC

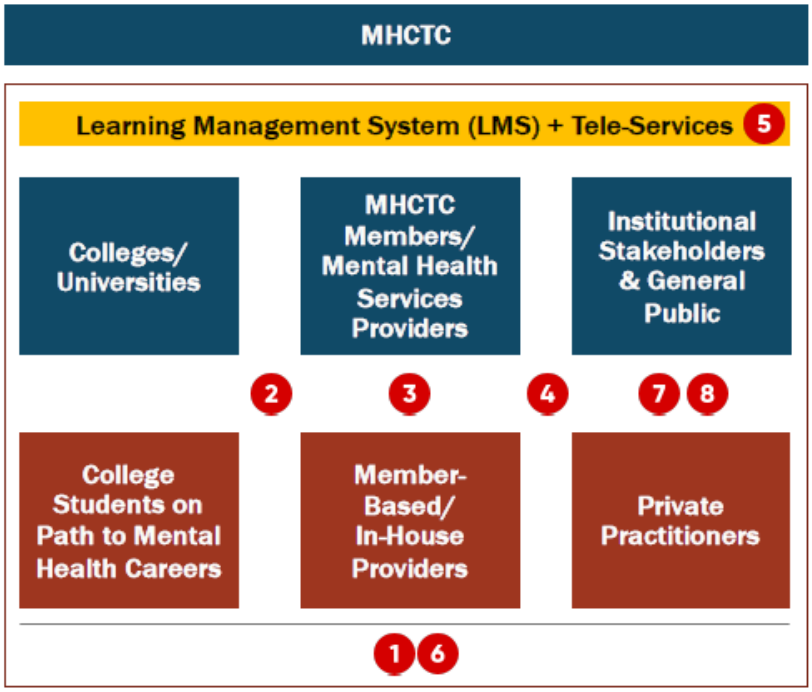
Defining Success for The Initiative

From the February 16th Committee Discussion - Future Success Looks Like:

1. People are more consistently getting the help they need
2. The right match of provider to client need is make more often
3. Practitioners are retained long (not two years – longer just to help get people oriented, trained, and productive. Needs to be closer to five years.
4. On average, staff tenure is longer.
5. Negative impacts on school system, other systems are reduced.
6. Low to no vacancy on clinical teams – need progressively increasing stability
7. More opportunities for employee growth
8. More communication/transparency across community organizations on staff recruiting to avoid driving competition for staff that is too intense
9. Less variety across community organizations on benefits, compensation, etc.

Key Stakeholders & Future MHC Services

Concepts for Future MHC Services



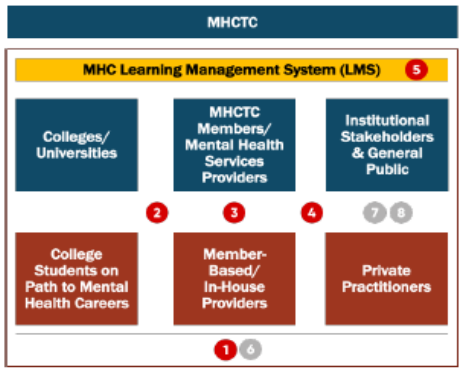
Top Priority Services:

1. MHC Training Academy: Practitioners & Management/ Leadership
2. Standardized Multi-Organization Internship Model
3. Standardized Early Professional Development Pathway Models
4. Practitioner Communities of Practice, Peer Groups & Mentoring
5. MHC Shared LMS & Tele-Services Platform Implementation

Second-Level Priority Services:

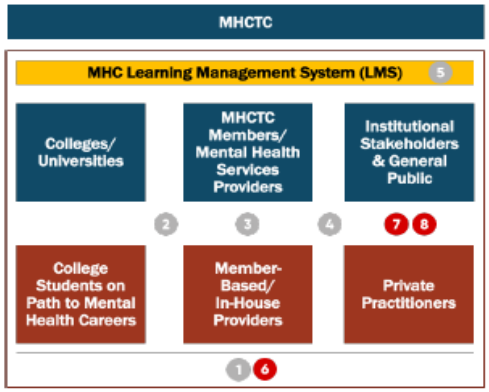
6. Within Training Academy: MHC Fellowship Program – Micro-Credentialing & Digital Badging & Preparation Support for Industry Certifications
7. Advertising & Promotion: Linked In
8. MHC Preferred Provider Program
9. MHC Pro Bono Program

Key Stakeholders & Future MHC Services



Top Priority Services:

1. MHC Training Academy: Practitioners & Management/ Leadership
   - Core topics/content relevant to all providers
   - Online and in-person courses
   - Ability for members to open in-house courses for participation by practitioners from other members
2. Standardized Multi-Organization Internship Model
   - Ability for college students to work in a standard model across multiple MHC member organizations: large and small organization contexts, multiple service settings
   - Collaborative/collective member promotion of internship opportunities to college students
   - Leadership development internships
3. Standardized Early Professional Development Models
   - Supported by MHCTC LMS for young professionals
   - Possible shared oversight model to support certification
4. Practitioner Communities of Practice, Peer Groups & Mentoring
   - Ongoing online and in-person MHC events tailored to specialty groups within MHC membership
5. MHC Shared LMS & Tele-Services Platform Implementation
   - Workforce activity tracking across all MHC members
   - Shared platform to facilitate virtual services delivery



Second-Level Priority Services:

6. MHC Fellowship Program
   - Competency-based testing and associated preparation courses/experiences/materials
   - MHC-branded micro-credentialing & digital badging
   - Content mapped to support preparation for standard/accredited industry certifications
   - Public recognition for participant accomplishments
7. MHC Preferred Provider Program
   - Private-practice professionals who are badged MHC Fellowship Program members available to contract with members to supplement in-house workforce
   - MHC file sharing services to facilitate engagement of third-party preferred providers (paid or pro bono basis)
8. MHC Pro Bono Program
   - Public promotion of opportunities to serve indigent/ low-income clients
   - Participant ability to donate part or all of their time on a client case
   - Possible agreements to provide/fund participant training in return for bono services
   - Public recognition for participants (possible associated MHC digital badges, inclusion in annual report, recognition at events, etc.)
   - Possible fundraising opportunity: matching funds for participant training and/or partial reimbursement

MHC Training Academy

Suggested Topic Areas

Clinical

- TBRI – trust based relational intervention
- CBMCS – California Based Multi-Cultural Survey (DEI) plus extensions to advance beyond the 101 offering
- Trauma informed care
- EMDR – Eye Movement Desensitization
- Human Trafficking
- Ethics & Culture Diversity
- Child Abuse & Neglect
- TFCBT – trauma focused cognitive behavioral therapy

Leadership Development

- TBD

Administration

- Practitioner credentialing with insurance providers, billing, navigating denials and appeals, etc.
- Program evaluation/data analysis
- Grant writing

General/Other

- CPR
- First Aid
- HIPAA
- Vicarious trauma and self-care
- Managing aggressive behavior/de-escalation training like CPI – Crisis Prevention Intervention, and others.

Implementation Ideas

- Learning management system hosted by a third party (possibly an MHC member)
- Topics/course outline scope and sequence to be oriented to client life phases (or at least population subsets) and/or practitioner career stage/career paths
    - Topic extension: level 101, 201, 301, etc.
- Course development and delivery done by a mix of outsourced/third-party partners and in-house (member and MHC) personnel
- Delivery to include online and in-person events, with the ability for members to host events and promote them via a centralized learning management system
    - Opportunity for members to open seats in existing in-house training courses to personnel from other member organizations
- Other Ideas:
    A. Differentiated access and pricing for members vs. non-members, public practitioners vs private practitioners
    - Should MHC provide training services for practitioners outside of Tarrant County?
    - Possibly provide both ongoing training offerings and periodic, high-profile symposiums
    - Future: an MHC annual conference of practitioners that brings people together regionally or nationally?

Shared Advocacy Initiative Concept

Committee Participants

Chairs:
Matt Robison, Child Study Center, Cook Children's
Ashley Elgin, Lena Pope

Participants:

Anastasia Taylor, Alliance Child & Family Solutions
Chris Butler, The Parenting Center
Eric Niedermayer, Recovery Resource Council
Frank Hernandez, TCU
Gaby Garica, PSP Professional Services
Jennifer Gilley, Tarrant County Challenge, Inc.
Matt Robison, Child Study Center, Cook Children's
Matt Vereecke, Jordan Elizabeth Harris Foundation
Shana Hazard, Lena Pope
Susan Garnett, MHMR of Tarrant County

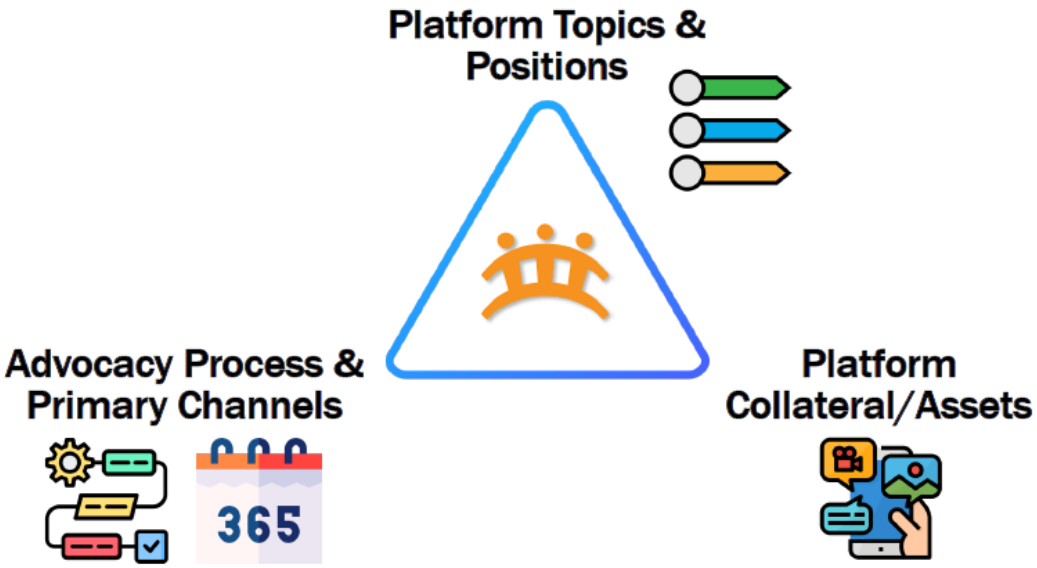
Defining Success for The Initiative

From the February 16th Committee Discussion - Future Success Looks Like:

1. Finding advocacy interests/commonalities across multiple member businesses
2. Changing hearts and minds/moving culture instead of seeking legislative change and funding as the only goal.
3. Trying to help the various groups who are already working on advocacy get on the same page.
4. Helping key constituents become more aware of the challenges and opportunities so more individuals/organizations can take up the issues we care about – "influencing the influencers."
5. Connecting members to each other based on understanding of each other's organizations and interests.

Future MHC Shared Advocacy Model

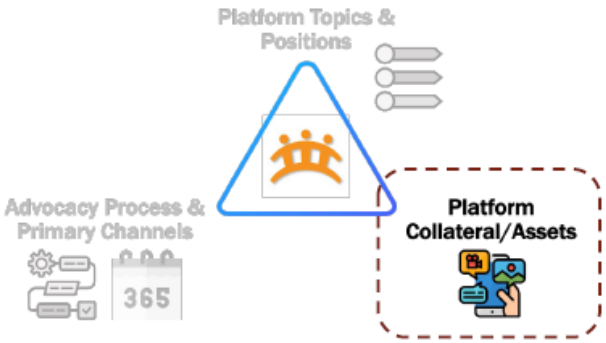
Three Primary Elements



Advocacy Process & Primary Channels

1. Periodic member forum meetings to understand each other's priorities
2. Member commitment to participate in collaborative stakeholder outreach and education events and activities – more than "just paying dues"
3. Internal and external recognition for members' contributions of time/effort to shared advocacy
4. Rolling annual/quarterly calendar of events published to the membership – members working together to meet groups of Commissioners, State/US Representatives, funders. Meetings focused on education on the issues and solutions.
5. Greater emphasis on local/Tarrant County stakeholders – not just Austin and/or Washington
6. MHC member "speakers circuit" for one-on-one and group stakeholder meetings, with MHC scheduling management and support (facilitates participation across small and large member organizations)
7. Opportunities for multiple members to sign on to join letters to stakeholders
8. Ongoing social and traditional media "campaigning"

Future MHC Shared Advocacy Model



Platform Collateral/Assets

1. Engagement of a third-party creative firm to develop MHC-branded assets with consistent look, feel, and voicing
2. Ongoing funding for asset development, channel placement strategy, and channel placements
3. Online library of digital assets available for customization and use by all members
4. MHC annual report capturing key advocacy platform topics, MHC member education and advocacy activities, and accomplishments

Platform Topics & Positions

1. Ongoing MHC-facilitated member forum for gathering and curating member perspectives on key topics, positions, and desired actions/outcomes.
2. Major topics grounded in MHC "Beliefs" statements
3. Ranking of potential topics: feasibility vs. impact
4. Structured content for priority topics: the issue, the impact, the key solutions, actions that should be taken by key stakeholders

WORK IN PROGRESS

May we use the April 3 Committee working meeting to curate a first-draft of key topics for member consideration?

Possible MHC Advocacy Platform Topics

1. Access to Mental Health & Substance Use Disorder Services
2. Addressing/Reducing Stigma
3. Prevention & Early Intervention
4. Support for Families & Caregivers
5. Care Collaboration & Coordination
6. Integration with Physical Health Care & Social Services
7. Cultural Competency
8. Support for Individuals with Severe Mental Illness
9. Support for Research
10. Workforce Development & Sufficiency

Example MHC Platform Content

The Current Situation:

- Funding tends to focus on treatment and not prevention. Our entire health care system is designed to treat illness, not promote health.

Impacts on People & The System

- More expensive services are utilized in lieu of less expensive prevention programs.

Opportunities & Solutions (ranked by easy to hard):

- Implement universal mental health screenings (depression, suicide, SUDS, etc.) in all local health systems
- Increase accessibility to first-line services at the outpatient level

Current MHC Priorities & Actions

- To be developed