Texas
System of Care

Evaluation Report - Year 1

Texas System of Care
Achieving Well-Being for Children and Youth

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Introduction

The mission of the Texas System of Care is to strengthen the collaboration of state and local efforts to weave mental health supports and services into seamless systems of care for children, youth and their families. Texas has a long history of supporting the development of the System of Care framework within the state. The Texas Legislature has established that the Texas Health and Human Services Commission (HHSC) is responsible for implementing "a system of care in communities for minors who are receiving residential mental health services and supports or inpatient mental health hospitalization, or are at risk of being removed from the minor's home and placed in a more restrictive environment to receive mental health services and supports." Texas Health and Human Services Commission received a planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2011, followed by a four-year implementation grant to establish critical state infrastructure. In 2017, SAMHSA awarded Texas the current four-year grant, entitled *Sustaining a Texas System of Care*, to further expand and sustain the System of Care framework across the state.

System of Care Goals

The grant proposal identified the following goals for the Texas System of Care Expansion:
1. Increase leadership support for the system of care at the state level.
2. Develop a system that will allow children and youth referred by any child-serving agency to be served with high-fidelity wraparound when clinical eligibility is met.
3. Improve the capacity of Texas's public mental health system to support transition-age youth.
4. Improve continuity of care for children and youth in juvenile justice placements and residential treatment centers (RTCs).
5. Continued development of youth and family voice and leadership in Texas's behavioral health system.
6. Reduce disparities in access to and use of services, and in outcomes in specialty populations.
7. Improve knowledge statewide about system of care and sustainability.
8. Evaluate the system of care and engage in continuous quality improvement.

Key Activities for Year 1

The primary focus for the first year of the grant was to establish or enhance state level infrastructure to support System of Care and establish two new System of Care expansion communities. This included ensuring strong membership in the state governance body, the Children and Youth Behavioral Health Subcommittee, strengthening partnerships with child-serving state agencies, and establishing a Memorandum of Understanding with child-serving agencies. The two new System of Care expansion communities participated in trainings, established procedures for service referrals and coordination with residential providers, and expanded their wraparound programs. Expansion communities also provided outreach and education within the community, established community governance boards, and developed an initial strategic plan. The expansion communities hired local evaluation staff and were trained in evaluation procedures. The initial grant year also focused on expanding youth leadership within the state through recruitment into ACCEPT and the establishment of local ACCEPT chapters.

Overview of the Evaluation

TIEMH is conducting a broad-scale process and outcome evaluation to document project accomplishments, achievement of project objectives and goals, and the impact on the state, community, and family systems. The evaluation incorporates requirements of the SAMHSA documentation of client services, using the National Outcomes Measure (NOMS), the collection of Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators, and federal cross-site instruments. The local evaluation extends this data collection to address additional evaluation questions of interest to the state and community systems. Texas System of Care uses evaluation data for continuous quality improvement (CQI) to guide implementation at the state and community levels. The team regularly reviews data to determine the need for changes to the strategies, technical assistance, or additional training.

The evaluation examines the accomplishments, impacts, and barriers at the state, community, and family levels. Over the course of the grant period, the evaluation will address the following questions:

State-Level:
1. Do members perceive the CYBHS to be collaborative and impactful?
2. Is Texas expanding the system of care framework and strengthening implementation?
3. Has Texas increased the use and impact of youth peer support?
4. Is the provider workforce more knowledgeable and skilled?
5. Has Texas increased the use of zero suicide best practices?
6. Have Texas residential treatment providers adopted best practices that have led to better outcomes for children and families?

Community-Level:
7. Do members of community governance boards perceive them to be collaborative and impactful?
8. Do communities enhance the level of implementation of the system of care framework?
9. Do community organizations show increases in cultural and linguistic competency?
10. Are children and youth more likely to be identified with suicide risk and/or problems with adjustment to trauma following changes to screening procedures?
11. Are more youth and young adults being referred for assessment of psychosis?
12. Are communities providing high-fidelity wraparound programs?
13. Are children in out-of-home care having shorter stays?
14. Are fewer children in the community placed in out-of-home care?
15. Has the program resulted in reduced costs for care?

Family-Level:
16. Do caregivers report decreases in caregiver strain?
17. Do families report increases in empowerment?
18. Do children and youth have improved functioning?
19. Do children and youth have reduced behavioral health problems?
20. Do families of different racial, ethnic, or gender identity experience disparate access, use, or outcomes?

Progress towards Identified Goals

The following describes progress made on project goals during the first grant year:

Goal 1: Increase leadership support for the system of care at the state level. State child-serving organizations entered into a Memorandum of Understanding (MOU) outlining their commitment to the system of care framework and identifying activities that they would undertake to implement the system of care values within the organization. The state's Child and Youth Behavioral Health Subcommittee (CYBHS), which serves as the state governance for Texas System of Care, met quarterly throughout the year. During this period, state agencies began presenting on their progress implementing system of care values, and the subcommittee expanded to include the Department of State Health Services and voted to include a representative from the substance abuse prevention field. System of Care communities also presented on their progress in implementation at these meetings. Texas System of Care leadership began to have regular meetings with leaders from the Children's Mental Health division of the Health and Human Services Commission, the Texas Juvenile Justice Department, and the Department of Family and Protective Services. These leadership meetings were an opportunity to discuss referral and service activities, address any problems that might arise, and examine additional opportunities for collaboration.

Goal 2: Develop a system that allows children and youth referred by any child-serving agency to be served with high-fidelity wraparound when clinical eligibility is met. Two expansion sites were established in Collin County and a 12-county region in East Texas. Both regions increased access to wraparound by hiring and training additional facilitators. Supervisors and facilitators participated in regular coaching to increase staff skill and competency. Each site worked closely with child welfare, juvenile justice, and school systems to build efficient referral pathways. The site leaders met regularly during the project period to update stakeholders on referrals to wraparound and treatment progress. HHSC opted to have the University of Maryland measure wraparound fidelity, as the provider of wraparound training; however, no data were collected during the reporting period.

Goal 3: Improve the capacity of Texas's public mental health system to support transition-age youth. The state mental health agency has established a workgroup to examine policy changes to support transition-age youth. Stakeholders have researched a variety of best practices and examined state data to understand gaps within the current service system. This stakeholder workgroup is continuing to meet and identify opportunities to strengthen state policies and practices. The Texas System of Care team hosted a Transition-Age Youth Policy Academy to support both the state and several local agencies interested in strengthening their practices. The Policy Academy exposed agencies to best practices from national experts and led teams to plan for changes within their system. The team has provided technical assistance to participating teams as they move forward to making system changes. The state also hosted a Youth Peer Support Roundtable to initiate a discussion about the establishment of near-age peer support within the Texas mental health and substance use treatment and recovery systems. The event brought together youth peer support leaders, community leaders, and state agency leaders to discuss opportunities to move forward with youth peer support.

Goal 4: Improve continuity of care for children and youth in juvenile justice placements and RTCs. The expansion communities established relationships with residential treatment programs to improve continuity of care for children in their catchment area. The communities initiated wraparound planning for children in placements, engaging residential providers as a part of the wraparound planning team. Wraparound facilitators held wraparound meetings at the residential facility and supported families in travel costs, when needed. The wraparound planning also allowed families to address underlying needs during the child's residential stay, with a goal of reducing the time until family reunification. At the state level, the Texas System of Care team partnered

with the Department of Family and Protective Services to plan and host the Texas Building Bridges Initiative. The Building Bridges Initiative supports best practices for family- and youth-driven care, cultural and linguistic competency, trauma-informed practices, and community engagement. Residential providers have received training through a Building Bridges conference and a series of webinars, as well as technical assistance through a state learning collaborative. The Texas System of Care team has also worked with program staff overseeing the HHSC Residential Treatment Center initiative to incorporate continuity of care best practices in contractual agreements and quality assurance activities.

Goal 5: Continued development of youth and family voice and leadership in Texas's behavioral health system. Texas has expanded on youth voice and leadership through the continued expansion of ACCEPT, a state chapter of Youth MOVE. The state chapter recruited new members and hosted an annual retreat to support leadership development and planning. The chapter has also elected young people to serve as chapter president, vice president, secretary, and treasurer. The state chapter also developed an application for local ACCEPT chapters, and the first chapter was established in the Krause Residential Treatment program. Additional local chapters are under development. Texas System of Care also partnered with the Rural Children's Initiative in West Texas to host an Artify youth leadership event. The event brought together community organizations and youth across the region to explore the use of creative arts to create change. Texas System of Care also continued to support youth involvement in state and local committees and workgroups, experiencing some accomplishments but also many challenges. Family leadership continued to grow through the Texas Family Voice Network, which established the group's bylaws and developed committees to expand efforts on communication and sustainability. During this time, the Texas Family Voice Network developed additional resources for family leaders and partnered with the National Federation of Families for Children's Mental Health to help host the national conference in Houston, Texas.

Goal 6: Reduce disparities in access to and use of services, and in outcomes in specialty populations. Activities to address this goal have begun, with additional progress planned in the coming years. The Cultural and Linguistic Competency Specialist has continued to develop trainings for special populations, including individuals living with different abilities and the LGBTQ population. Basic terminology and considerations are shared through one-hour webinars, followed by more in-depth conversations presented in podcasts. East Texas, one of the two Texas System of Care expansion communities, participated in a training on Culturally and Linguistically Appropriate Services (CLAS) standards, and the team began planning for a CLAS Policy Academy. The evaluation also began to examine disaggregated data to explore disparities in access, quality, and outcomes, although small data samples limited the interpretation of this data.

Goal 7: Improve knowledge statewide about system of care and sustainability. Texas System of Care engaged stakeholders in the development of a communication and social marketing plan for the grant period. The team provided training in system of care at each of the expansion communities, and supported local leads in providing outreach to community stakeholders. The state made modest progress on funding during the grant period. Texas opted to utilize SAMHSA block grant funding to expand the number of communities with coordinated specialty care (CSC) teams for early onset psychosis. Texas also expanded the implementation of zero suicide through additional block grant funding, allocating resources to further implementation in community mental health centers. The state also received grant funding from SAMHSA to promote the integration of primary and behavioral health care, as well as to implement additional school mental health services. Texas began the steps needed to establish accountable care organizations to support high-fidelity wraparound through the 1915c Medicaid Waiver.

Goal 8: Evaluate the system of care and engage in continuous quality improvement. During the grant period, the Texas System of Care team developed an evaluation plan and submitted the proposal to Institutional Review Boards for approval. Special approval was required to include children in the conservatorship of the child welfare

system. The evaluation team provided training to the local evaluation staff and conducted regular meetings to ensure that evaluation protocols were followed. Staff prepared regular family reports to support wraparound facilitators and developed quarterly evaluation reports for program staff and governance boards.

State-Level Activities
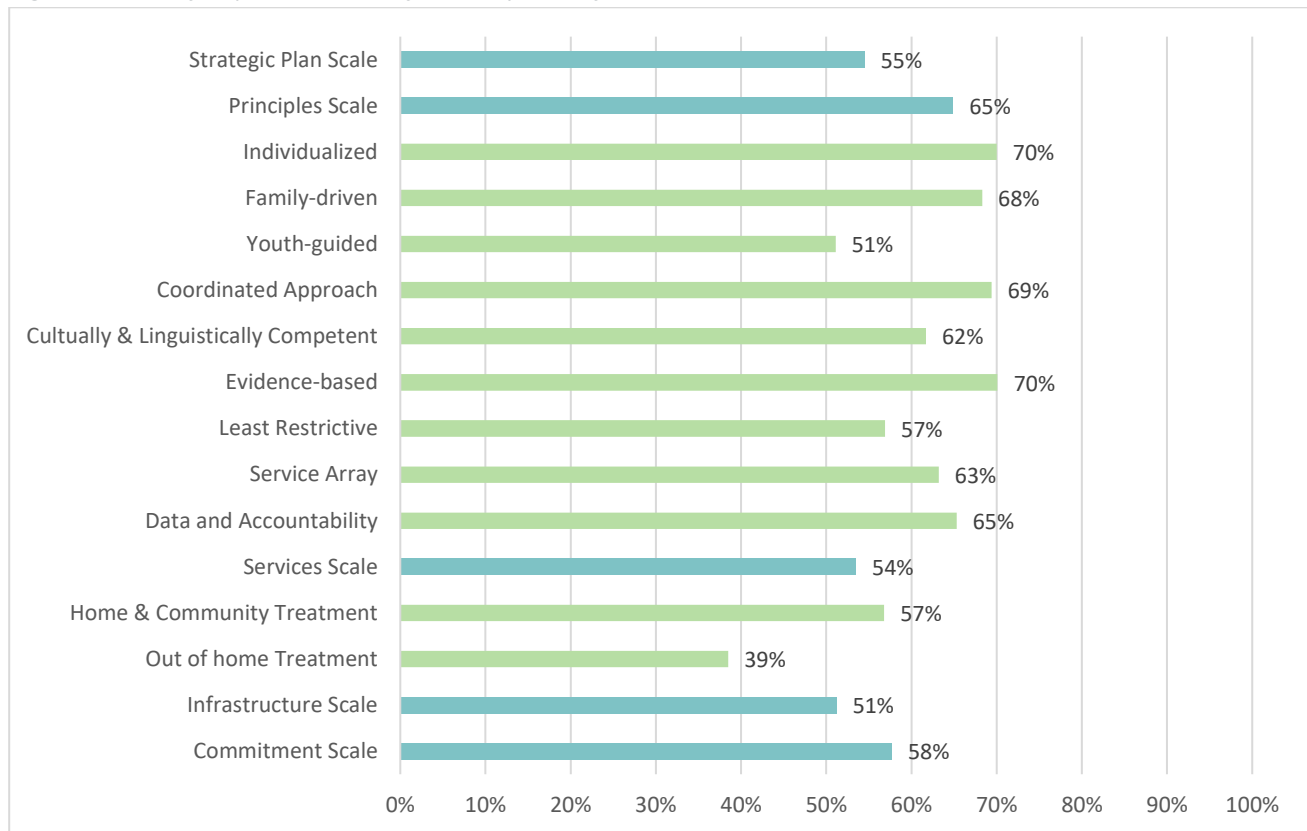
State Baseline Assessment

In Winter 2017, Texas System of Care surveyed all existing System of Care communities in the state to measure implementation across the multiple elements of a strong system of care approach. Each community completed *the Rating Tool for Community-Level Implementation of the System of Care Approach* (Pires, December, 2012). Communities were asked to either reach a consensus on ratings among governance board members or to survey each member and develop an average rating. Fifteen system of care communities were asked to complete the survey and ten responded, for a response rate of 67%.

Summary scores for each System of Care area represent the percentage of available points within the domain. A score of 0% represents no implementation; a score of 50% reflects moderate implementation, and a score of 100% reflects complete implementation. Results of the survey have been aggregated across all communities for most analyses. Comparisons are also made between three veteran System of Care communities, with over five years of experience as a system of care region, and seven novice communities.

The average total score for System of Care communities corresponded to 58.2% of available points on the scale and represents a "Moderate" level of implementation. The veteran communities scored higher than novice communities did, with a score of 74.0% versus 51.4% respectively. Figure 1 illustrates the percent of available points for System of Care communities on each subscale of the measure. Overall, communities rated their implementation of System of Care principles as a relative strength, with the use of individualized and evidence-based care rated as the most thoroughly implemented. Concerning System of Care principles, communities were least likely to endorse implementation of youth-guided care and the least restrictive setting for care.

Communities reported a moderate level of implementation of services and supports, with a greater implementation of home and community-based services than short-term out-of-home options, such as therapeutic foster care and crisis stabilization. Communities reported a moderate level of commitment to the System of Care approach from community stakeholders, with the greatest buy-in from the mental health and juvenile justice systems. The lowest levels of commitment were seen from youth leaders, family leaders, physical healthcare providers, substance use treatment providers, and managed care organizations. Communities reported moderate implementation of infrastructure supporting System of Care, with strengths being well-defined access points for care and interagency partnerships. Relative weaknesses for infrastructure included youth organizations and leaders and family organizations and leaders.

Figure 1. *Level of Implementation of Texas System of Care Communities*

Scale	Percentage
Strategic Plan Scale	55%
Principles Scale	65%
Individualized	70%
Family-driven	68%
Youth-guided	51%
Coordinated Approach	69%
Cultually & Linguistically Competent	62%
Evidence-based	70%
Least Restrictive	57%
Service Array	63%
Data and Accountability	65%
Services Scale	54%
Home & Community Treatment	57%
Out of home Treatment	39%
Infrastructure Scale	51%
Commitment Scale	58%

Note: Instrument core scales are presented in blue green, and subscales are presented in light green.

Veteran communities yielded higher ratings across most scales. Interestingly, all three veteran communities reported the highest possible ratings for the Strategic Plan scale, indicating a formal written plan is used extensively to guide their System of Care efforts. There were also large differences between veteran and novice communities on the development of infrastructure, with novice communities scoring 40.2% of available points and veteran communities at 77.0%. Similarly, veteran communities achieved a higher level of commitment from community partners, scoring 81.2% compared to the 47.6% for novice communities.

Social Marketing

Social Marketing Plan. During the initial year of the grant, a social marketing plan was developed. Input was sought from the SOC staff, CYBHS members, the Texas Family Voice Network, and ACCEPT and incorporated into the final plan. The final plan focuses on increasing awareness and understanding among key audiences, using social marketing to engage youth and families and empower them to play a key role in system changes, broadening the understanding of cultural and linguistic competence within systems of care, broadening the understanding of communities' role in the system of care, and supporting social marketing activities within Texas System of Care communities. The 2018-2021 plan is available on the Texas System of Care website.

Website. Texas System of Care maintained a website at www.txsystemofcare.org that provided information about grant activities, housed webinars and reports, and provided blog content. The primary audience for the website is internal constituents, such as state agency partners and community system of care stakeholders, as well as child-serving providers. Website traffic was monitored throughout the year, with the number of users in a quarter ranging from 1,546 to 3,170, with an average of 2,461 users per quarter (*SD*=798). Users resulted in an average of 6,324 page views per quarter (*SD*=1,959). This is similar to the average of 2,274 users each quarter (*SD*=980)

during the previous four-year grant. A redesign and update of the website and the inclusion of additional content is a key goal for the second year of the grant, and analytics will continue to be monitored to examine if this increases traffic and the use of resources on the site.

E-Newsletter and Social Media. One of the primary communication tools used by Texas System of Care is a bi-weekly electronic newsletter. The newsletter provides information on grant activities, opportunities to provide input or get involved, training events and webinars, grant opportunities, and new resources. The e-newsletter is distributed to between 700 and 730 individuals, as well as posted on the Texas System of Care website and shared through social media. The e-newsletter is evaluated through its reach and open rate, which ranged from 16.7% to 20.1% each quarter, which is slightly less than the average open rate for non-profits (26%) and higher than the global open rate of 6% (as measured by MailChimp).

Social Media. Texas System of Care utilized social media channels to engage a broader audience, including thought leaders, individuals interested in mental health, and the general public. Texas System of Care hosted a Facebook page and included information about System of Care activities, accomplishments of System of Care communities, and informational articles relevant to children and families. The quarterly reach of the Facebook page ranged from 806 to 1,584 during the first year of the grant, with an average reach of 1,249 (SD=373) and 772 followers at the end of the year. This is a significant drop in reach from the previous grant, which had an average reach of 9,993 per quarter (SD=8,760). The Texas System of Care Twitter feed shared news articles, information from partner organizations, and engagement in national, state, and conference discussions, using hashtags. The number of impressions ranged from 4,267 to 10,442, with an average of 7,195 (SD=2,993). This also reflects a significant decrease from the average 26,081 impressions per quarter (SD=27,600) in the previous grant. Texas System of Care also hosts a YouTube page, which is used to share educational content and social marketing videos. Content is organized into different areas, and users can follow the site for updates. YouTube views ranged from 2,022 to 2,498 per quarter, with an average of 2,292 views (SD=212). This platform has seen an increase in the number of views compared to the previous grant, with an average of 1,677 views per quarter (SD=612).

Children's Mental Health Awareness. Texas System of Care hosted two statewide Children's Mental Health Awareness activities during the first year. A statewide children's art contest was held with awards provided to elementary, middle, and high school students for original art, writing, and photography. Winning entries were showcased at several community locations and incorporated in a printed calendar. A large statewide rally and festival was held at the state capitol building in May. The event included presentations in English and Spanish from families and children, community leaders, and a state athlete. The festival also included family-friendly games and activities, exhibits from community organizations, and a recognition ceremony. There were an estimated 200 attendees at the event.

System of Care Video Series. A series of videos was created during the reporting period to highlight achievements from the previous four years. The aim of the video series was to enhance understanding of Texas System of Care and build investment from system partners. The videos were finalized during the current year, showcased at a CYBHS meeting, and promoted on YouTube, the e-newsletter, and social media.

ECCO Awards. The communications accomplishments for Texas System of Care were honored with a series of Excellence in Communication and Community Outreach (ECCO) awards. In 2018, Texas System of Care received awards for Artify the Metroplex (Gold, Audience - Children, Youth, and Young Adults), Texas System of Care conference (Gold, Audience – Internal Constituents), Texas System of Care conference (Gold, Strategy – Partnership Development), Flight2Freedom (Silver, Strategy – National Children's Mental Health Awareness Day), #HowIThrive (Silver, Strategy – Overall Communications Campaign), Children's Mental Health Awareness Day Austin (Honorable mention, Strategy – National Children's Mental Health Awareness Day).

Workforce Development

Texas System of Care offered a variety of trainings and/or presentations intended to advance the mental health and related workforce. A total of 1,177 individuals were impacted by training activities. Figure 2 illustrates the number of individuals trained from different professional backgrounds. The largest number of professionals were from the juvenile justice field, followed by the mental health field.

Figure 2. *Texas System of Care Trainings by Professions*

Culturally and Linguistically Appropriate Services. One of the priority training areas was raising awareness of the national CLAS standards and strategies for reducing behavioral health inequities. Widespread staff training in the CLAS standards was held within Burke, one of the Texas System of Care expansion community lead agencies, reaching a total of 104 staff. Training in CLAS standards was also conducted with Our Community, Our Future System of Care in central Texas, with 16 participants. Specialized trainings were prepared for state partner agencies. Two trainings in cultural humility were held for Educational Service Centers (ESCs) participating in disaster crisis services in the Hurricane Harvey impacted region, with the training initially impacting 26 individuals and then sustained through HHSC staff. A training on implicit bias and its role in service provision was developed for the Department of Family and Protective Services and provided to 15 individuals involved in residential treatment placement decisions. Two trainings were also held to support the Texas Juvenile Justice Department; one training focused on supporting healthy cultural identity in youth and was provided to 40 system trainers, and the second training, held as a part of the TJJD webinar series, focused on engaging families through culturally informed practices.

Mental Health and Juvenile Justice Webinar Series. Texas System of Care initiated a partnership with Texas Juvenile Justice Department to provide 12 webinars to the state juvenile justice system focused on mental health and other values-based topics. Texas System of Care planned and executed five of the webinars during the first grant year. These included an overview of mental health (57 participants), adolescent brain development (96 participants), the role of childhood trauma (95 participants), substance use disorders (17 participants), and engaging families by enhancing culturally informed practices (25 participants). The webinar recordings are housed

on the agency's website and continue to be viewed in archive format. The additional seven webinars are planned for the second year of the initiative.

Table 1 summarizes the participant feedback for each webinar. Ratings range between 0 ("not at all") to 5 ("very much"). Overall, ratings were very positive, reflecting that presenters were judged to be knowledgeable and participants were engaged in the topic. Raters were slightly less likely to report their behavior would change following the mental health assessment and substance use disorder webinars than other topics. One person who participated in the Role of Childhood Trauma webinar commented "GREAT presentation!!! One of the best webinars ever. I plan to watch it again. This is what our kids need."

Table 1. *Participant Ratings Following Webinars*

	Webinars				
Evaluation Questions	Mental Health Assessment *Mean (SD)*	Adolescent Brain Development *Mean (SD)*	Role of Childhood Trauma *Mean (SD)*	Substance Use Disorders *Mean (SD)*	Culturally-Informed Practices *Mean (SD)*
To what extent did the presenters know the subject?	4.7 (0.5)	4.8 (0.6)	4.9 (0.3)	4.9 (0.3)	4.8 (0.4)
To what extent did the presenters generate a desire to know more?	4.4 (0.9)	4.6 (0.9)	4.9 (0.3)	4.8 (0.4)	4.4 (0.5)
How likely are you to change your behavior in this regard?	3.7 (1.2)	4.4 (0.8)	4.8 (0.5)	3.9 (0.8)	4.2 (0.7)
To what extent do you believe the recommendations will help you in the work you do?	4.1 (1.0)	4.6 (0.7)	4.8 (0.5)	4.8 (0.5)	4.4 (0.6)

Strengthening Youth and Families. Strengthening Youth and Families is a collaborative inter-agency state conference for youth-serving professionals. The 13th annual conference was held October 30 through November 2, 2017 in Georgetown, Texas. Texas System of Care is a planning partner for the conference, which was attended by 438 participants. Within one week of the conference, all attendees were asked to evaluate the overall conference through an online survey. Three additional email reminders were sent to increase participants' rate of response. Of the 438 conference attendees, 151 (34%) responded and completed the overall conference evaluation. Of those, 57% represented state agencies; 28% were from non-profit agencies/organizations; 11% were volunteers working with young people; 3% were former system-involved youth; and 2% were family members of system-involved youth. Sixty-two percent of respondents had attended the conference for the first time.

On a Likert scale with 1 indicating "strongly disagree" and 5 indicating "strongly agree," participants' average response to "Overall, the conference was beneficial to me" was 4.71 and "I will be able to use the information learned to benefit youth and families" was 4.72. Participants also indicated that the conference provided a stimulating learning environment, networking opportunities, new insights and vision for improving family outcomes, as well as strengthened their capacity for youth and family engagement.

A review of qualitative responses to the survey indicated that participants found the conference to be inspiring and a good opportunity for cross-agency networking. Examples include:
- I was inspired by the personal stories and creative approaches to supporting young people.

- I am seeing that connections between all child-serving agencies have to be continually strengthened to ensure that children and families are served and limit duplication of services.
- I have attended this conference for 13 years, it continues to inspire and encourage me in this work that can be so unthankful. I thank you all for the hard work you put into putting forth an EXCELLENT CONFERENCE YEAR AFTER YEAR.

As a preconference session to the Strengthening Youth and Families, a school mental health summit was held. The purpose of the Advancing Behavioral Health Collaboratives (ABC) Summit was to bring together school administrators and staff with community-based providers to strengthen the provision of school-based mental health services. An estimated 80 individuals attended the Summit; 51% were from state agencies; 28% were from nonprofits; 9% were family members of system involved youth; and 8% were volunteers. Participants were asked to rate the summit using a 4-point Likert scale, where 1 indicated "poor" and 4 indicated "excellent." All ratings were between 3 and 4, with presenters' knowledge receiving the highest score of 3.75 and the style of teaching method (lecture/PowerPoint) receiving the lowest score of 3.23. On a scale of 1 (my knowledge in the subject matter stayed the same) to 3 (my knowledge in the subject matter increased significantly), participants' average response was 2.49 on day one and 2.63 on day two. While participants' scores indicated that they enjoyed the panels of presenters, they also voiced the desire to have more time available for smaller group discussions. Examples of these qualitative responses include:

- Really enjoyed the summit and all of the wonderful presenters and networking.
- The design sessions were cool, but too quickly paced, could have used a few more minutes in the interactive components and a little less time in the panels to accommodate more table interaction.
- The best part of the workshop was hearing from the families, listening to their journey.

Building Bridges Initiative

The Texas System of Care, in collaboration with the Department of Family and Protective Services, hosted a learning collaborative focused on the Building Bridges Initiative (BBI) framework. An initial two-day conference was held in May 2018, with the goal of introducing Texas residential treatment programs to BBI best practices and identifying initial goals for a change initiative. BBI best practices focus on enhancing family and youth driven care, cultural and linguistically appropriate services, trauma informed practices, data driven quality improvement, and coordination with community-based care within youth residential services. Sixty-one participants attended the event. The implementation teams from each residential program were then invited to participate in a learning collaborative. The collaborative included bi-monthly webinars with national residential program leaders experienced in BBI implementation, along with phone-based technical assistance with implementation teams on the alternate months. Table 2 illustrates participant feedback on the initial training opportunity. Participants were generally positive about the experience and 85 percent indicated an interest in additional training on the content.

Table 2. *Survey Responses Following Building Bridges Conference*

Items n=56	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The information provided will be useful to me to improve services for children and families.	67.9%	23.2%	3.6%	3.6%	1.8%
The program was well-paced within the allotted time.	76.8%	14.3%	3.6%	3.6%	1.8%
The material was presented in an organized manner.	78.6%	7.1%	3.6%	3.6%	5.4%
The instructors were good communicators.	82.2%	7.1%	1.8%	1.8%	7.1%
The instructors were knowledgeable on the topic.	80.4%	10.7%	1.8%	0%	7.1%

I would be interested in attending a follow-up more advanced workshop on this same topic.	64.3%	21.4%	3.6%	7.1%	3.6%

Narrative feedback on the participant responses indicated that participants appreciated the youth and family panel, the keynote presentation by Dr. Jeremy Kohomban from Children's Villages, and the local presentation by Krause Children's Center. Participants would have liked additional concrete examples, such as policies and procedures, strategies to improve transition from residential care, and approaches to family engagement when parental rights have been terminated. On the second day of the event, participants indicated that they appreciated the opportunity to network with other residential programs and plan within their organization. When asked how likely they were to work to align some of the practices within their residential program with BBI, 93 percent indicated it was "extremely likely."

Transition Age Youth Policy Academy

In July 2018, Texas System of Care initiated a Policy Academy focused on enhancing service quality for Transition Age Youth (TAY). Local Mental Health Authorities were invited to apply for participation, with three organizations selected for the year-long Academy. Two additional organizations were invited to attend the initial kick-off meeting. Organizations participating in the kick-off event included Tropical Texas Behavioral Health, Bluebonnet Trails Community Services, Tri-County Behavioral Health Center, Coastal Plains Center, My Health My Resources of Tarrant County and HHSC. The goal of the Policy Academy kick-off meeting was to share information on national best practices for youth and young adults with mental health challenges and to identify local and state barriers to effective services and transitions from child to adult systems of care. Presentations focused on developmental tasks of TAY, positive youth development, organizational best practices for TAY programs, and best practices in services and supports for this age group. Table 3 presents participants' perceptions (*n*=16) of the kick-off meeting. Participants were generally positive about all aspects of the meeting; however, they valued the two national speakers, day two planning activities, and team reports the most.

Table 3. *Participant Impressions of the TAY Policy Academy Meeting*

Item *To what extent did the following meeting elements advance your readiness:*	Not at All	A Little	Some-what	Moder-ately	A Lot
Participation in pre-training phone calls	14.3%	7.1%	14.3%	42.9%	21.4%
Overview of youth development	0%	0%	21.4%	50.0%	28.6%
Organizational considerations in supporting transition-age youth	0%	0%	28.6%	42.9%	35.7%
Services and supports for transition-age youth	0%	6.3%	25.0%	37.5%	31.2%
Provider panel	6.3%	6.3%	31.2%	12.5%	43.7%
Day one team planning activities	0%	6.3%	6.3%	50.0%	37.5%
State panel	6.3%	0%	18.7%	43.7%	31.3%
Day two team planning activities	6.3%	0%	6.2%	37.5%	50.0%
Team reports	6.3%	0%	18.7%	25.0%	50.0%

Participants were asked to describe the ideas that were most striking to them. Several participants identified the Transition to Independence (TIP) model and positive youth development (PYD) as important "take-aways." One participant noted that the state has not yet addressed many of the issues that will interfere in centers serving TAY. Several participants noted that they enjoyed the opportunity to hear how others have served TAY and to ask questions. Participants expressed concern about how wraparound planning would be implemented with TAY. Participants were also asked to describe how prepared their team was to implement organizational and service changes for TAY prior to and after the meeting. Results are presented in Figure 3, with a 1 representing "not at all" and a 10 representing "clear ideas with identified strategies."

Figure 3. *Perceptions of Readiness for Implementation*
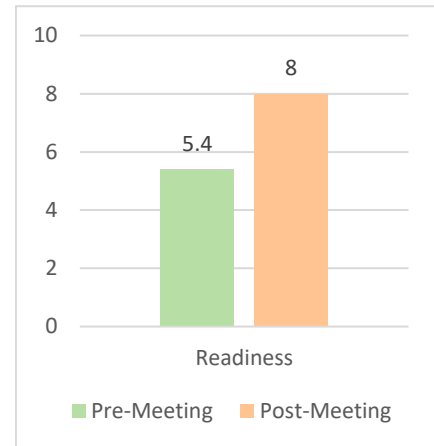
Youth Peer Support Roundtable

In September 2018, Texas System of Care, in partnership with the Adolescent Alliance for Recovery and Treatment in Texas (AART-TX), hosted the Youth Peer Support Roundtable. The purpose of the event was to examine opportunities to support near-age youth peer support across substance use treatment and mental health services in Texas and develop consensus related to state priorities. Participants heard two panels of young people – recipients and providers – discuss youth peer support and participated in several facilitated brainstorming and planning activities. A written proceedings document summarized the results of the event and recommendations for next steps to advance youth peer support. Participants contributed to a discussion of strengths and weaknesses of the event after the final planning activity. Analysis of the written notes from each group was conducted. Overall, participants appreciated the interactive nature of the event and highlighted the opportunity to "brainstorm, collaborate, and network." Participants also stressed the importance of having so many young people contributing to the event. One weakness that was identified was insufficient orientation at the beginning of the meeting, with participants asking for more background about youth peer support generally, the status of youth peer support in Texas, and how the roundtable results will be utilized.   A survey was also conducted following the event, with 17 respondents, representing youth/young adults (*n*=5), supportive adults (*n*=8), and unknown (*n*=4). Results on survey items are provided in Figure 4.

Figure 4. *Youth Peer Support Roundtable Participant Perceptions*
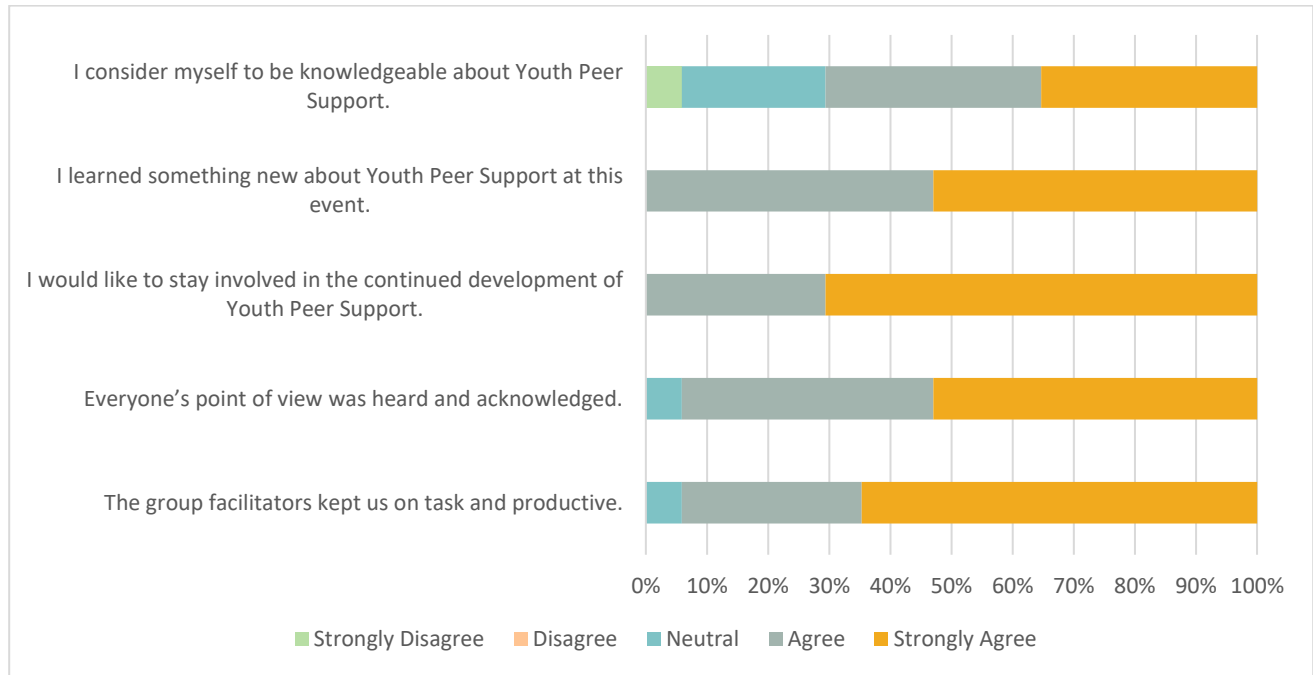
Expansion Community Activities

Governance and Strategic Plan

During the reporting period, the two expansion communities established local governance boards for their System of Care activities. Collin County System of Care established one governance board for the region, with two subcommittees to cover strategic planning and communication. The East Texas System of Care established seven governance boards, associated with one or more counties within the large geographic region. The communities were strongly encouraged to engage a broad array of stakeholders, including family members and youth or young adults. Table 4 summarizes the membership of each governance board. Membership is still changing within the East Texas System of Care, with different agency representatives attending at different times. Overall, the two communities established diverse governance boards, reflecting a variety of organizations and agencies within the community. They had more difficulty establishing strong family and youth membership. While Collin County had excellent family and youth representation, family and youth members were not usually present. East Texas had occasional participation by a family partner, but had no representation by community families.

Table 4. *Number of Members by Type for Community Governance Boards*

Members	A	B	C	D	E	F	G	H
Family	4	1	0	1	1	1	1	1
Youth	2	0	0	0	0	0	0	0
Mental health	1	6	3	6	6	4	5	6
Substance Use	0	3	1	1	1	0	1	1
School	3	5	1	5	4	6	7	8
Child Welfare	2	3	7	3	5	4	3	5
Juvenile Justice	1	1	3	1	1	1	1	2
Healthcare	1	2	2	1	1	3	2	1
Non-profits	0	0	0	0	1	0	0	0
Cultural brokers	1	0	0	0	0	2	0	0
Other	1	1	7	3	2	2	2	5

Note: A=Collin; B=Angelina; C=Houston & Trinity; D=Jasper, Newton, Sabine, & San Augustine; E=Nacogdoches; F=Polk & San Jacinto; G=Shelby; H=Tyler

A review of community governance board meeting minutes showed that members primarily focused on sharing information about community resources and programs. Members were engaged in discussion on referrals into the System of Care wraparound services and kept informed about referral and service patterns. Each expansion community has developed an initial community strategic plan.

Services and Supports

Referral and Enrollment in System of Care. Each expansion community began accepting referrals and enrolling children and youth to System of Care in March 2018. Figure 5 illustrates the monthly pattern of referral and engagement in the East Texas System of Care. A total of 162 youth were referred to the wraparound program, with 74 (45.7%) enrolled during the reporting period. An additional 15 youth (9.3%) were enrolled in the following grant year; therefore, 55.0% of children referred in the initial year accessed system of care services. Seventy-three

youth who were referred for the wraparound program in East Texas (45.0%) were never enrolled. The most common reason for lack of enrollment was that the child or adolescent did not meet the enrollment criteria for wraparound and accessed another level of care within East Texas System of Care (32.9%). For 19 children referred to the program (26.0%), the family declined or refused services. Fifteen children did not qualify for services (20.5%); fourteen families could not be contacted (19.2%); and information was unavailable for one family.

Figure 5. *Referral and Enrollment in East Texas*
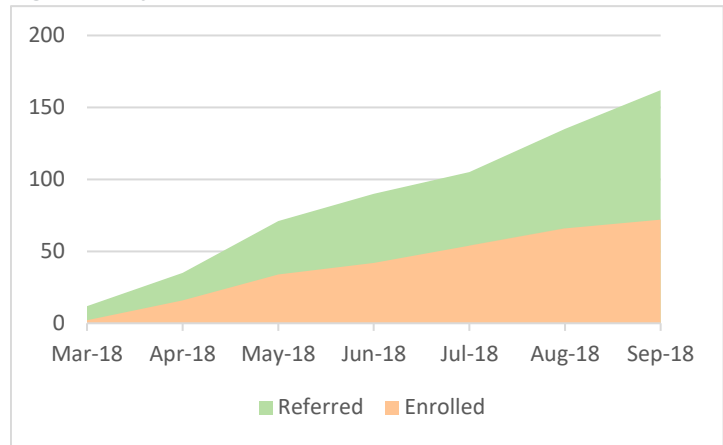
Collin County System of Care received fewer referrals and enrollments in the first year of the grant. Figure 6 illustrates the referral pattern. A total of 19 children were referred during the grant year, with 16 children enrolled in system of care (80.0%). More than one-half of the children referred had initiated wraparound services after the grant began but prior to the launch of the evaluation. After the evaluation launch, Collin County System of Care enrolled approximately one child per month referred to the program. The remaining three youth were enrolled into System of Care in the second grant year; therefore, no families failed to qualify or declined to participate in the wraparound program.

Figure 6. *Referral and Enrollment at Collin County*
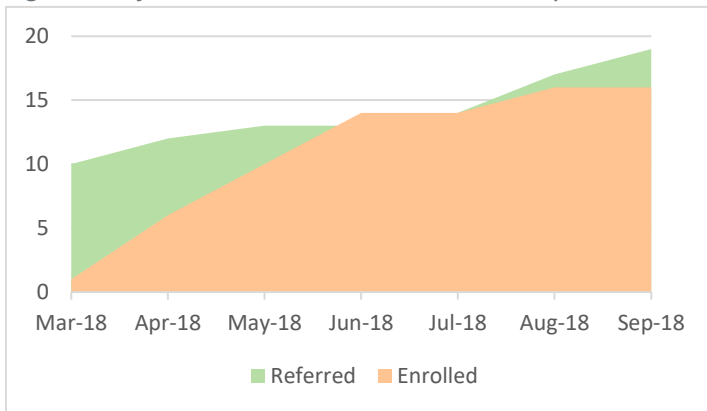
The referral source for each child is presented in Figure 7. For Collin County, the majority of referrals were internal from existing youth identified as needing wraparound planning. Fewer referrals occurred through schools, child welfare, and juvenile justice in this first grant year. East Texas System of Care had the largest number of referrals from juvenile justice, followed by mental health and child welfare.

Figure 7. *Referral Sources for Youth in Texas System of Care Services*
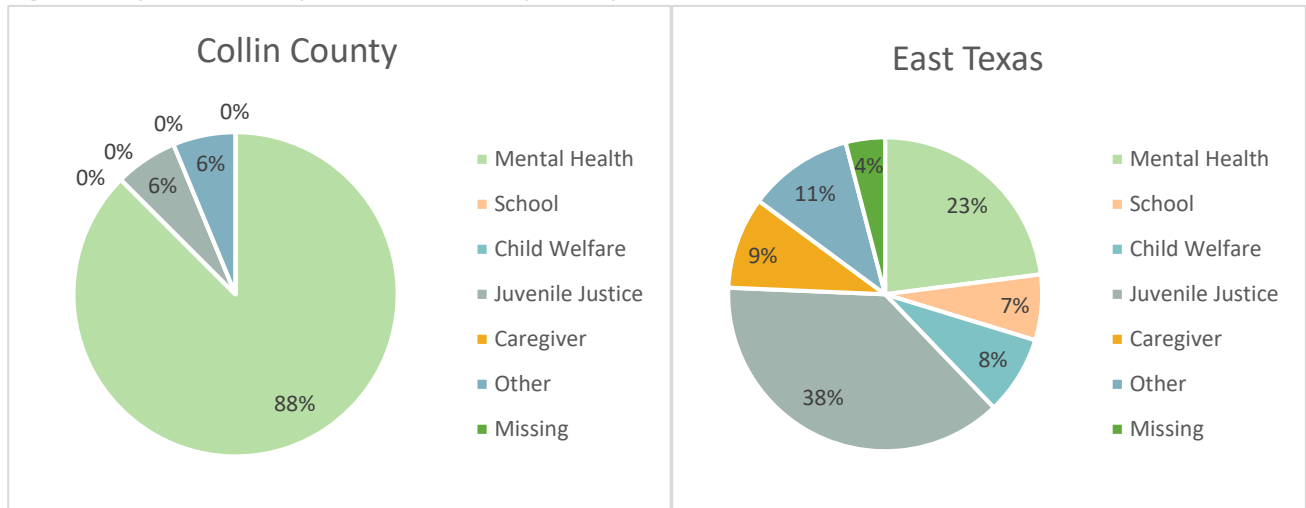
Characteristics of Children Served. The demographic characteristics of the children served in the two expansion communities are described in Table 5. The table also presents the expected community demographics for children under 18. This allows for a comparison of the population served to the broader community. The children served in Collin County's system of care were majority female, although the proportion was relatively even. The children served in the East Texas System of Care were predominantly male, with a much greater proportion of boys than would be expected. Both Collin County and East Texas had a greater proportion of youth identifying as Black or African American than would be expected by the community populations, with lower proportions of youth identifying as White, non-Hispanic. The majority of youth enrolled in both communities were insured by Medicaid (88.9%), with only 5.6% insured by private insurance and 2.2% uninsured. Since uninsured rates for children in the two communities are 8.6% (Collin) and 15.2% (East Texas), this may suggest uninsured children have inadequate access to system of care services. Another interpretation could be that uninsured children entering services in the two communities are provided access to Benefit Eligibility services and are better able to access insurance benefits for which they are eligible.

Table 5. *Demographics of Participants by Community*

	Collin Served	Collin Expected	East Texas Served	East Texas Expected	Total
Mean Age	12.6 years (SD=3.3)	-	13.4 years (SD=2.5)	-	
Female	9 (56.2%)	49.1%	21 (28.4%)	48.9%	30 (33.3%)
Male	7 (43.8%)	50.9%	53 (71.6%)	51.1%	60 (66.7%)
Black	5 (31.3%)	8.7%	18 (25.0%)	12.2%	23 (26.1%)
White (non-Hispanic)	6 (37.5%)	54.3%	33 (45.8%)	54.3%	39 (44.3%)
White (Hispanic)	4 (25.0%)	20.1%	11 (15.3%)	21.9%	15 (17.0%)
American Indian	0 (0%)		0 (0%)		0 (0%)
Asian	0 (0%)	16.7%	0 (0%)	11.5%	0 (0%)
Native Hawaiian	0 (0%)		0 (0%)		0 (0%)
Two or More Races	1 (6.2%)		8 (15.3%)		9 (10.2%)
Unknown / Refused	-		2 (2.7%)	-	2 (2.2%)

Mental Health Need. The diagnoses present at entry into the program were collected and categorized for each child. Table 6 presents selected diagnoses for participating youth. Each child can have up to three diagnostic categories, therefore percentages will sum to more than 100 percent. The most common psychiatric diagnoses were Attention Deficit/Hyperactivity Disorder and Oppositional Defiant or Conduct Disorders. Post-traumatic stress disorder and substance use disorders were rarely diagnosed.

Table 6. *Diagnoses of Children Enrolled in the Texas System of Care Expansion Communities*

Diagnostic Category	Collin *Number*	Collin *Percent*	East Texas *Number*	East Texas *Percent*	Total *Number*	Total *Percent*
Attention Deficit Hyperactivity Disorder	9	56.3%	49	66.2%	58	64.4%
Bipolar Disorder	2	12.5%	11	14.9%	13	14.4%
Depressive Disorder	6	37.5%	18	24.3%	24	26.7%
Disruptive Mood Dysregulation Disorder	3	18.8%	14	18.9%	17	18.9%
Mood Disorder NOS	0	0%	8	10.8%	8	8.9%
Anxiety Disorder	3	18.8%	7	9.5%	10	11.1%
Post-Traumatic Stress	1	6.3%	4	5.4%	5	5.5%
Oppositional Defiant or Conduct Disorder	5	31.3%	41	55.4%	46	54.1%
Substance Use Disorder	0	0%	4	5.4%	4	4.4%

The results of several measures of behavioral health needs are summarized in Table 7. The Kessler 6 (K6), which provides a screen for serious mental illness, was completed by 13 youth in Collin County and 50 youth in East Texas. While the K6 has been shown to have strong prediction within adult populations, research has shown it is better at identifying adolescents with internalizing disorders, but lacks the ability to identify youth with primarily behavioral issues (Green, Gruber, Sampson, Zaslavsky, & Kessler, 2010). Using the adult cut-off of 13 for severe mental illness, 37.5% of the adolescents in Collin County and 22.2% of those in East Texas scored at or above this range. This is likely an underestimate for youth with externalizing difficulties. The Pediatric Symptom Checklist (PSC) measures symptomatology and mean scores for parent and youth scales. Results suggest that most youth showed elevations found to predict mental health disorders (≥15), with parents reporting more problems than the youth. Subscales suggest that internalizing problems are the most common in the Collin County sample, and externalizing problems were the most common in the East Texas sample, closely followed by internalizing problems. Comorbid symptom areas were also common in the sample. The Columbia Impairment Scale measures impairment in various functional domains and results suggest almost all of the youth have significant areas of functional impairment. Similar to the PSC, parents reported slightly higher levels of impairment than youth on the Columbia Impairment Scale.

Table 7. *Baseline Scores on Mental Health Measures*

Measure	Collin County		East Texas	
	Mean (standard deviation)	Percent Above Clinical Cut-off	Mean (standard deviation)	Percent Above Clinical Cut-off
Kessler 6 Distress Scale Youth	10.0 (5.82)	37.5%	8.1 (4.55)	22.2%
PSC Total Score – Youth	14.36 (6.65)	46.2%	17.11 (6.24)	64.0%
PSC Internalizing – Youth	4.18 (2.96)	38.5%	4.44 (3.10)	50.0%
PSC Attention Subscale – Youth	5.00 (3.03)	30.8%	6.12 (2.51)	40.0%
PSC Externalizing Subscale – Youth	5.18 (3.03)	23.1%	6.52 (3.11)	52.0%

Measure	Collin County		East Texas	
	Mean (standard deviation)	Percent Above Clinical Cut-off	Mean (standard deviation)	Percent Above Clinical Cut-off
PSC Total Score – Parent	19.25 (7.80)	68.8%	21.1 (6.26)	82.3%
PSC Internalizing – Parent	5.44 (3.63)	56.3%	5.40 (2.46)	69.4%
PSC Attention Subscale – Parent	6.19 (2.56)	37.5%	6.94 (2.20)	59.7%
PSC Externalizing Subscale – Parent	7.63 (4.05)	56.3%	8.74 (3.49)	72.6%
Columbia Impairment – Youth Report	19.36 (11.85)	38.5%	23.1 (8.92)	82.0%
Columbia Impairment – Parent Report	24.06 (11.74)	87.5%	26.4 (10.87)	82.3%

Indicators of Cross-System Need. System of care activities are intended to address issues that arise in multiple systems for children with complex needs. Many of the children who necessitate services in multiple systems can use the greatest proportion of resources. System of care attempts to reduce some of these costs by providing a full array of community-based services tailored to the family's needs. Table 8 describes the complex needs and indicators of resource costs in the 30 days prior to entry in the program. Absences from school was a common issue for children enrolled in system of care, with other issues less common. Almost 17% of young people reported only "fair" or "poor" health. Notably, a small proportion of children (1.3%) were in an RTC in the 30 days prior to enrollment, suggesting that the referral processes in the initial year may not be fully engaging this target population of the grant.

Table 8. *Indicators of Complex Needs*

In Past 30 days…	Collin County (n=16)		East Texas (n=62)		Total (n=78)	
	Number	Percent	Number	Percent	Number	Percent
Absent from School	7	43.8%	32	51.6%	39	50.0%
Homeless One or More Nights	0	0%	0	0%	0	0%
Substance Use	2	6.3%	4	6.5%	6	7.7%
Poor or Fair Health	2	6.3%	11	17.7%	13	16.7%
Emergency Room Use	0	0%	10	16.1%	10	12.8%
Psychiatric Hospital Use	0	0%	6	9.7%	6	7.7%
Residential Treatment Center Use	0	0%	1	1.6%	1	1.3%
Arrested	0	0%	7	11.3%	7	9.0%

Services Received in the System of Care. The identification numbers of children enrolled in the System of Care were matched with state administrative data, where service encounters are recorded. Seventy-seven (85.6%) youth were found in both systems. Intensive case management (wraparound planning) was the most frequent service offered to youth, followed by family partner services, and medication-related services. The percentage of youth receiving at least one encounter in various service types is presented in Figure 8. Only traditional service

encounters were available in the current year, but services provided through the YES Waiver will be accessed in future years.

Figure 8. *Services and Supports Provided to Texas System of Care Participants*
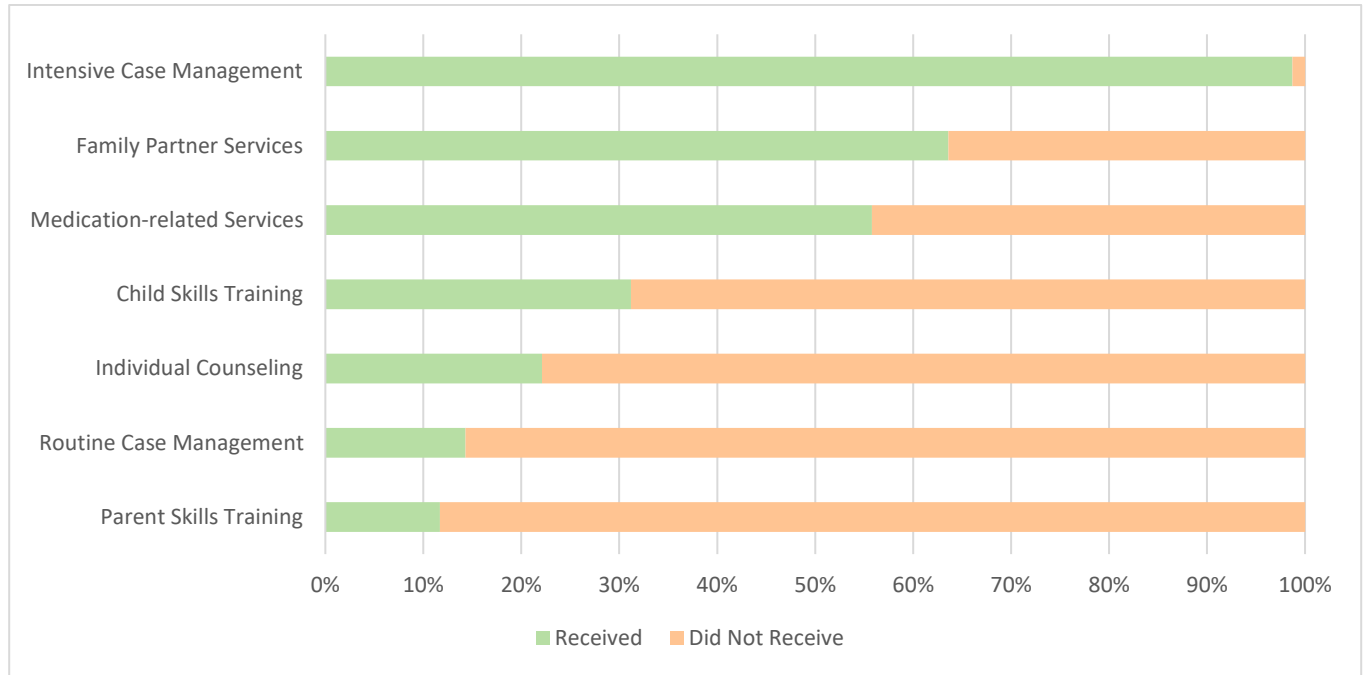

Outcomes for Participants in Care. One-third of individuals in the sample (*n*=32) reached the first follow-up assessment, scheduled at 90 days following entry to care. During this assessment point, the evaluation is limited to scales that assess symptomatology (Pediatric Symptom Checklist) and functioning (Columbia Impairment Scale). Since the sample size was small, the analysis combined data from both expansion communities. As the sample grows, the evaluation will examine outcomes for the two communities separately, as well as disaggregated by gender, race, ethnicity, and other variables. Outcomes on the two scales are presented in Table 9. Overall, there were no significant differences in symptoms or functioning between baseline and follow-up time points.

Table 9. *Change in Symptom and Functioning Scales from Baseline to Follow-up*

	Parent Baseline (n=32)	Parent Follow-up (n=32)	Parent Difference	Youth Baseline (n=25)	Youth Follow-up (n=25)	Youth Difference
Pediatric Symptom Checklist						
Total Scale	19.75	19.00	0.75 (n.s.)	16.08	15.80	0.28 (n.s.)
Attention	6.00	5.94	0.06 (n.s.)	5.48	5.04	0.44 (n.s.)
Internalizing	5.38	5.09	0.28 (n.s.)	4.16	4.68	-0.52 (n.s.)
Externalizing	8.38	7.97	0.41 (n.s.)	6.44	6.08	0.36 (n.s.)
Columbia Impairment Scale	24.97	24.26	0.71 (n.s.)	20.42	19.75	0.67 (n.s.)

Overall Increase in Access. The impact of the grant was also examined by comparing the number of families served in wraparound levels of care (Level of Care 4, YES Waiver, or Level of Care RTC) in the year prior to the grant (FY17) and the first year of the grant (FY18). Access to wraparound increased in both communities. Implementation of wraparound was just beginning in Collin County in FY17, with the grant supporting expansion in FY18. Wraparound was more established in the East Texas community prior to the grant, with access more than doubling in the grant year.

Figure 9. *Increase in Access to Wraparound in Texas System of Care Expansion Communities*
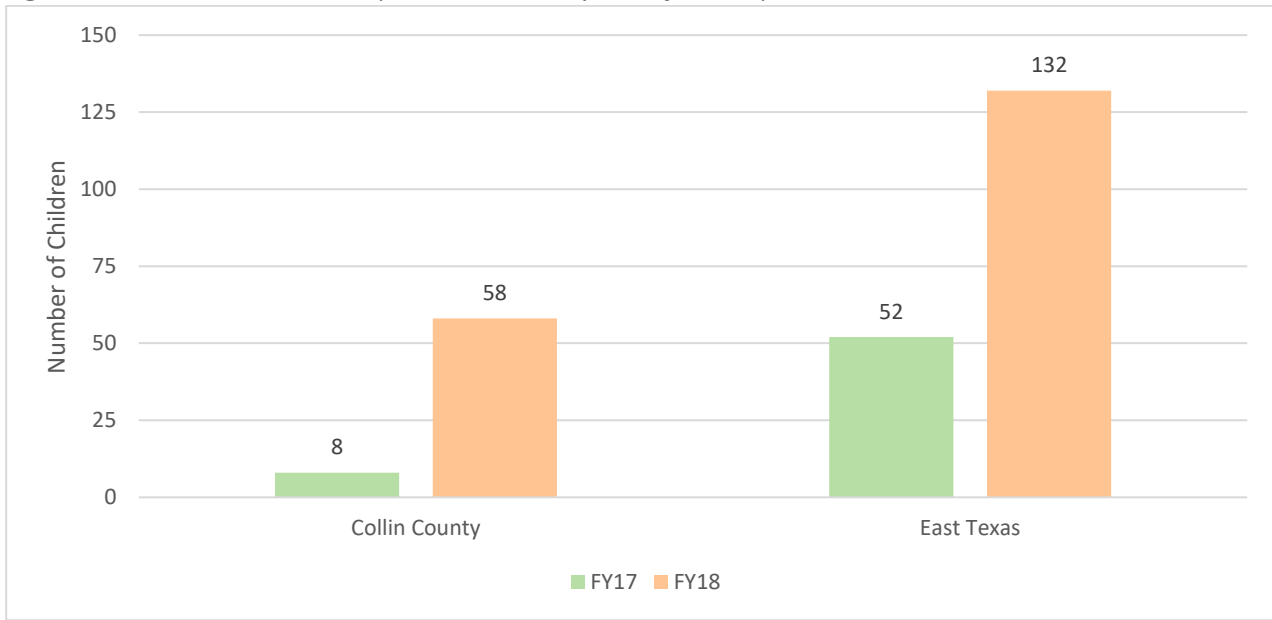
Summary & Recommendations

Key Findings

Texas has continued to establish state infrastructure for supporting the Texas System of Care and made progress on goals related to state leadership and buy-in. New members have been added to the state governance board and a collaborative MOU has been established. One of the more impactful strategies to enhance state collaborations has been informal meetings with agency leaders to discuss opportunities for collaboration, problem solve issues at the local expansion sites, and identify needs and resources within the agency. This collaboration has led to shared training opportunities, collaborative initiatives, and enhanced communication.

Texas has established moderate levels of implementation of the System of Care framework across identified communities, even those that are new to the effort. System of Care communities demonstrated relative strengths in Individualized Care, Coordinated Care, and Evidence-based Practice. These subscales appear to reflect system of care components that have been established statewide, through a focus on wraparound planning and an array of evidence-based interventions. Overall, the greatest needs in the state are for implementation of the youth-driven principle and the availability of out-of-home care, such as therapeutic foster care and crisis respite services. Experienced System of Care communities who have sustained their efforts demonstrated a continued focus on a formal strategic plan, strong buy-in from community leaders, and the development of infrastructure support for their system of care efforts (e.g., family and youth leadership groups, social marketing, quality improvement).

Texas System of Care has been consistently successful with communication and social marketing activities, and has developed a new social marketing plan for the grant period. However, some on-going communication activities, such as the website and social media, have stopped increasing their engagement and reach in the current year. A renewed focus on content development for these platforms may lead to increased exposure of communities to system of care principles and strategies.

Both System of Care expansions communities have significantly increased access to wraparound planning in the current grant year. Collin County began their wraparound program and gradually increased their staffing to four wraparound facilitators. Most of the referrals in the first year came from within the mental health system, as staff worked to expand awareness of available services across the county. East Texas System of Care had an existing wraparound program, but more than doubled the number of children served compared to the year prior to the grant. Outcomes from wraparound services are not yet available for this reporting period, and ratings of wraparound fidelity are not available. The second year of the grant should focus on measuring wraparound fidelity and child and family outcomes.

Challenges and Barriers

HHSC experienced some organizational and staffing changes, which resulted in key children's mental health staff changing roles or leaving the agency. The agency also experienced some hiring delays, resulting in increased demands on remaining staff. These challenges led to fewer opportunities for collaboration between System of Care team and children's mental health team and some initiatives progressed more slowly. For example, children's mental health staff had to pause efforts to develop a Level of Care targeting TAY, and efforts to provide training to

children's mental health staff on system of care principles were placed on hold. By the end of the grant year, the unit had gained several staff members and were continuing to work towards full staffing levels.

LifePath Systems, the lead organization in the Collin County System of Care, experienced some barriers in serving the number of families that were expected based on the county's population. In the year prior to the grant, LifePath systems had operated as a provider organization within a large behavioral health Medicaid managed care carve out. The North Texas Behavioral Health Authority served as the region's single authority, responsible for developing the provider network, overseeing service utilization and quality, and providing case management. However, the ending of the managed care carve out program led to LifePath Systems transforming to become the mental health authority for Collin County. Leaders at LifePath Systems had to develop new relationships in the community, establish the required array of services, and build their provider network. The multiple demands related to this large-scale transformation likely made the establishment of the system of care more challenging, especially as it related to developing strong referral networks. The organization has worked diligently over the year to raise awareness of the services offered at LifePath System and build strong community partnerships.

Recommendations

1. State leadership should continue to focus on relationship building with state agency staff. Relationships can be strengthened by offering support for aligned activities, such as the juvenile justice webinar series. The state team should continue to look for opportunities to promote system of care values and principles within agency priorities.
2. State leadership could strengthen the awareness and understanding of the system of care framework through the creation of an engaging curriculum and the recruitment and support of community trainers. The training should be available throughout the state and encouraged or required in child-serving state agencies and their relevant contractors.
3. State leadership should continue to explore and implement strategies to expand access to family partner services. Most communities have too few family partners, and many family partners do not have capacity to meet with families weekly or every other week. The team should consider policy and financing changes that expand family partner services.
4. Develop a clear communication strategy for Texas System of Care social media activities, including increasing the frequency of posts, regular monitoring of metrics, and testing approaches to increase engagement and reach.
5. East Texas System of Care should focus efforts on engaging regular attendees to governance board meetings and strengthening the commitment of community leaders. Through the use of a local strategic plan, these members should have clear assigned tasks that contribute to community goals and objectives. If members must miss a meeting, board leadership should follow-up to maintain communication and engagement.
6. Collin County System of Care should focus efforts on building community awareness of services available to families and diversifying the array of services and supports offered to families involved in wraparound planning. As outcomes of wraparound services are documented, new outreach materials can be developed to highlight the benefits of these services.
7. One of the most significant weaknesses in existing System of Care communities is the development of youth-driven systems. Texas System of Care should consider improving youth-driven practices at the service delivery level through additional training of wraparound facilitators and youth peer providers in best practices. Texas System of Care should consider improving youth-driven practices at the programmatic level by supporting the development of youth councils or local ACCEPT chapters in System of Care communities. Continued focus on the development of youth peer supports will also enhance youth leadership and voice.

8. Evaluation data suggests that some providers may struggle to identify traumatic stress and incorporate trauma-informed practices into service delivery. The Texas System of Care team should conduct a comprehensive needs assessment around trauma informed care and create a training and technical assistance plan to support organizational change in the expansion communities.
9. The Texas System of Care team should examine agency training and technical assistance needs related to the identification and treatment of co-occurring mental health and substance use disorders. Although preliminary, evaluation data seems to suggest that providers may be unaware of risky substance use in adolescents in care. Training in screening, brief intervention, and referral to treatment (SBIRT) may enhance the capacity of providers to address problematic substance use.