Texas System of Care
# Annual Evaluation Report

August 30, 2022 – August 29, 2023

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

The University of Texas at Austin
**Texas Institute for Excellence in Mental Health**
*Steve Hicks School of Social Work*

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# Contents

# 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, dating back to the Texas Children's Mental Health Plan (TCMHP), which appropriated $22.1 million for the 1992-1993 biennium for an interagency initiative. The TCMHP's goal was to create innovative services to prevent over-reliance on residential treatment and hospitalization and support the preservation of families. The Texas Legislature has continued to support this mission by establishing the Texas Health and Human Services Commission (HHSC) as responsible for implementing a system of care and outlining the state agencies who are to participate in the collaboration. HHSC has financed activities to develop the system of care framework through a series of grants from the Substance Abuse and Mental Health Services Administration (SAMHSA):

- 2011-2013: Planning grant to develop strategic plan;
- 2013-2017: Expansion grant to establish wraparound across the state;
- 2017-2022: Expansion grant to expand wraparound and support integration during residential care, shortening stay and improving transition to home; and
- 2021-2025: Expansion grant to strengthen collaboration between public mental health and public schools on school-based mental health supports.

## System of Care Goals

The current grant proposal identified the following goals for the Texas System of Care expansion:

1. Increase state and local leadership support for the system of care approach.
2. Increase community awareness of behavioral health challenges and available resources.
3. Increase access to culturally responsive and developmentally appropriate school- and community-based behavioral health services and supports.
4. Improve symptomatic and behavioral functioning in children and youth, enabling them to succeed at home, in school, and in the community.
5. Develop and implement capacity-building strategies to provide sustained service delivery to children, youth, young adults, and their families.

## Key Activities for Year 2

The second year of the grant focused on ramping up services within the three communities and strengthening local partnerships between the community mental health center and schools. The communities each worked on developing a local strategic plan, under the guidance of their governance board. The state team, in partnership with local communities, worked to establish a structure for technical assistance meetings that provided an opportunity for peer-to-peer learning and community-specific assistance. At the state level, the state team worked to reinvigorate or reestablish the family and youth leadership structures within the state. The state team collaborated with partners to host a hybrid state system of care conference, as well as a virtual state school mental health conference. The team also provided several training courses in evidence-based practices and collaborated to advance both mental health and school policies.

## Overview of the Evaluation

The Texas Institute for Excellence in Mental Health (TIEMH) is conducting a 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) and the collection of Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators. 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 Children and Youth Behavioral Health Subcommittee to be collaborative and impactful?

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2. Is Texas expanding the system of care framework and strengthening the quality of its implementation?
3. Has Texas increased the use and impact of family and youth peer support?
4. Is the provider workforce more knowledgeable and skilled?
5. Has Texas increased access to school-based mental health services and supports?
6. Has Texas increased the use of evidence-based or evidence-informed universal, targeted, and intensive services in schools?

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. Do more children and youth receive school-based mental health services over the course of the grant?
11. Are there more evidence-based or evidence-informed services offered within the community? Are they provided with fidelity?

Family-Level:
12. Do families report satisfaction with mental health services?
13. Do children and youth who receive services have improved functioning?
14. Do children and youth who receive services have reduced behavioral health problems?
15. Do children and youth who receive services have improved academic outcomes?
16. 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 second grant year:

**Goal 1: Increase state and local leadership support for the system of care approach.** Texas System of Care has an existing state governance structure, the Children and Youth Behavioral Health Subcommittee (CYBHS), which includes members from child-serving state agencies, family representatives, youth representatives, community system of care representatives, and representatives from advocacy organizations and higher education. The CYBHS members met quarterly during the grant year. CYBHS had presentations related to student mental health data in the state, school based mental health teams in schools, child protective service initiatives to support children with complex behavioral health needs, a Texas Legislative update, an overview of stakeholder survey results on gaps in children's crisis services and community mental health supports for children. During each subcommittee, CYBHS attendees broke into rooms for in-depth discussions on system of care strategic planning topics. Several subcommittee vacancies were identified, and new members appointed and prepared for their participation.

A key accomplishment during the reporting period was the passing of a Rider, as part of the General Appropriations Act, requiring the development of a children's behavioral health strategic plan. The plan requires incorporation of the full continuum of care needed to support children and families, including the following: descriptions of who provides what services to which children; strategies to identify and address gaps in care; discussion of workforce shortages; information on funding and reimbursement; and child-specific data and expenditure information. The strategic plan will use the system of care philosophy as the framework and several system of care leaders are participating in the plan development.

The Texas Family Voice Network is a state-level organization that supports family leadership and involvement in mental health systems and is a collaborator on the grant. The Texas Family Voice Network requested assistance in reinvigorating their leadership and plans were made to provide trauma informed leadership support to their board.

The Texas System of Care team sought consultation from Youth MOVE National around planning to reestablish a Texas Youth MOVE chapter. Staff met regularly with community youth engagement leads and began planning for a workgroup, inclusive of local youth and young adults, to develop core chapter materials. Staff hope to be ready to apply for a chapter in the next grant year.

Texas System of Care staff also participate in multiple state initiatives to ensure alignment with system of care principles and leverage change initiatives to support system of care goals and objectives. Texas System of Care leaders meet regularly with leaders from the Texas Education Agency (TEA) and Project AWARE grant staff to discuss opportunities for collaboration and alignment of efforts. Texas System of Care staff participate on the Unified Services for All Children (USAC) committee, which brings together state initiatives that address school mental health. One staff member participated in the Workgroup for the Psychotropic Medication Utilization Parameters for Texas Children, which provides guidance for Medicaid and the child welfare system for monitoring for evidence-based psychotropic medication use. Members participated in the state Community Resource Coordination Group (CRCG) meetings and subcommittee meetings; this committee provides support to local CRCGs in the state. Texas System of Care staff also served in a leadership role to the Collaborative Task Force on School Mental Health, which was charged by the state legislature with evaluating state-funded school mental health services and training and making recommendations. During the reporting period, the Task Force submitted a report to the Legislature and TEA.

Each of the three local communities have established community governance boards responsible for oversight of the system of care initiative. Local system of care leaders continued to build knowledge of the system of care framework within the community, strengthen collaborations, and reduce duplication across their communities. Each community has a local strategic plan. A sample of community accomplishments include the hosting of a community conference on neurodiversity and youth substance use (Travis County), finalized a strategic plan (El Paso County), and the hosting of two school counselor summits (North Texas).

To build capacity for partnering with young people in schools and invest in the leadership skills of youth, the state system of care team offered youth mini-grants through a competitive application process. Projects were required to be designed by

youth and supported by one or more adults with the goal of improving the well-being of youth in their community. Awards were provided to 14 innovative projects led by youth across the state. Further evaluation of the mini-grants is provided in the State-Level Activities section of the report.

**Goal 2. Increase community awareness of behavioral health challenges and available resources.** At the state level, the Texas System of Care maintained social marketing supporting the Texas System of Care. The state team has a variety of communication channels developed, including a newsletter distribution list of 671 people, a website, and social media platforms for Facebook, Twitter, Instagram, and LinkedIn. During the reporting period, the Texas System of Care developed billboards encouraging discussion about children's mental health. The billboards were in highly traveled routes in San Antonio and Houston.

Texas System of Care hosted an annual statewide Mental Health Creative Arts Contest, which is open to children, youth, and adults. Submissions responded to the prompt "What does mental health mean to me?" with creative writing, artwork, and photography. During the reporting period, art contest winners were announced and highlighted on an online gallery, as well as recognized at a virtual reception. Large-scale prints of the winning art and writing submissions were hosted at the biennial Texas System of Care and Community Resource Coordination conference and small postcard prints were distributed to attendees. Additionally, a Creative Arts Calendar was published highlighting winners from the 2022 Mental Health Creative Arts Contest.

Texas System of Care launched the Children's Mental Health Acceptance website for 2023, which included information about the in-person Children's Mental Health Acceptance Day event, links to the Children's Mental Health Acceptance Day toolkit to simplify planning for community events, and a portal to submit songs to be added to a Children's Mental Health Acceptance Day playlist. The event theme was "Make a Beat for Children's Mental Health." The event took place at the State Capitol in May and included speakers, youth performers, vendors, and family friendly activities and games. This was the first year that System of Care hosted an in-person event following the pandemic restrictions. The awareness day event was filmed for the creation of a children's mental health awareness video, which included messages from champions and images from the festival. The video was highlighted across social media.

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**Goal 3. Increase access to culturally responsive and developmentally appropriate school- and community-based behavioral health services and supports.**

Contracts were updated between HHSC and the three local communities, which included requirements to adhere to the CLAS standards. Community teams met monthly with the state team to participate in discussions of program activities and receive technical assistance and support. Texas System of Care staff designed mini-trainings to be included in these monthly technical assistance calls. Topics covered this year included social marketing, maximizing peer roles, supporting educator wellness, creating youth councils, building volunteer enthusiasm & engagement, trauma-informed self-care, and supporting equity in schools.

During year two, the three local communities made considerable progress in hiring project staff, including interventionists, youth peer specialists, family partners, and local project leads. Except for a family partner in North Texas, all communities had periods where all positions were filled. Vacancies were filled quickly, and sites covered services with existing staff from other areas in their children's services divisions when needed. Each community updated their outreach and engagement plans and service implementation plans, outlining the evidence- based services and supports that will be offered in year two, as well as any training needs.

In Travis County, all system of care providers (Interventionist, Family Partner, Youth Peer and Therapist) are actively involved in service delivery. The providers in Travis County serve in different schools across three school districts. Referrals have been consistent throughout the school year. The family partner provides supports not previously available within the region, and referrals have been particularly strong for this staff member. Over the summer months, staff participated in summer programming with students intended to build social and emotional skills.

In El Paso, project staff began accepting referrals from system partners and assessing and triaging young people to the most appropriate services at the end of year one. All project staff were onboarded, but the team experienced some turnover in the evaluator and interventionist positions. The El Paso team finalized the MOU with Canutillo ISD and System of Care direct service delivery was launched in year two. The team finalized an MOU to provide Parent Cafes at a local Center and started hosting Parent Cafes. The community updated their referral process to address efficiency

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around tracking and created and distributed a needs assessment to identify training needs of the school district. The assessment closed in September 2023.

The third community, located in North Texas, has completed MOUs with three local school districts, Springtown ISD, Millsap ISD, and Weatherford ISD. They have experienced some workforce challenges, as the interventionist resigned, and they have had difficulty hiring a family partner. Despite these issues, the community has worked to strengthen relationships with each of the three school districts where the partnership has been established. Referrals are being received and services have started. The youth peer support specialist has begun meeting with students and is exploring plans to implement Tier 1 groups. The North Texas site is also working to become a community representative at campus MTSS meetings.

**Goal 4. Improve symptomatic and behavioral functioning in children and youth, enabling them to succeed at home, in school, and in the community.** The Texas System of Care evaluation continued to expand as the service delivery grew over the year. The team facilitated the transition to the new NOMS and supported problem-solving for any barriers. State evaluation staff met weekly with community teams to review data collection procedures and provide evaluation training to support staff changes. The state team developed an initial state data dashboard to track internal progress on grant goals, with plans to develop local dashboards for participating communities and a public dashboard over the course of the grant.

During the current grant period, all three communities were actively serving families, with a total of 131 new families enrolled over the reporting period. Students who are elementary, middle, and high school ages were all represented in the students served, with a greater number of older students. Most students were Hispanic (67 percent) and White (76 percent). A significant minority of students spoke primarily Spanish in the home (36 percent), with 40 percent speaking English and 22 percent unknown. One student spoke Yoruba in the home. Additional data on students served in the grant is presented in the Expansion Community section of the report.

**Goal 5. Develop and implement capacity-building strategies to provide sustained service delivery to children, youth, young adults, and their families.** Sustainability for the grant is still in the early phases, but the team is looking towards opportunities to strengthen the capacity of the public mental health system and school districts to

partner to address youth mental health needs. The Texas System of Care team at the Health and Human Services Commission participated in legislative analysis of bills impacting children's mental health.  In addition to the inclusion of a new directive for a Children's Mental Health Strategic Plan, the state budget included expanded funding for Children's Crisis Respite, Multisystemic Therapy, Coordinated Specialty Care, and Youth Crisis Outreach Teams.

The Texas System of Care continues to partner with a new grantee in North Texas, serving as a co-chair to a regional advisory board and contributing to alignment with state activities. The University of Texas received a grant from the Department of Education to continue to support the growth of the school mental health workforce. Additionally, during the reporting period, the Texas Education Agency released $93.8 million in federal funding for the Stronger Connections grant. The funding will contribute to the development of a statewide Texas Student Support Center, providing training, technical assistance, and resources to local education agencies and grants to 97 high-need districts. This funding will be targeted to enhancing the capacity of schools to create safe and supportive learning environments, including meeting the mental health needs of students through a comprehensive school mental health program. A team member serves on the Texas Student Support Center advisory board.

The following represents the progress made towards the SAMHSA-specified of Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators during the second year of the grant:

Table 1. Goals and Progress on IPP Indicators

| Indicator | Annual Goal GY23 | Achieved GY23 | Cumulative Goal | Achieved GY22-23 |
|---|---|---|---|---|
| Number of policy changes completed as a result of the grant. | 3 | 5 | 6 | 6 |
| The number of organizations that entered into formal written inter-organizational agreements to improve mental health–related practices/activities | 4 | 5 | 8 | 12 |
| The number of consumers/family members who provide mental | 30 | 31 | 38 | 45 |

| | | | | |
|---|---|---|---|---|
| health–related services as a result of the grant. | | | | |
| The number of people receiving evidence-based mental health–related services as a result of the grant. | 150 | 755 | 225 | 838 |
| The number of individuals contacted through program out outreach efforts. | 300 | 555 | 450 | 1,230 |
| The number of individuals referred to mental health or related services <u>outside</u> of the grant program. | 10 | 23 | 35 | 29 |
| The number and percentage of individuals receiving mental health or related services after referral. | 50% | 48% | 50% | 48% |
| Number of families served | 75 | 131 | 150 | 146 |

# State-Level Activities

## Social Marketing

**Newsletter.** Texas System of Care provides a monthly newsletter intended to raise awareness of activities and events related to children's mental health, provide information on funding opportunities, and continue to engage individuals across the state as a champion for system of care values and principles. The newsletter was sent monthly to an average of 687 individuals, with an average open rate of 35 percent.

**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- and youth-serving providers. Website traffic was monitored throughout the year, with the number of users in each quarter ranging from 1,421 to 3,373, with an average of 2,056 users per quarter (*SD*=892). The 8,223 total users in year two of the grant is a 192 percent increase from year one of the grant. Users resulted in a total of 18,300 page views. This is an increase of 119 percent from year one of the grant.

**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 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 721 to 4,720 during the grant year, with an average quarterly reach of 2,246 (*SD*=1,740) and 539 page visits at the end of the year. 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 1,662 to 7,570 per quarter, with an average of 3,280 views per quarter (*SD*=2,869). The total of 1,731 hours watched in year two was an increase of 50 percent from year one.

During the second grant year, Texas System of Care initiated Instagram and LinkedIn accounts (in January 2023). The care staff made a total of 97 posts on Instagram with a

total reach of 583 and 272 profile visits. LinkedIn had an average of 701 impressions per quarter (*SD*=609), resulting in a total of 116 page views. Annual reach metrics for each communication platform are illustrated in Figure 1.

Figure 1. *Social Marketing Reach by Year*
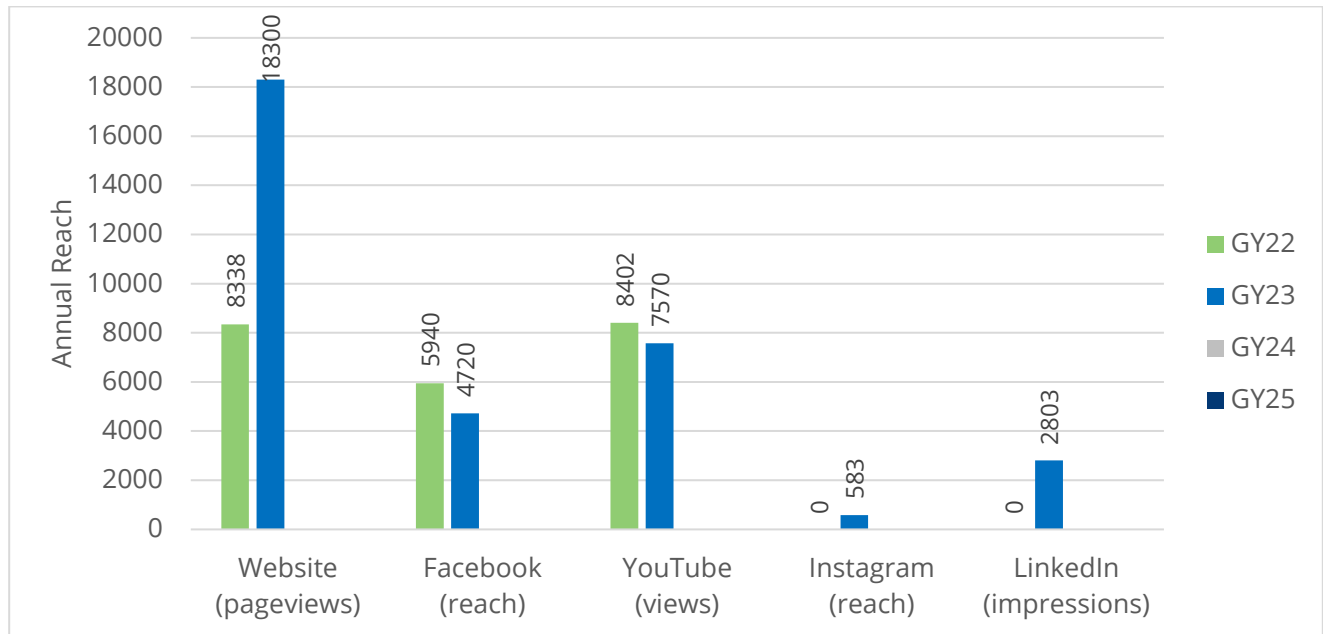


**Children's Mental Health Awareness Day**. Texas System of Care hosted an annual statewide Children's Mental Health Acceptance Day during the second grant year. Texas System of Care hosted a virtual toolkit and [website](website) to support children's mental health acceptance planning across the state. The theme for this year was "Make a Beat for Children's Mental Health." On social media, children were encouraged to share a song that helps them when they are feeling down, and staff created and shared a playlist. At the state level, an event was held at the state capitol building with about 200 attendees. The event included speakers, an award ceremony, youth performers, a resource fair, and family-friendly activities. The Travis County community shared in planning the state event and the mariachi band at Manor ISD, one of the schools participating in the system of care grant, performed at the event. El Paso County hosted a family day at the local zoo to raise awareness of the importance of mental health. The state team also collaborated with billboard companies to host children's mental health messaging throughout April and May in the San Antonio and Houston regions.

**Texas Mental Health Creative Arts Contest.** The statewide Texas Mental Health Creative Arts Contest solicited contributions from children, youth, and adults of original

art, writing, and photography and featured 671 entries. Winning entries were showcased on a [microsite](). The winners from the contest were recognized at a virtual reception where a People's Choice winner was announced. Artwork by the contest winners was also displayed at the Texas System of Care and Community Resource Coordination Groups conference.

## Workforce Development

During the second grant year, Texas System of Care supported a variety of training and/or presentations intended to advance the mental health and related workforce. A total number of 2,423 individuals were impacted by the training courses and/or presentations over the last fiscal year. The following sections summarize specific areas of workforce development.

**The System of Care Framework and Values.** The system of care staff members worked to raise awareness of the system of care values through multiple training events. Staff provided training to 40 staff within the Department of State Health Services (DSHS) and Health and Human Services Commission (HHSC) about the system of care framework and its values. The team also collaborated with staff at HHSC to provide training highlighting the alignment between the goals of system of care and the Certified Community Behavioral Health Center (CCBHC) criteria. This training was held as a component of a CCBHC learning community and was attended by 50 mental health leaders.

**System of Care Community Collaborative.** The state team hosted quarterly meetings of system of care communities to provide an opportunity for shared learning and peer networking. This meeting includes both current and former funded communities and aims to build a shared community among leaders working towards enhancing their local system of care. These meetings included presentations followed by an opportunity for discussion and questions. Topics included Best Practices in the Recruitment, Hiring, and Support of Family Partners (speaker: Toni Donnelly); Help Me Grow to Help Me Thrive (speaker: Stephanie Norton); Evidence-Based Strategies for Family Engagement (speaker: Natalie Beck Aguilera); and Youth Crisis Respite programs (panel of presenters). Evaluations were conducted on the last three trainings. Participants reported pre-training and post-training mastery on a scale from 0

(complete beginner) to 10 (fully expert). Participants reported an average rating of 6.2 pre-training mastery followed by a rating of 7.6 post-training.

**Liberating Structures.** A total of 41 mental health professionals participated in a three-day virtual training on Liberating Structures. The immersive workshop sessions aimed to help change the way individuals meet and engage stakeholders. Liberating structures provide a variety of tools that facilitators can use to engage all community members in discussion and problem-solving. Participants also had the opportunity to get personal coaching to help design a meeting. Only a small percent of participants completed the post-training evaluation (N=6), but respondents rated the trainers an average of 9.5 on a 0-10 scale, with 10 reflecting "unsurpassed credibility." They rated the impact on their work as 7.33 on a scale of 0 to 10, with 10 reflecting "profound/enduring."

**Parent Café.** Parent Cafes are a research-based intervention that enhances family support, knowledge of available resources, and resiliency. To facilitate access to the training, an in-person workshop was held in the Central Texas region, with a virtual training option made available as well. A total of 33 community partners were trained, representing a mix of school districts and community child-serving agencies. Participants were asked to rate their competency before and after the training using a scale from 0 (complete beginner) to 10 (fully expert). On average, participants felt like they were at an intermediate level ($M$=5.33; $SD$=3.47) at the beginning of the training, and near expert level at the end ($M$=8.19; $SD$=2.19).

**Incredible Years.** Incredible Years Basics is a video-based parent training program that has been shown to increase positive parenting practices, decrease negative parenting practices, and reduce problematic child behaviors. Incredible Years is an allowable program within the state's public mental health system and can be provided by trained, non-licensed mental health staff, including family partners. A total of 32 community partners from six different LMHAs were trained in Incredible Years Basic School-Age Parent Group Leader Training and Incredible Years Parent Home Coaching program. Participants were provided with intervention manuals and the curriculum in both English and Spanish.

## Advancing Behavioral Health Collaboration (ABC) Summit

The 6th Texas Advancing Behavioral Health Collaborative (ABC) Summit on school mental health was a three-day event aimed at bringing together school administrators and educational staff with community-based providers to strengthen the provision of school-based mental health services. The event was held in conjunction with the Texas Education Agency (TEA), Health and Human Services Commission (HHSC), and the South Southwest Mental Health and Technology Transfer Center (MHTTC). A total of 965 unique individuals attended at least one day of the virtual conference and 90.2 percent of these attendees were part of the mental health workforce (i.e., counselors, social workers, care coordinators, psychologists, etc.).

The overall theme for the 2022 summit was "Integrating Mental Health to Support the Whole Child" and each day focused on a different sub-theme: 1) universal approaches to student wellness, 2) targeted approaches for early intervention, and 3) intensive interventions to support student success. Participants were asked to complete an evaluation for each day they attended the conference and a total of 1,072 responses were collected, representing 82.8 percent of participants on day one, 46.2 percent on day two, and 44.5 percent on day three. Qualitative feedback from attendees indicated that what they found most helpful from the summit were access to extensive resources, hearing directly from implementers in schools, ideas for collaboration, and information from several specific presentations. Results from quantitative evaluation questions were strongly positive with 90.8 percent of respondents reporting satisfaction with the overall quality of the event, 97.2 percent of respondents indicating that they would recommend this training to a colleague, and 90.1 percent of respondents expecting the event to benefit themselves and/or their communities.

## System of Care and Community Resource Coordination Group Conference

On July 25 – 27, 2023, Texas System of Care (TxSOC) and the State Community Resource Coordination Groups (CRCG) Office jointly hosted a hybrid conference. The conference included invited keynote presentations, workshops selected from applicants, and opportunities for networking. Texas System of Care provided scholarships to families and youth, including peer providers. A total of 516 individuals registered for the event and 297 unique individuals participated. At the end of the three-day conference, participants were asked to complete an overall conference evaluation. A total of 125

responses were collected, representing 42.09 percent of participants. Respondents included sixty-seven participants who attended the conference in person, fifty-seven who attended virtually, and one person who attended the conference in a hybrid fashion.

Participants' ratings of overall conference experience are provided in Table 2. The overall conference evaluation survey used a 5-point Likert scale ranging from 1= Strongly Disagree to 5= Strongly agree to assess satisfaction with the conference as a whole, as well as specific conference components. Respondents reflected a positive experience, with item means ranging between "Agree" and "Strongly Agree" for all questions. Qualitative feedback highlighted the value of meeting and networking with others, along with strong presentations. One example of this type of response: "I appreciated the opportunity to bond with professionals in the field, ask questions, and soak in all the new information. Every break-out session was a goldmine of information, especially for me given that I'm relatively new to this field of work."

Table 2. *Perceptions of Participants at the Texas System of Care and Community Resource Coordination Group Conference*

| Conference Impact | | |
|---|---|---|
| (N=125) | **Mean** | *SD* |
| Overall, I enjoyed the conference. | 4.62 | 0.61 |
| The conference had a stimulating learning environment. | 4.42 | 0.71 |
| I learned new and valuable information about TxSOC and CRCG. | 4.44 | 0.72 |
| I will integrate information, tools, and/or approaches I learned from this conference going forward in my organization/role. | 4.51 | 0.69 |
| I will be able to use the information learned to benefit youth and families in my community. | 4.48 | 0.68 |
| **Conference Components** | | |
| I was able to easily register for the conference. | 4.48 | 0.81 |
| Youth and young adults were able to meaningfully share their lived experiences. | 4.21 | 0.88 |
| Family members were able to meaningfully share their lived experiences. | 4.28 | 0.78 |
| I enjoyed the Family Meet and Greet.* | 4.29 | 0.94 |
| I enjoyed the networking event at Punch Bowl Social.* | 4.26 | 0.97 |

Note. Responses are measured on a 5-point Likert scale from strongly disagree (1) to strongly agree (5). Items with an asterisk were optional.

## Youth Mini-Grants

Texas System of Care offered competitive Youth-Led Mental Health Mini-Grants during the reporting period. The goal of the grant program was to provide youth with funds to undertake a local project intended to raise awareness of the importance of mental health and strategies to promote well-being. Grants of up to $2,000 were awarded for a period between January and August 2023 to a total of 14 organizations, primarily schools or mental health organizations.

Grantees reported that the mental health projects impacted 2,872 students, 1,205 family members, and 429 other adults. The following are a few descriptions of accomplishments resulting from the youth-led mental health activities.

- Roby CISD students identified that they wanted to offer programming around overcoming anxiety. They partnered with a local church to bring the program Champions of Choices – Overcoming Anxiety to their school community.
- Students at Judson Learning Academy planned the creation of a Calming Corner. The space included areas to relax and address emotions. Monthly groups were held to practice different calming activities and ways to use creativity for relaxation.
- Youth in Lyford CISD planned both school and community presentations on mental health. Youth provided information to classes from 6th to 12th grade.
- Students at Poth High School planned and led a Mental Health Fitness Challenge for the school. Students visited different stations where they engaged in physical, social, and emotional challenges intended to practice skills and raise awareness.
- A community STEM and Robotics Club worked with a refugee organization to host three summer robotics workshops in August. These workshops taught STEM principles and introduced robotics to refugee youth 10 to 14 years old. As many as 22 children attended each session. The Club is planning to continue working with the nonprofit to offer one youth-led session monthly.
- Students at Westview Middle School were engaged in planning public service activities to provide opportunities for leadership and service learning. In one activity, students read books to elementary students and left each student with a book. Youth also delivered animal food, towels, treats, and toys to an animal shelter.  The students supported Partners for Education Agriculture and Sustainability at Overton Elementary School helping in their garden.

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## Policy and Legislative Changes

The 88th regular Texas Legislative session ran from January 10th to May 29th and was followed by several special sessions. Texas System of Care staff participated in the HHSC legislative analysis of some bills impacting children's mental health. The session involved a large number of bills impacting children's mental health and the school system. Since policy changes will usually take effect in September following the session, these policy changes will be described in the next reporting period.

# Expansion Community Activities

## Governance and Strategic Plan

Each community established or identified a local governance board to provide oversight and guidance to their local system of care and worked to identify needs and key priorities within the region. Progress within each community is summarized below.

The Travis County community continued efforts to establish Kids Living Well as their governance structure. Presentations were made to their executive committee, as well as the general membership, on the goals of the system of care activities. One of the system of care leaders was elected co-chair of Kids Living Well. The committee updated their bylaws to incorporate oversight of the community system of care. Members also reviewed the community strategic plan for updates.

The El Paso community governance board met bi-monthly during the grant year. The needs assessment and strategic plan, led by Open Minds, was presented to the board and approved by members during the reporting period. The board created subcommittees to address identified gap areas, including Family Voice; Youth Voice; Community Connections; Communications and Social Marketing; and Outreach, Engagement, and Service Delivery. The board planned a local children's mental health acceptance day event, which incorporated many of the board member agencies. Several agencies contributed funding to allow students and their families to participate in the event.

The North Texas community, led by Pecan Valley Centers, is continuing to build on its governance board in Parker County, meeting with and inviting additional organizations and individual providers. Members representing youth voice were recruited in the third quarter. A strategic planning subcommittee was developed and is working on the creation of the community strategic plan through monthly meetings. Some barriers prevented the committee from finishing the plan during the current reporting period.

## Services and Supports

**Referral and Enrollment in System of Care**. Each community has established local referral pathways. Youth were enrolled in each of the three communities during the year, although North Texas began late in the school year and enrollment was limited.

Characteristics of the students served in the second grant year are presented in Table 3. A total of 131 students were enrolled in grant-funded services. Age distributions varied by community. Elementary students were the most common in Travis County, while high school age students were more common in the El Paso and North Texas communities. Students served were predominantly Hispanic (67 percent) and White (76 percent).

Table 3. *Demographics of Children Enrolled in System of Care in Year 2*

| Characteristics | Travis County (N=57) | El Paso County (N=64) | North Texas (N=10) | Total (N=131) |
|---|---|---|---|---|
| Age at Entry | | | | |
| 3-10 years | 28 (49%) | 0 (0%) | 2 (20%) | 30 (23%) |
| 11-13 years | 21 (37% | 19 (30%) | 2 (20%) | 42 (32%) |
| 14-18 years | 7 (12%) | 44 (69%) | 6 (60%) | 57 (44%) |
| 19-20 years | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Missing | 1 (2%) | 1 (1%) | 0 (0%) | 4 (3%) |
| Gender | | | | |
| Female | 25 (44%) | 33 (51%) | 6 (60%) | 64 (49%) |
| Male | 30 (52%) | 25 (39%) | 4 (40%) | 59 (45%) |
| Transgender | 1 (2%) | 2 (3%) | 0 (0%) | 3 (2%) |
| Non-binary | 0 (0%) | 1 (2%) | 0 (0%) | 1 (1%) |
| Other | 0 (0%) | 2 (3%) | 0 (0%) | 2 (2%) |
| Missing | 1 (2%) | 1 (2%) | 0 (0%) | 2 (2%) |
| Ethnicity | | | | |
| Hispanic | 28 (49%) | 58 (91%) | 2 (20%) | 88 (67%) |
| Non-Hispanic | 26 (46%) | 5 (8%) | 6 (60%) | 37 (28%) |
| Missing | 3 (5%) | 1 (1%) | 2 (20%) | 6 (5%) |
| Race* | | | | |
| Black | 22 (38%) | 2 (3%) | 0 (0%) | 24 (18%) |
| White | 34 (60%) | 59 (92%) | 7 (70%) | 100 (76%) |
| American | 6 (10%) | 2 (3%) | 0 (0%) | 8 (6%) |

| | | | | |
|---|---|---|---|---|
| Indian/Alaskan Native | | | | |
| Hawaiian/Pacific Islander | 1 (2%) | 3 (5%) | 0 (0%) | 4 (3%) |
| Asian | 1 (2%) | 0 (0%) | 0 (0%) | 1 (1%) |
| Missing | 5 (9%) | 3 (5%) | 3 (30%) | 11 (8%) |

*Note: Individuals may be represented in more than one racial category.

The children referred to services in the second year presented with a diagnosis of a stress-related disorder (36 percent), a mood or affective disorder (21 percent), anxiety (19 percent), an attentional disorder (14 percent), a conduct/behavioral disorder (8 percent), or other (5 percent). Students or their parents identified different distress symptoms, and the proportion of students with each symptom are presented in Figure 2. Feeling restless or fidgety, nervous, and that everything is an effort were experienced by more than half of the respondents. Students had an average of 2.7 out of the 6 symptoms. The average number of symptoms differed by community, with Travis County having an average of 1.9 symptoms and El Paso County an average of 3.3 symptoms. Overall, 61 percent reported that they were bothered by the emotional symptoms they experienced.

Figure 2. *Child Distress Symptoms at Program Entry*
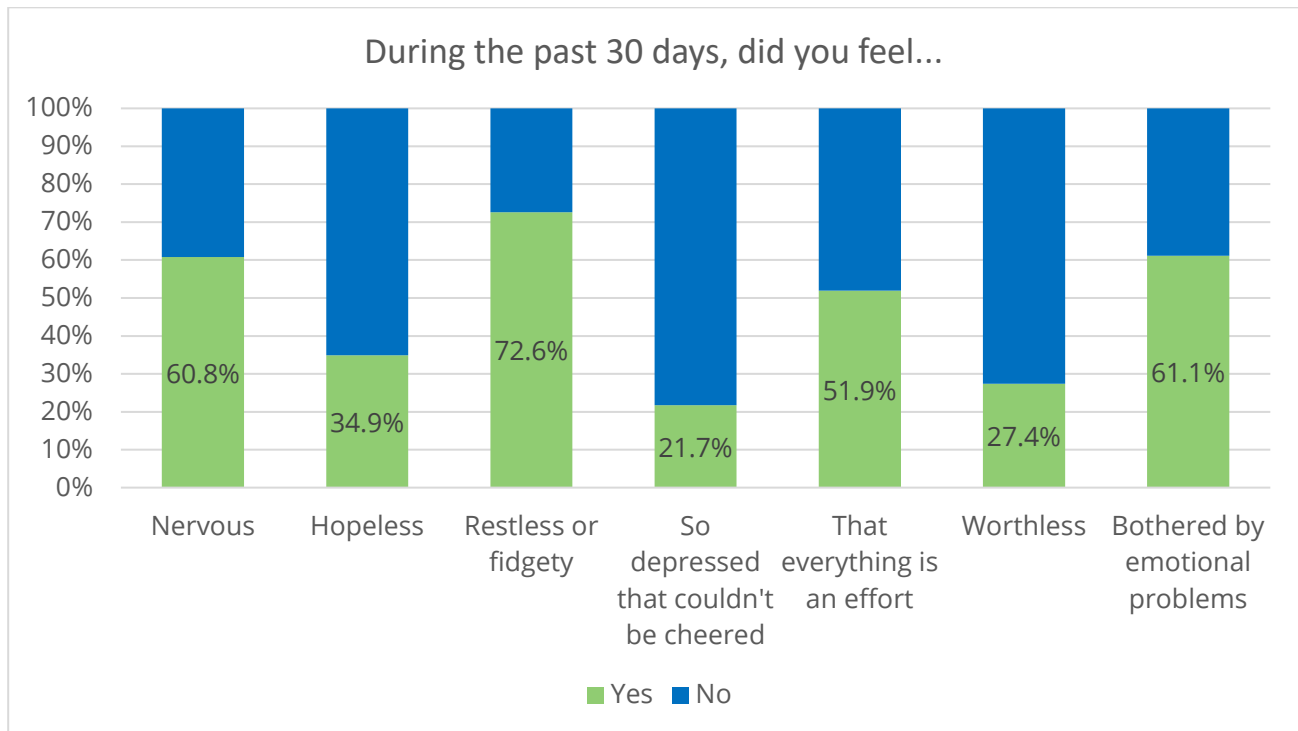
Symptoms at program entry were also measured with the Pediatric Symptom Checklist. Symptom scores at program entry are reflected in Table 4. Overall, 56.0 percent of youth and 84.2 percent of caregivers reflected symptoms in the clinical range. Youth were more likely to identify internalizing and attention problems as most concerning, while caregivers were more likely to identify internalizing and externalizing problems as elevated.

Table 4. *Initial Scores on the Pediatric Symptom Checklist (PSC-17)*

| Scale | Youth Report n=89 | | | Parent Report n=57 | | |
|---|---|---|---|---|---|---|
| | *Mean* | *SD* | Percent Elevated | *Mean* | *SD* | Percent Elevated |
| Total | 15.46 | 5.95 | 56.0% | 17.11 | 4.96 | 84.2% |
| Attention | 6.01 | 2.34 | 46.2% | 5.61 | 2.23 | 22.8% |
| Internalizing | 5.13 | 2.90 | 57.1% | 4.91 | 1.55 | 79.0% |
| Externalizing | 4.31 | 2.63 | 12.1% | 6.58 | 2.68 | 68.4% |

Youth or caregivers provided information about the child's functioning at program entry and the responses are presented in Figure 3. Respondents reported the most problems with doing well in school and/or work and doing well in social situations. Overall, respondents reported an average of 4.3 out of 6 functional areas. Average total functioning scores were similar across the Travis and El Paso communities (4.3 and 4.4 respectively). Scores were lower for the North Texas region, but also reflected a small number of participants.

Figure 3. *Child Functioning at Program Entry*
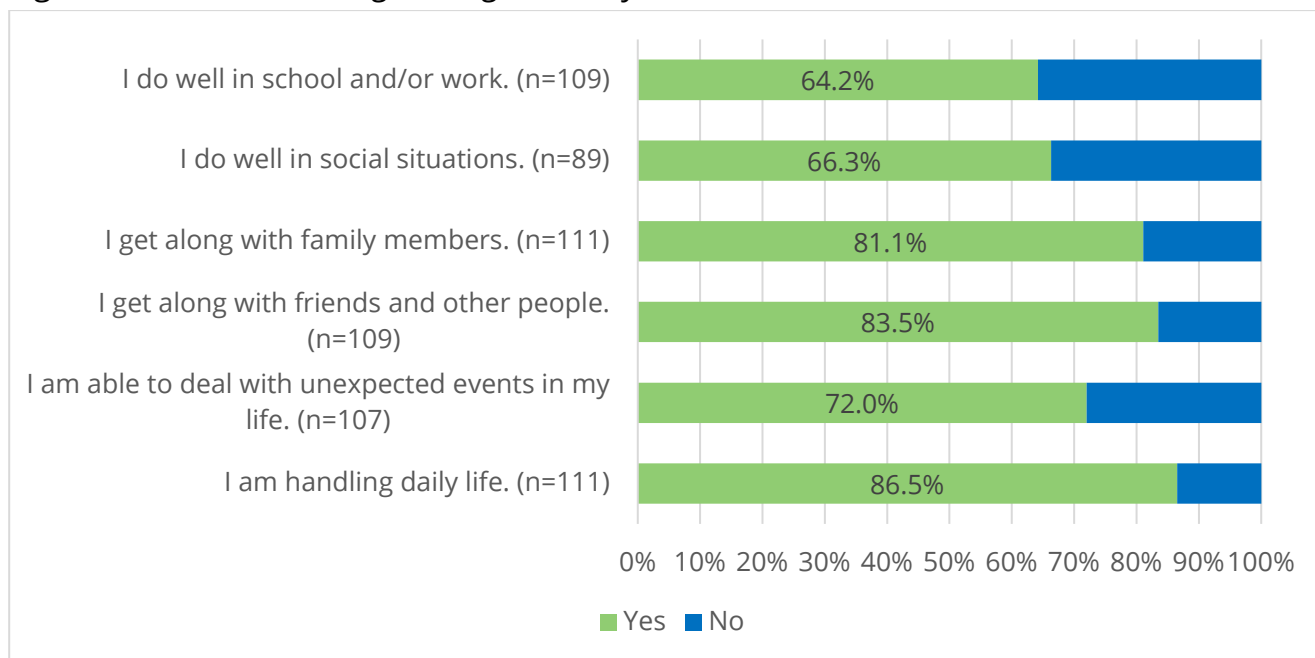


**Services Provided to Families.** The service delivery through the grant includes Tier 3 services to children with severe emotional disorders (as defined in the funding announcement), as well as students and families who may benefit from universal (Tier 1) or targeted (Tier 2) interventions. Students receiving Tier 3 services are captured through the NOMS data collection. Data is reflected for 39 individuals reaching a reassessment during the grant year. The summary of services is presented in Table 5.

Table 5. *Proportion of Students and Families Receiving Core and Support Services*

| Core Services | | | | | |
|---|---|---|---|---|---|
| Screening | 92.3% | Case Management | 43.6% | MH Treatment | 94.9% |
| Assessment | 100% | Co-Occurring MH/SA | 5.1% | Trauma Services | 33.3% |
| Tx Planning | 89.7% | Medication | 5.1% | | |
| **Support Services** | | | | | |
| Supp. Education | 0% | Supp. Employment | 30.8% | Housing | 7.7% |
| Transportation | 7.7% | Medical Care | 15.4% | Family Services | 2.6% |
| Family Peer | 2.6% | Youth Peer | 0% | Childcare | 0% |

**Satisfaction with Care.** Satisfaction with services is measured after six months in care. In the reporting period, reports of satisfaction are available for 15 individuals; therefore, data is reported in aggregate across the two communities contributing to the data. Satisfaction responses are provided in Figure 4.

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Figure 4. *Ratings of Satisfaction with Services, n=15*
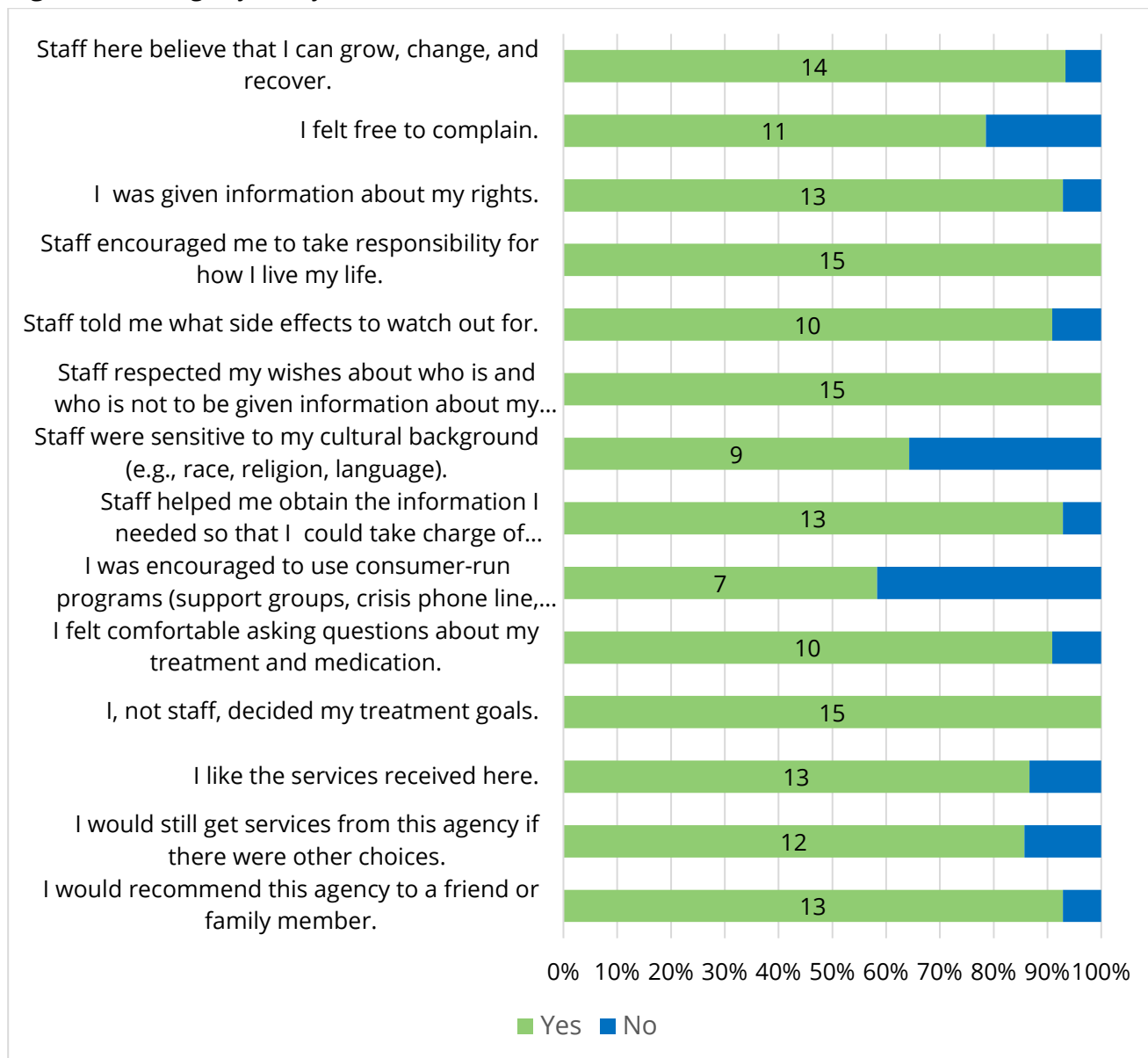


Since five participants indicated that staff were not sensitive to their cultural background, the race and ethnicity of these respondents were further explored. Negative responses occurred in both communities, with four respondents identifying as White, Hispanic and one respondent declining to provide their race and ethnicity. Additionally, five participants did not reflect that they were directed to consumer-run services. This is likely to be expected, given the project focuses on school-based services and consumer-run youth services are not available within the school or communities.

**Symptom-Related Outcomes Experienced by Families.** Youth or caregivers provided information about the child's experience of symptoms of distress, as well as functioning, during evaluation interviews, and data from interviews was used to examine progress in treatment. There is a limited number of children who have interviews at service entry and at least one subsequent time point. Table 6 provides a summary of symptom measures at two time points. The students in this subsample were most likely to report symptoms of feeling restless or fidgety (60 percent) and feeling nervous (53 percent) at baseline. Overall, there was a slight decrease in the total number of symptoms endorsed from baseline to follow-up, but this difference was not statistically significant.

Table 6. *Change in Child Symptoms*

| Item | Baseline N=15 | | Last Follow-up N=15 | | Significance Test | |
|---|---|---|---|---|---|---|
| | *Mean* | *SD* | *Mean* | *SD* | *T-test* | *P value* |
| Symptom count | 2.27 | 2.22 | 2.00 | 1.65 | 0.64 | *p*=.54 |
| Symptoms | **Yes** | **No** | **Yes** | **No** | | |
| Felt nervous? | 8 (53%) | 7 (47%) | 8 (53%) | 7 (47%) | | |
| Felt hopeless? | 5 (33%) | 10 (67%) | 1 (7%) | 14 (93%) | | |
| Felt restless or fidgety? | 9 (60%) | 6 (40%) | 10 (67%) | 5 (33%) | | |
| Felt so depressed that nothing could cheer you up? | 3 (20%) | 12 (80%) | 2 (13%) | 13 (87%) | | |
| Felt that everything was an effort? | 5 (33%) | 10 (67%) | 6 (40%) | 9 (60%) | | |
| Felt worthless? | 4 (27%) | 11 (73%) | 3 (20%) | 12 (80%) | | |

Students and families also report symptoms using the Pediatric Symptom Checklist (PSC-17) at program entry and monthly while in care. Table 7 presents the differences between the initial and last available measure in the grant year for both youth- and family-completed measures. Fifty-eight students had two or more PSC-17 scales. The follow-up scale ranged between 24 days and 334 days after program entry (*M*=118.7;

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*SD*=80.0). Fifty-one family members had two or more PSC-17 scales reporting on their student, with the follow-up scale ranging between 21 and 305 days after program entry (*M*=128.1; *SD*=87.0).

Students reported a statistically significant reduction in total symptom scores, with a mean reduction of 3.98 points. Students also reported significant reductions in internalizing, externalizing, and attention problems. Family members were less likely to identify changes in their student's overall symptom severity. The only symptom subscale that showed statistically significant reductions was in attention problems.

Table 7. *Changes in the Pediatric Symptom Checklist, Youth and Family Report*

| Item | Baseline | | Last Follow-up | | Diff | Significance Test | |
|---|---|---|---|---|---|---|---|
| | *Mean* | *SD* | *Mean* | *SD* | *Mean* | *T-test* | *P value* |
| *Youth Self-Report (n=58)* | | | | | | | |
| PSC Total Score | 15.60 | 5.90 | 11.62 | 5.29 | 3.98 | 4.86 | *p*<.001 |
| PSC Internalizing Subscale | 5.22 | 2.94 | 3.76 | 2.66 | 1.47 | 3.69 | *p*<.001 |
| PSC Externalizing Subscale | 4.19 | 2.60 | 2.60 | 2.11 | 1.59 | 4.77 | *p*<.001 |
| PSC Attention Subscale | 6.19 | 2.27 | 5.26 | 2.49 | 0.93 | 2.84 | *p*=.006 |
| *Family/Caregiver Report (n=51)* | | | | | | | |
| PSC Total Score | 16.53 | 5.43 | 15.59 | 5.22 | 0.94 | 1.74 | *p*=.09 |
| PSC Internalizing Subscale | 4.69 | 1.89 | 4.47 | 1.59 | 0.22 | 1.06 | *p*=.29 |
| PSC Externalizing Subscale | 6.37 | 2.62 | 6.43 | 2.41 | -0.06 | -0.23 | *p*=.82 |
| PSC Attention Subscale | 5.47 | 2.27 | 4.69 | 1.59 | 0.78 | 2.96 | *p*=.005 |

Clinically significant changes on the PSC-17 are illustrated by students who score in the clinical range initially and who move into a non-clinical range on the scale or subscale. Figure 5 presents the proportion of students scoring within the clinical range at baseline and the last follow-up, based on student self-report. The difference in the proportion of students with clinical elevations at the two time points was statistically significant for Internalizing concerns ($\chi^2$=3.85; *p*=.05) and Attention concerns ($\chi^2$=8.65; *p*=.003).

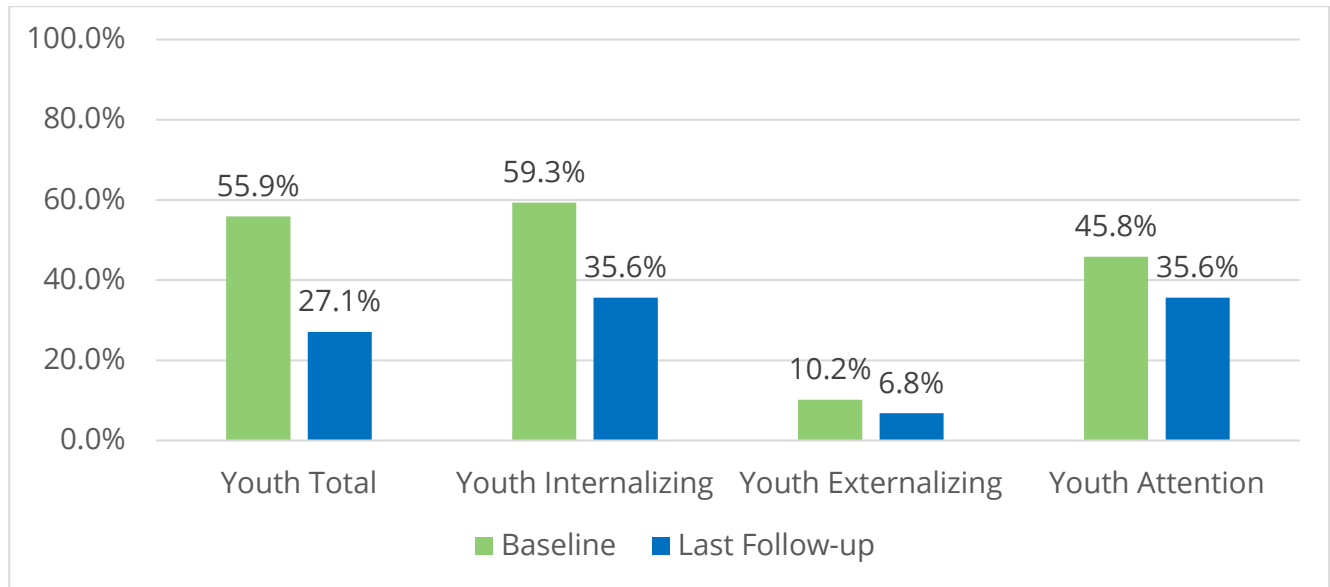Figure 5. *Proportion of Students Demonstrating Clinical Elevations on the PSC-17, Youth Self-Report*



Figure 6 presents the proportion of students scoring within the clinical range at baseline and the last follow-up, based on family/caregiver report. The difference in the proportion of students with clinical elevations at the two time points was statistically significant for Total Problems ($\chi^2$=33.37; *p*<.001), Internalizing concerns ($\chi^2$=19.52; *p*<.001), Externalizing concerns ($\chi^2$=7.35; *p*=.007), and Attention concerns ($\chi^2$=3.95; *p*=.05). In three symptom areas, fewer students were experiencing clinical levels of symptoms at follow-up. More students were experiencing significant externalizing problems at follow-up than baseline.

Figure 6. *Proportion of Students with Clinical Elevations on the PSC-17, Family Report*
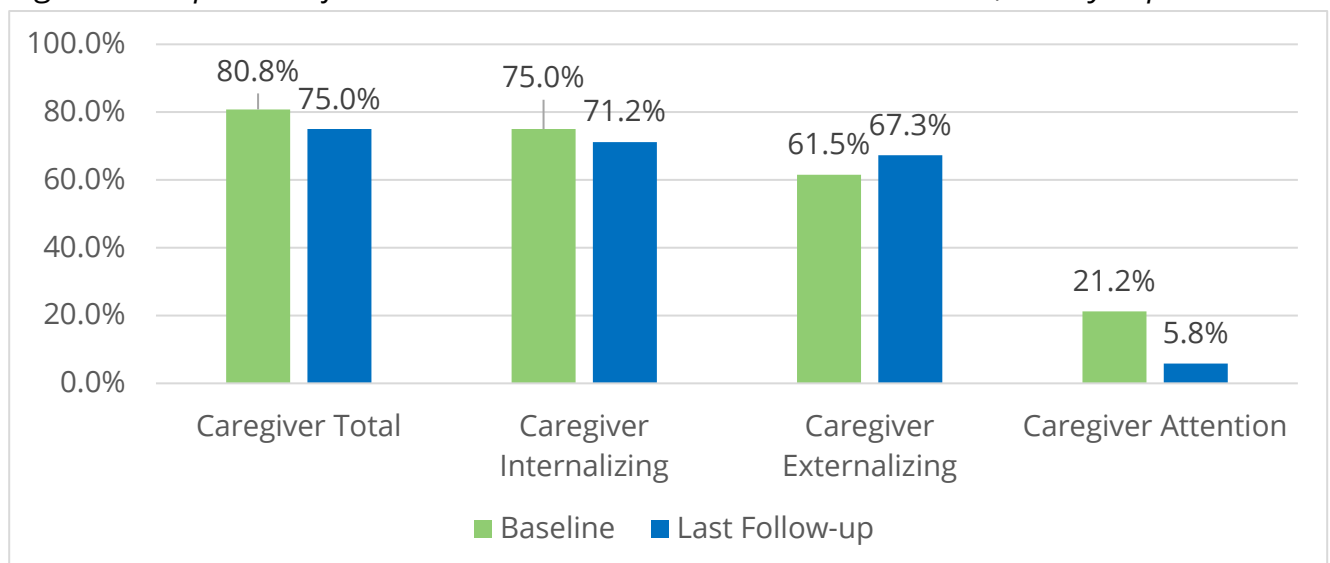
**Functional Outcomes Experienced by Students.** Students also report on their functioning at each interview and initial results are presented in Table 8. The sample size remains small, but initial results show an increase in functioning over time, with an average increase of 0.76 points. This change was statistically significant. Additional analyses of outcomes will be examined as the evaluation progresses, as sample sizes support examining outcomes by site, gender, age, race/ethnicity, and other factors.

Table 8. *Change in Child Functioning*

| Item | Baseline N=17 | | Last Follow-up N=17 | | Significance Test | |
|---|---|---|---|---|---|---|
| | *Mean* | *SD* | *Mean* | *SD* | *T*-test | *P* value |
| **Functioning total** | 3.65 | 1.37 | 4.41 | 1.54 | -2.52 | *p*=0.02 |

**Stories of Impact.** The following are a sample of stories that highlight some of the impacts of the system of care accomplishments at the three expansion communities:

- The peer support specialist at one Travis County school was supporting three students who had goals to gain employment. She helped these individuals with applications and interview coaching. Additionally, she coached them on hiring paperwork, setting up direct deposits, and helped them understand benefits, tax forms, and other new employee tasks. All three of these individuals were hired and all are still employed and regularly seek coaching with the peer specialist on challenges in the workplace and communicating with their boss and coworkers.
- A school interventionist in Travis County was referred a male client in second grade due to behavioral problems in the classroom. He would elope from class almost every day and it was difficult for him to stay in class. He was known as the "bad" student by peers and was therefore excluded. Since working with interventionist, he has several friends in his class, a great relationship with his teacher, and he stays in his class 95 percent of the time. He has more easy days than hard days now.
- The peer support specialist has an open-door policy. This has allowed students to quickly visit when they need a break. She found oftentimes they just needed 15 minutes to play with fidgets, discuss something hard about their day and in some cases close the door so they can release all their emotions in a safe space. She helped a number of students through panic attacks or anger outbursts.
- El Paso County reports that many students and parents have expressed gratitude for the support provided to them through the Youth Peer Support Specialist and

Certified Family Partner. One student shared that the Youth Peer Support Specialist's sessions were "the only thing they look forward to during [their] day." The Certified Family Partner's sessions often provoke tears from parents following the simple question of "how are you doing?" These examples speak to the impact that peer mentorship has on youth and families. For our youth and families, having someone who can listen and offer support is extremely important to their wellbeing.

- At the Parent Café hosted within the El Paso community, many parents thanked the System of Care team for providing a space to share their experiences and learn from other parents. A few even cried while sharing their relief in finding a mental health program that includes services for parents.
- In North Texas, the System of Care team hosted a virtual summit for school counselors and related staff. They reported an excellent turnout with very positive feedback. The school counselors heard a heart-warming presentation from Hayden's Corner, a non-profit developed in honor of a student who died by suicide soon after school closures during the pandemic.
- The North Texas System of Care team contributed to a Family Wellness Fair, and a Spanish-speaking family came in to learn about community resources. A staff member was able to speak with them in their preferred language and found out that the individual needed services to prevent a crisis. The staff member helped the family schedule an intake for services at Pecan Valley Centers. Even though the individual was not served through a school district supported by the grant, the staff member was still able to help the family.

# Summary & Recommendations

## Key Findings

The Texas System of Care continues to make progress addressing each of the five goals identified in the grant proposal. This grant year teams were fully staffed and services were provided in all three communities. Youth peer support services were strengthened through training and consultation. One community initiated a new family service by offering Parent Cafes to the school community, following a training offered by the Texas System of Care. Several communities also received training in Incredible Years Basics, an evidence-based parent training intervention. The System of Care team continued to strengthen awareness of the system of care framework through the hosting of a community mental health conference, collaboration on a school mental health conference, and two statewide events to support awareness and acceptance of children's mental health.

Data collected for the national and local evaluation offered the following key findings:
- Communication reach through the System of Care website has increased, along with other platforms.
- Students served through the grant were diverse in terms of age, gender, race, and ethnicity.
- Anxiety was the most commonly reported mental health concern for students referred to system of care services.
- Students were provided a variety of services and supports, including screening, assessment, treatment planning, and mental health interventions. About one-third received trauma services; thirty percent received supported employment, and fifteen percent received medical care. Five percent received medication services and a similar amount received co-occurring substance use services.
- Participants were generally satisfied with their care, but 36 percent did not report that staff were sensitive to their cultural background.
- Youth and caregivers both report improvement in symptoms with treatment. Families reported a slight increase in the number of students with problematic externalizing problems.

## Challenges and Barriers

The team experienced fewer challenges and barriers during the grant period. Communities reported some challenges in getting adequate space for services within the school. Due to an increase in safety concerns, schools are requiring additional steps for external staff to enter the building and security measures created delays. Team members reported that school staff continue to have limited time, which has impacted the team's ability to deepen relationships with school staff.

## Recommendations

The following recommendations are offered, with some representing previous recommendations that have not yet been accomplished:

1. The System of Care should continue to increase its reach on new social media platforms, LinkedIn and Instagram.
2. Recorded trainings that are shared on YouTube have on-going impact. Texas System of Care should consider hosting training sessions on the platform and planning a series of video-based training courses to meet identified needs.
3. Community leaders report challenges to describing the system of care values in a succinct and practical manner. The Texas System of Care team should explore different training strategies that reinforce the values underpinning system of care, including those that can be shared in schools and other service settings.
4. When the evaluation data reaches adequate sample sizes, the team should examine equity in access to services for families of different genders, races, and ethnicities. The team should also explore differences in service satisfaction and student outcomes disaggregated by site, gender, race and ethnicity.
5. Local team members should complete training on the Cultural Formulation Interview or similar framework and supervisors should support implementation of the framework through discussions of the impact of culture on perceptions of cause of mental health concerns, self-coping and help-seeking, service preferences, and relationship with the provider.
6. Providers who identify externalizing concerns through family reports on the PSC-17 should proactively engage families in discussions related to positive parenting practices and engage families in evidence-based interventions, as needed. These challenges are less likely to be identified through student self-report.