Texas
System of Care

Evaluation Report - Year 2

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

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A C K N O W L E D G E M E N T

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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 2

The primary focus of the second year was to increase the state's understanding of system of care through hosting a statewide conference, further expanding and strengthening state collaborations, and preparing for sustainability of various components of the system of care framework. The state also concluded the biennial legislative session, which included a range of bills that addressed or impacted children's mental health. Texas System of Care coordinated and hosted a Policy Academy on Culturally and Linguistically Appropriate Service standards for system of care communities. Additionally, Texas System of Care, in collaboration with the Department of Family and Protective Services (DFPS), hosted a training through the Texas Building Bridges Initiative. At the community level, Texas System of Care aimed to strengthen local governance boards and further enhance community strategic plans for system of care development. In addition, a key focus of the second year was to strengthen service quality and access in the expansion communities, while selecting two additional communities for expansion in the third year.

Overview of the Evaluation

The Texas Institute for Excellence in Mental Health (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 Children and Youth Behavioral Health Subcommittee 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 second grant year:

Goal 1: Increase leadership support for the system of care at the state level. The state's Children and Youth Behavioral Health Subcommittee (CYBHS), which serves as the governance body for Texas System of Care, experienced several vacancies and began work to fill several key roles. One of the co-chair's term expired, and Kisha Ledlow was elected to serve as the new co-chair. To increase the accountability for each state agency, a reporting form was created to measure the agencies' activities outlined in the Texas System of Care Memorandum of Understanding (MOU). Agencies will document their progress towards the goals that they committed to in the MOU. Texas System of Care staff increased their collaborations with three key state agencies or divisions. Staff are meeting regularly with representatives from the Youth Empowerment Services (YES), Community Resource Coordination Groups (CRCGs), Texas Juvenile Justice Department (TJJD), and the Texas Education Agency (TEA). This has led to new collaborations, opportunities to train individuals in system of care values, and discussions around problem solving barriers and challenges to care. The second grant year also included efforts to address children's mental health within the Texas Legislative session. Two priorities of the Texas System of Care did not progress within the legislative session; these included guidance to include youth peer support and family peer support within the Medicaid State Plan. The Legislative session did result in funding to support a child psychiatric consortium, which will enhance consultation from child psychiatry programs to community health providers and provide telehealth services to children in school settings. The Legislature required schools to create multi-tiered systems to support student mental health and mandated additional mental health training for educators and administrators. The Legislature also required mental health education for students.

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. The two expansion communities continued to enhance their local wraparound programs through training and coaching. Both communities experienced turnover in their system of care wraparound lead, which led to slower growth and progress in their programs. Both communities also experienced turnover in their wraparound facilitators, which was an additional barrier to efforts to enhance fidelity and outcomes. Despite these challenges, both programs continued to grow, and facilitators developed additional experience and skill. LifePath Systems, the fiscal agent for the Collin County System of Care, became a provider of a number of YES Waiver services, allowing families additional choices of providers within their community.

Goal 3: Improve the capacity of Texas's public mental health system to support transition-age youth. The Transition-Age Youth workgroup continued to meet to identify recommendations for the Transition-Age Youth level of care in the public mental health system. The workgroup outlined the recommended service array in a document for agency leadership, which included the Transition to Independence Process (TIP) model, Achieve My Plan (AMP) enhancements to wraparound, and youth peer support services. The proposal continues to be under review by agency leadership, and Texas System of Care will pilot AMP in wraparound programs in the expansion communities in the third grant year. Texas System of Care implemented youth peer support in the two expansion communities in the second grant year. This included a series of webinars intended to build readiness within the two organizations, development of a training for youth peer support providers, recruitment and hiring at the local sites, and a five-day workshop for young adults in a peer provider role.

Goal 4: Improve continuity of care for children and youth in juvenile justice placements and residential treatment centers (RTCs). The expansion communities continued to build relationships with residential treatment

programs to improve continuity of care for children in their catchment area. The East Texas System of Care provided wraparound within the residential setting, including residential providers as a part of the wraparound planning team. The Collin County System of Care had staffing challenges that precluded this level of involvement, but actively engaged residential treatment providers in planning for the transition to the community and supported caregivers in enhancing professional and natural support systems. At the state level, the Texas System of Care team continued to support a network of residential treatment providers through 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. The Texas Building Bridges Initiative hosted a three-day training for residential providers that focused on best practices in youth-driven care. Residential providers also received regular technical assistance and peer-to-peer networking through a web-based learning collaborative. Four residential providers participated in an in-depth site review of their programs by national Building Bridges consultants, Texas System of Care staff, and family and youth leaders. Each program, who had been leaders in the learning collaborative, received a comprehensive report with recommendations for how to strengthen their implementation of best practices.

Goal 5: Continued development of youth and family voice and leadership in Texas's behavioral health system. The Texas Family Voice Network (TxFVN) continued to expand avenues for developing family leaders within the state. Family leaders, with support from Texas System of Care staff, developed a [Journey to Family Leadership workbook]. The workbook is intended to provide information and activities that help families continue to enhance their leadership skills, whether they are just coming to see their potential as leaders or are already experienced leaders. The workbook has an accompanying publication, [Amplify Your Voice,] which focuses on strengthening skills in local, state, and national advocacy activities. Family leaders used some of these tools as they developed and hosted two leadership trainings within the Collin County and East Texas System of Care communities. These events were attended by nine and eight families, respectively. This year included significant investment in family leaders, through sponsorship at the Federation of Families conference, Parent-to-Parent conference, the rural mental health conference, the Family-Run Executive Director Leadership Association (FREDLA) leadership meeting, and the National Wraparound Implementation Center (NWIC) Academy. The TxFVN also worked to build sustainability through a leadership retreat and consultation from Jane Walker with FREDLA. This sustainability activity included a meeting between family leaders and state agency leadership in which participants discussed ways to enhance family voice in decision-making impacting children's mental health programs and policy.

The ACCEPT youth and young adult group also focused on building leadership and sustainability, as well as growing additional local chapters. Members of ACCEPT met for an annual in-person meeting, where they continued to plan the organization's goals for the year and beyond. The organization has shifted to rely on a strong leadership team, consisting of six youth and young adults, who are supported by the TxSOC Youth Engagement Specialist and young adult staff. ACCEPT members have participated in a range of leadership opportunities during the second year, including presenting at state and national conferences and leading the development of the youth peer training curriculum. One ACCEPT member, Morgan Humburger, was named the National Collegiate Recovery Student of the Year for her leadership at the local, state, and national levels. During the second year, ACCEPT developed and piloted the Passion to Action training program, which leads young people through facilitated activities to identify their passions and plan ways to use their strengths and skills to enact change. ACCEPT local membership grew from one to four official local chapters this year, with additional chapters in development.

Goal 6: Reduce disparities in access to and use of services, and in outcomes in specialty populations. During the second grant year, TxSOC implemented a Policy Academy focused on the national Culturally and Linguistically Appropriate Services (CLAS) standards. Four system of care communities, representing 20 counties in the state, participated in the event. A diverse team from each community prepared by completing a training in the National CLAS standards prior to the event, and each community received detailed data reports for every county in their

system of care region. The communities participated in the training event in July, which led to the creation of a plan built around at least one CLAS standard for their system of care. Communities have received additional technical assistance focused on implementing their plans. The expansion communities also continued to gather evaluation data on services to examine potential disparities in access, quality, and outcomes. Initial explorations of data disaggregated by racial and ethnic groups will be shared later in the report.

Goal 7: Improve knowledge statewide about system of care and sustainability. Texas System of Care collaborated with the State CRCG Office to host a biennial statewide conference. Attended by about 200 people, the conference agenda centered on the system of care values and encouraged networking among families, youth, state and community representatives. A new Texas System of Care website was launched during the year, providing an updated look and new tools and resources. The team also launched the first several components of a Texas System of Care community toolkit, an online collection of resources intended to support communities in implementing the various components of the system of care framework. The annual Children's Mental Health Awareness (CMHA) events grew this year. Submissions for the statewide art contest were hosted online, allowing for additional growth and capacity. This year included a scholarship for a writing winner and additional exhibitions of the winning artwork in a variety of venues. An awareness day event was hosted at a new location and featured a local children's musician (with experience as a suicide loss survivor), a health and wellness fair, and children's games and entertainers. Texas System of Care began discussions and planning for sustainability, resulting in the development of a sustainability plan for further activities over the next two years. The legislative session brought additional funding to enhance the availability of psychiatric services and consultation for children, as well as a focus on increasing access to mental health promotion, prevention, and intervention in school settings.

Goal 8: Evaluate the system of care and engage in continuous quality improvement. The second grant year resulted in a significant growth of the evaluation, as sites enrolled more families and the opportunity for assessments at multiple time points grew. The evaluation team prepared quarterly site reports to provide on-going data on service quality and outcomes and led discussions with local leaders around opportunities for quality improvement. Additional evaluation activities included evaluating the quality and impact of the statewide conference and gathering feedback from the youth peer support providers who participated in the youth peer support workshop. In addition, to support local planning efforts in the East Texas System of Care, stakeholder interviews were conducted within the region and a report was developed to inform the enhancement of the region's strategic plan.

State-Level Activities

Social Marketing

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 1,980 to 2,087, with an average of 2,037 users per quarter (*SD*=53.8). Users resulted in an average of 5,248 page views per quarter (*SD*=294). This is slightly lower than the average of 2,461 users per quarter (*SD*=798) and 6,324 page views per quarter (*SD*=1,959) found during the previous year of the grant. A redesign and update of the website was a key goal for the second year of the grant and was launched in September 2019, with analytics established in the new website in October 2019.

E-Newsletter. The team has utilized the e-newsletter in different ways during the second year of the grant, primarily focused on announcements of new resources or opportunities for involvement. The e-newsletter, distributed to between 682 and 693 individuals, is 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 19.7% to 24.1% 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). The distribution list is reduced from the average of 717 individuals in the previous year.

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 1,194 to 11,570 during the second year of the grant, with an average reach of 5,257 (*SD*=4,452) and 915 followers at the end of the year. This is an increase in reach from the previous year, but still lower than the reach during 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 4,322 to 9,948, with an average of 7,919 (*SD*=2,533). 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 1,574 to 1,875 per quarter, with an average of 1,712 views (*SD*=136). This platform has seen a similar 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 second grant year. The statewide Texas Mental Health Creative Arts Contest solicited contributions from children, youth, and adults of original art, writing, and photography and featured 770 entries, up from 383 in the previous year. Winning entries were showcased at several community locations, displayed on a microsite, and incorporated in a printed calendar. In addition, HHSC hosted a reception displaying the artwork, which was attended by several contest winners. A scholarship, made possible by a donation, was provided to the winner of the writing contest. A large statewide rally and festival was held in Austin to launch Mental Health Awareness month in May. The event included presentations in English and Spanish from families and children, community leaders, and a local children's performer. The festival also included family-friendly

games and activities, exhibits from community organizations, and a recognition ceremony. There were an estimated 250 attendees at the event.

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 799 individuals were impacted by training activities, excluding those participating in the CRCG and Texas System of Care conference (described later). Figure 1 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 1. *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. Training in the CLAS standards was held within Collin County System of Care, one of the Texas System of Care expansion communities, reaching a total of 70 professionals. An additional training in CLAS standards was held at the Summer Prevention Institute in San Antonio for 10 professionals. Two additional webinars in the ABC's of CLC were held, focused on working with the African American community and Hot Topics. The live webinars were archived on the Texas System of Care YouTube page. A podcast on working with the African American community was recorded and released on the YouTube channel.

Mental Health and Juvenile Justice Webinar Series. Texas System of Care continued a partnership with TJJD to provide a series of webinars to the state juvenile justice system focused on mental health and other values-based topics. Five webinars were provided in the first year of the grant. In the second grant year, Texas System of Care planned and executed six of the webinars. These included a discussion of mental health diagnoses (86 participants), family voice and engagement (115 participants), shifting the paradigm with positive youth development (49 participants), youth voice and empowerment (58 participants), understanding psychological

assessments (70 participants), and an evidence-based approach to substance use (58 participants). The webinar recordings are housed on the agency's website and continue to be viewed in an archived format.

Youth Peer Providers. The Texas System of Care began providing webinars for the two expansion communities with the goal of preparing staff prior to hire youth peer support providers. Beginning in April, Texas System of Care hosted three webinars. The first webinar introduced the roles and responsibilities of the Youth Peer Support Specialist. The second webinar focused on strategies for recruiting and hiring youth specialists. The third webinar featured a presentation by a national expert on best practices for supervising youth peer support providers. Texas System of Care also hosted a five-day training for Youth Peer Support Specialists with nineteen participants.

National Federation of Families for Children's Mental Health Conference. The National Federation of Families (NFFCMH) annual conference was held in Houston, Texas. The NFFCMH partnered with the TxFVN to recruit local presenters and provide volunteer staff for the conference. The TxFVN hosted an exhibit table and provided a variety of resources to attendees. The Family Engagement Specialist hosted a workshop entitled "From Famophobia to Famophilia" at the conference.

Positive Youth Development. Texas System of Care partnered with the East Texas System of Care governance boards to host two regional workshops on positive youth development and authentic youth engagement. The workshops included representatives from a variety of child-serving organizations (55 participants) and served as an opportunity to increase the community's awareness of the East Texas System of Care. The Texas System of Care team, in collaboration with Youth Lead 4 Health, also led a workshop on positive youth development in south Texas for 30 participants.

ABC Summit. Texas System of Care partnered with TEA and other partners to host a one-day conference focused on collaborations to support school mental health. Held as a preconference to the Strengthening Youth and Families Conference, the event featured presentations from youth involved in peer recovery groups and a recovery high school, a panel of educators and mental health professionals involved in Santa Fe High School's recovery, and presentations on CRCGs, trauma, and suicide prevention. 104 participants completed the post-event survey. 59 percent of respondents rated the workshops as "excellent" and an additional 34 percent rated it as "good." 51 percent of participants reported that their knowledge in the subject matter "increased significantly." Qualitative responses suggested that participants responded to a variety of the programs, but generally appreciated the variety of resources shared through the panels. When asked about ways to improve the event, some individuals felt resources from West Texas needed to be represented, more information should target juvenile probation staff, and handouts would be preferred. It should be noted that several participants representing juvenile probation agencies attended the event after a probation-focused workshop was cancelled, and indicated their disappointment that this information was not available.

Strengthening Youth and Families. Texas System of Care was a key partner in the Strengthening Youth and Families Conference, a cross-agency annual conference focused on strengthening the capacity of the child-serving workforce. The four-day conference was hosted in Galveston, Texas in November 2018 and attended by 318 participants. A post-event web-based survey was completed by 115 respondents (36%). Participants rated the extent to which the conference goals and objectives were achieved on a 3-point scale, reflecting "not met at all" (1), "somewhat met" (2), and "met completely" (3). Highest ratings were for Provided Networking Opportunities (m=2.80) and Shared Professional Trends and Practices (m=2.79) and lowest ratings were for Strengthened Capacity to Deliver Evidence-based Practices (m=2.61), Strengthened Capacity for Youth and Family Engagement (m=2.68), and Shared Current Research Findings (m=2.68). At a pre-conference session, the Texas System of Care Project Director partnered with the State CRCG Office to provide training to CRCG leaders across the state on

system of care values and principles. The session also included action planning for CRCG leaders to identify strategies to infuse the system of care values into their work.

Building Bridges Initiative

The Texas System of Care, in collaboration with DFPS, hosted a three-day conference focused on the Building Bridges Initiative (BBI) framework. The conference provided an introduction to BBI best practices for residential treatment programs new to the model, as well as focused presentations on youth and family engagement opportunities and cultural and linguistic best practices for residential programs that have been participating in the Texas Building Bridges Learning Collaborative. Eighty-three participants attended the event. Key findings from conference evaluations are summarized in Table 1.

Table 1. *Survey Responses Following Building Bridges Conference*

Items *n*=49	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The information provided will be useful to me to improve services for children and families.	77.6%	20.4%	0%	2.0%	0%
The material was presented in an organized manner.	81.8%	14.3%	2.0%	2.0%	0%
The presenters were effective at engaging the audience.	75.5%	14.3%	8.2%	2.0%	0%
The presenters were knowledgeable on the topic.	75.5%	22.5%	0%	2.0%	0%
I would be interested in attending a follow-up more advanced workshop on this same topic.	87.5%	8.3%	2.1%	2.1%	0%

Narrative feedback from the participant responses indicated that participants appreciated the youth presentation and panel, the expertise of the presenters, the opportunity to brainstorm and hear about new approaches, and the networking with other providers. Participants indicated that the planning activities on the third day were a little disorganized, that they had insufficient time to complete activities, and would have preferred to have a less structured opportunity to exchange ideas. One participant suggested regional conferences and another indicated he/she would like to have ideas for how to get started with implementation. When asked how likely they were to work to align some of the practices within their residential program with BBI, 20 percent indicated it was "extremely likely" and 20 percent indicated it was "moderately likely."

Nine residential treatment providers continued to regularly participate in the Texas BBI learning collaborative, attending regular consultation and networking calls, hosted by Texas System of Care staff. The conference was followed by a webinar focused on developing youth advisory councils, a topic requested by participants; it was attended by 25 participants. Texas System of Care offered four residential treatment programs an opportunity for in depth consultation on enhancing their existing implementation efforts. Participating sites included New Life - Upbring, St. Jude's Ranch for Children, Camp Worth, and Waco Center for Youth. For these programs, Texas System of Care contracted with the national BBI team to conduct site visits at each organization. National consultants conducted pre-visit interviews of organizational leaders and reviewed policies. A one-day site visit was conducted that included interviews of staff, families, and youth, as well as a tour of the facility and observation. Each site received a comprehensive written review that included specific recommendations for strengthening their approach to residential best practices and participated in debriefing calls to discuss recommendations and receive answers to any additional questions.

System of Care and Community Resource Coordination Group Conference

On July 17-19, 2019, Texas System of Care and the State CRCG office hosted a joint conference in Austin, Texas. The event was attended by 208 individuals and included plenary presentations, panels, and breakout workshops. Within one week of the conference, attendees were asked to evaluate the overall conference through an online survey. Two additional email reminders were sent to increase participants' rate of response. Of the 208 conference attendees, 93 (45%) responded and completed the overall conference evaluation. Of those, 44% (n=41) identified as state agency workers, 16% (n=15) as working at private non-profit organizations and 22% (n=20) identifying as "other." The participants who identified as "other" were primarily from juvenile justice agencies and Local Mental Health Authorities (LMHAs).

Participants' ratings of overall conference experience are provided in Table 2. Responses are measured on a 5 point Likert scale from strongly disagree (1) to strongly agree (5). A review of qualitative responses to the survey indicated that participants found the conference to be a good opportunity for cross-agency networking and were appreciative of the real-world experiences provided by presenters. Examples include:

- *The conference has inspired me to do more research about the services we have in our community and fight to get agencies on board to support the youth and families we support.*
- *Well organized. Enjoyed the shared, large group sessions intermixed with the breakout sessions. Identifying and presenting 'best practices'.*
- *The entire team made me feel welcomed and appreciated! I loved the agenda, the structure and the meeting content. It was a wonderful experience and I am very happy that I attended! I left feeling inspired and refreshed!*

Table 2. *Ratings of Conference Experience*

Question	Mean	SD
Conference Impact		
Overall, the conference was beneficial to me.	4.33	0.90
I learned something new about Texas System of Care.	4.42	0.65
I learned something new about Community Resource Coordination Groups (CRCG).	4.22	0.82
I will integrate information, tools, and/or approaches I learned at this conference going forward in my organization.	4.56	0.58
I will be able to use the information learned to benefit youth and families.	4.61	0.52
Met Goals and Objectives		
The conference provided a stimulating learning environment.	4.39	0.71
The conference shared information about innovative ways to serve children and families.	4.33	0.70
The conference shared new information related to collaborations of Texas SOC and CRCG.	4.37	0.69
The conference provided youth/young people with authentic and meaningful ways to share their experience.	4.13	0.78
The conference provided family members with authentic and meaningful ways to share their experience.	4.34	0.67
Networking Events		
I enjoyed the family meet and greet.	4.05	1.03
I enjoyed the documentary and discussion, "Healing Neen".	4.47	0.74
I enjoyed the ability to work with other stakeholders.	4.53	0.62
I enjoyed the ACCEPT event.	4.41	0.73

Culturally and Linguistically Appropriate Standards (CLAS) Policy Academy

In July 2019, Texas System of Care initiated a Policy Academy focused on supporting system of care communities in planning for and implementing the national CLAS standards in their work. Four system of care communities chose to participate in the Policy Academy, bringing small teams which included representatives from mental health providers, family representatives, and community representatives. Community team members participated in planning the Policy Academy and undertook a web-based training on the CLAS standards prior to the event. The two-day meeting included presentations by national and state leaders experienced in addressing health equity at the community and organizational levels, as well as youth and family leaders. Each team spent time conducting health equity planning within their teams, focusing on one or more CLAS standard and developing a strategic plan for their community. The Texas System of Care provided each team with county-level data on youth and families, disaggregated by race and ethnicity, including data from school, child welfare, and juvenile justice systems.

Table 3 presents participants' perceptions (*n*=21) of the CLAS Policy Academy 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 CLAS Policy Academy Meeting*

Item (*n*=21)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information provided will be useful to me to improve services for children and families.	0%	0%	9.5%	9.5%	81.0%
The material was presented in an organized manner.	0%	0%	9.5%	19.1%	71.4%
The presenters were effective at engaging the audience.	0%	0%	4.7%	14.3%	81.0%
The presenters were knowledgeable on the topic.	0%	0%	4.7%	4.7%	90.4%
I would be interested in receiving more advanced CLAS technical assistance.	0%	0%	4.7%	23.8%	71.4%
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%
Please rate the following:	Poor	Fair	Good	Very Good	Excellent
Visuals	0%	0%	40.0%	40.0%	20.0%
Acoustics	0%	0%	15.0%	55.0%	30.0%
Meeting space	0%	0%	23.8%	38.1%	38.1%
Handouts	0%	0%	20.0%	25.0%	55.0%
The program overall	0%	0%	9.5%	19.1%	71.4%

Participants were also asked to rate the level of mastery or competency they had on the information prior to and after the event. Results are presented in Figure 2, with a 1 representing "complete beginner" and a 10 representing "clear ideas with identified strategies." Participants were asked to describe best part of the event. The most common response (*n*=8) was an appreciation of the speakers, the expertise that they brought, and their passion for the work. The next most frequent response was the planning time (*n*=6) and the opportunity to work together as a team on developing their plan. Participants also noted they opportunity for networking (*n*=5) and hearing about the work happening in other communities. Participants were also asked to provide suggestions for improvement. There were no themes identified, although several responses related to the logistics of the event (e.g. room temperature, start time, availability of snacks). Two participants requested more visuals and one requested more data. One participant expressed frustration with the discussion of race on the second day, rather than a broader focus on culture. Lastly, participants were asked to rate the likelihood that they would work with their team to implement CLAS strategies form the Behavioral Health Equity Plan. Overall, ninety-one percent indicated that they were "extremely likely" to work to implement the plan in their community.

Figure 2. *Perceptions of Mastery or Competence with the Information*
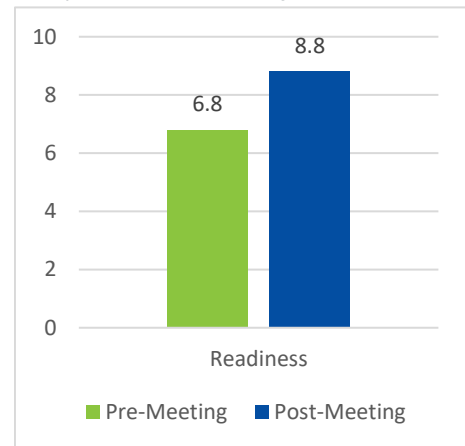
Youth Peer Support

On August 26-30, 2019, the Texas System of Care hosted an intensive workshop on youth peer support. The training curriculum was developed by a committee of youth and young adults, and the training represented an opportunity to pilot the curriculum. The training was led by a youth peer provider, the Youth Engagement Specialist, and the Texas System of Care Project Director. The training was attended by nineteen individuals, all currently employed as peer support providers. Two individuals were new youth peer support providers within the Texas System of Care expansion communities. The youth represented six substance use recovery organizations and three mental health organizations. Participants were asked to respond to a series of questions on a scale from 0 to 10, with 10 representing the highest rating, reflected by terms such as "Superbly organized" and "Profound/enduring" impact. Table 4 provides a summary of these responses. Respondents rated all of the elements very highly, with minimal variation. The strongest rating was for the credibility of the trainers and the lowest rating (although still a 9.0 out of 10) was for the ability of the training to hold the participant's attention.

Table 4. *Responses from Youth Peer Support Participants*

Question	Mean	SD
In your current role, how important is it for you to master the ideas, information, and/or skills described in the training goals?	9.66	0.79
To what extent did you find the trainer credible in terms of being fully competent and having a high level of expertise relevant to helping trainees achieve the training goals?	9.88	0.34
Overall, how well organized and coherent was the training?	9.63	1.01
Overall, did you find that the training held your attention?	9.00	1.21
What level of impact do you think that this training will contribute to in your work (or other context) over the coming months?	9.63	0.62

How much impact do you think this training will have on the quality of peer support provided within your organization?	9.44	1.03	

Participants were also asked about their mastery of the training information prior to and after the workshop, as a way of estimating the knowledge and skills developed through the training. Ratings were provided on an 11-point scale from 0 (Complete Beginner) to 10 (Fully Expert). Results are presented in Figure 3. On average, participants came in to the training with moderate to good expertise in youth peer support, and continued to develop with good expertise. As this was an initial pilot of the training curriculum, it was beneficial to include experienced peer support providers, who provided daily feedback on the curriculum to strengthen its design.

Figure 3. *Participant Rating of Mastery*
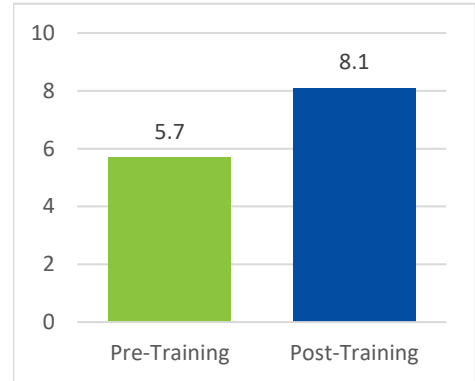
Since the workshop was the initial pilot of the training curriculum, participants were asked to rate their perceptions of each component of the training at the end of each day. The ratings were based on a 5-point scale of "The worst!" (1), "Not so great." (2), "It was okay." (3), "Liked it!" (4), and "Loved it!!!" (5). Ratings are presented in Table 5. Ratings were high (4.5 or above) across all components of the training. The highest rated components were Self-Care; Introductory icebreakers; Ethics, Boundaries, and Communication; Confidentiality and Conflict Resolution; and the closing. The lowest rating was for Cultural Responsiveness, and this component also had the greatest variability in ratings. Two respondents had lower ratings and indicated in the open-ended response that they "have a different view" and that the trainers needed to "make it safe" for those who disagree.

Table 5. *Participant Ratings on Youth Peer Support Components*

Training Component	*Mean*	*SD*	Training Component	*Mean*	*SD*
Section 1: Welcome and Introductions	4.87	0.52	Section 9: Motivation & Readiness	4.78	0.43
Section 2: History of Peer Movement	4.73	0.59	Section 10: Cultural Responsiveness	4.50	1.10
Section 3: Who are Youth Peer Recovery Specialists	4.79	0.43	Section 11: Trauma-Informed Care	4.75	0.62
Section 4: What is Youth Peer Support and Why	4.79	0.43	Section 12: Confidentiality and Conflict Resolution	4.82	0.53
Section 5: Youth Empowerment	4.69	0.70	Section 13: Self-Care	4.88	0.33
Section 6: Understanding Recovery	4.69	0.70	Section 14: Documentation	4.76	0.56
Section 7: Relying on Strengths	4.71	0.59	Section 15: Closing and Debrief	4.82	0.53
Section 8: Ethics, Boundaries, & Communication	4.82	0.53			

Participants were asked to indicate what they liked most and least from each day's training in open-ended responses. These responses, along with all ratings from the training event, were utilized by the youth and young adult group tasked with revising the training curriculum. On the final day, participants were asked to describe what they found most useful and what they wished that they had received. Sample responses are provided in Table 6.

Table 6. *Participant Ratings on Youth Peer Support Components*

The information I found most useful…	At this training, I wish I had received…
The trauma-informed care; different techniques on how to approach youth and strategic sharing	I received everything I needed!
Really everything; the youth engagement at the very beginning and the ethical boundaries were really good	Complimentary breakfast and coffee lol it's a joke kinda; no really it was awesome you did great - one of my favorites ever
It was all very informative	How to do groups
How to approach the most difficult issues such as privilege!	I'm new in this line of work & I'm grateful for every piece of information
Trauma-informed care	More about engagement
Suicide prevention	More on trauma
Strategic sharing	More criticism
Everything!	Nothing. Everything was great!
Youth developmental assets; empowerment	Certificate

Expansion Community Activities

Governance and Strategic Plan

Both system of care communities supported governance boards that continued to meet regularly. Table 7 summarizes the membership of each governance board. Collin County System of Care has one board for the region, with two subcommittees to cover strategic planning and communication. The board had a period of not meeting early in the reporting period due to staffing changes, but generally meets once per month. Collin County has diverse representation on their board, including four family representatives; however, they have not been able to retain active youth participation. The community intends for the Youth Peer Support Specialist to engage youth in this aspect of the project. The East Texas System of Care maintains seven governance boards, due to the large geographic region, but has also established representatives for an executive team. These boards met between three and four times over the reporting period. The boards generally lack family and youth representation. Although several boards did have family representatives at some meetings, most were family partners and affiliated with Burke. The boards had very strong representation across a number of sectors, including health, child welfare, probation and law enforcement, schools, mental health, and substance use. Two of the regional boards were able to recruit membership from the Alabama Coushatta tribal community. Two boards were also able to recruit membership from elected officials in the region.

Table 7. *Number of Members by Type for Community Governance Boards*

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

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 demonstrated that members deepened conversations about opportunities for collaboration and approaches toward shared goals. Collin County's board focused on strengthening ties to schools and building on their implementation of CLAS standards. The desire to create a youth respite program was also identified. East Texas boards' activities remained primarily reporting out on service updates, but some discussion of partnerships with schools and implementation of CLAS standards also occurred. Both communities continued to strategize on how to increase representation of families and youth on the board.
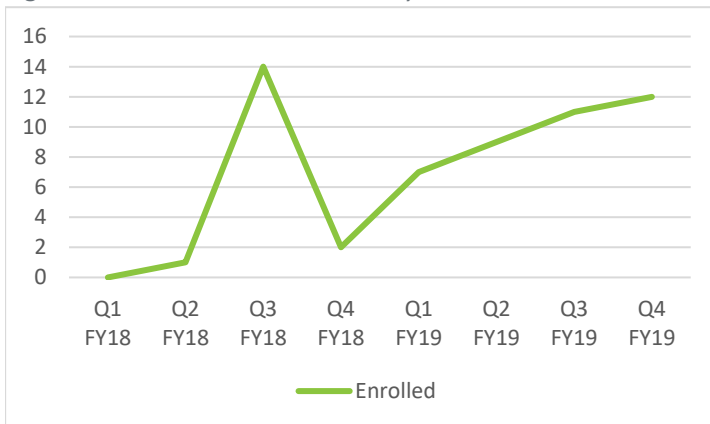
Services and Supports

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 4
illustrates the quarterly pattern of
engagement in the East Texas System of Care.
A total of 162 youth were referred to the
wraparound program with 74 enrolled in Year
1 (45.7%), and 263 were referred in Year 2
with 85 enrolled (52.1%). During the second
grant year, 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

Figure 4. *Enrollment in East Texas*

level of care within East Texas System of Care (64.9%). For 24.4% children referred to the program, the family
declined or refused services, and 28.0 percent of families could not be reached to schedule an intake. An
additional 6.1 percent had other reasons for not enrolling in the system of care.
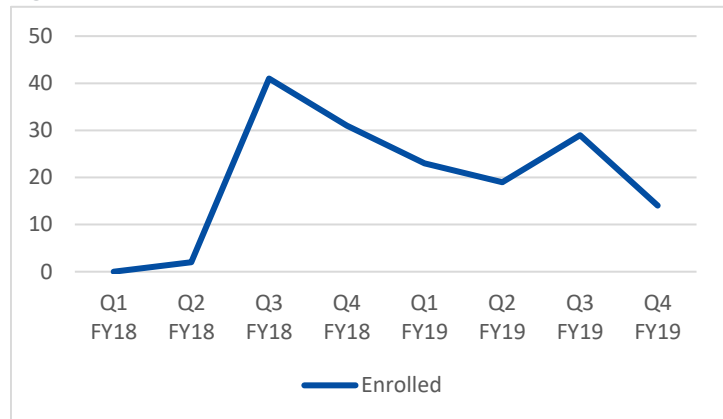
Collin County System of Care had a steady increase in referrals and enrollments in the second year of the grant,
averaging 9.75 families per quarter. Figure 5 illustrates the enrollment pattern. A total of 19 children were
referred during the first year, with 16 children enrolled in system of care (80.0%). In the second year, all of the
children referred were enrolled in care.

Figure 5. *Enrollment at Collin County*

Youth were referred from a variety of zip codes
representing their home address and assigned
catchment area. Figure 6 illustrates the number
of total referrals from the two regions by zip
code. Within the East Texas System of Care, the
most frequent enrollments came from 77351
and 75964. Within Collin County System of
Care, a more urban region, enrollment was
evenly distributed across most zip codes. The
eastern side of the county is not represented in
the enrollment.

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. East Texas System of Care had the largest
number of referrals from mental health and juvenile justice,
but had a variety of referrals from other child-serving systems.

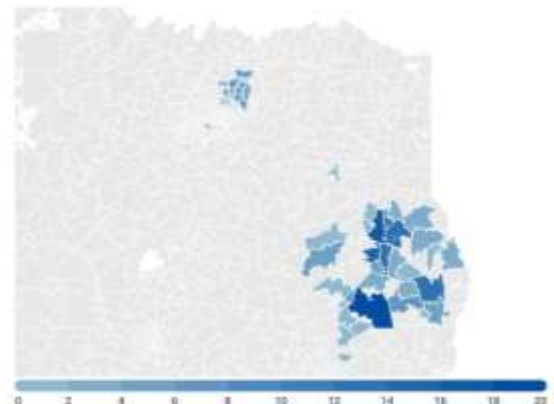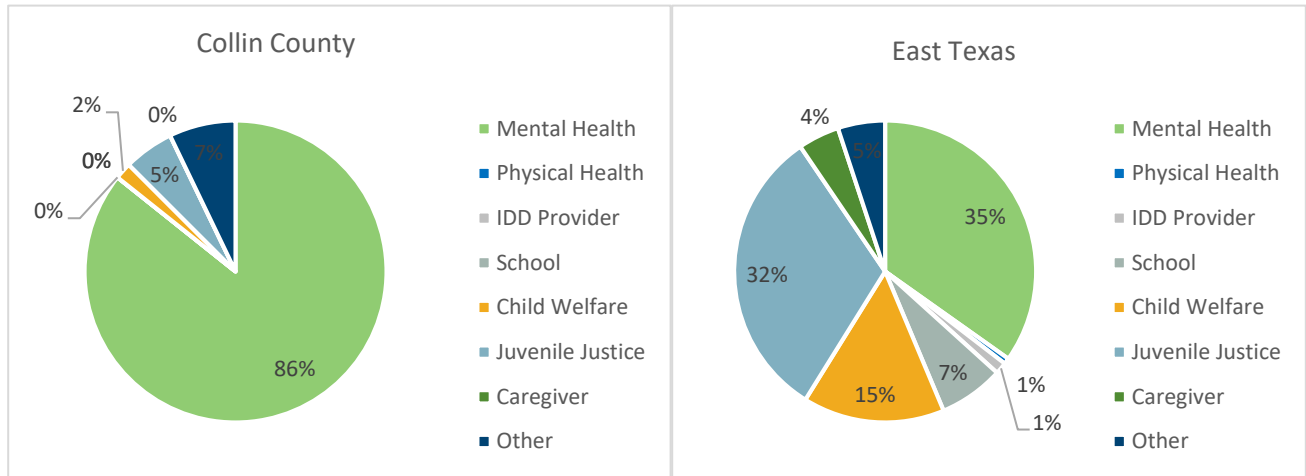Figure 6. *Enrollment in System of Care by Zip Code*

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 8. 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 both communities were predominantly male, with a greater proportion of boys than would be expected by the general population; however, this higher proportion of boys is commonly reported in mental health services. 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. Collin County had a lower proportion of youth reporting in other categories, including more than two races. The majority of youth enrolled in both communities were insured by Medicaid (87.0%), with 0.5% enrolled in CHIP, 2.8% enrolled in SSI, 14.0% insured by private insurance, 4.7% uninsured, and 6.5% with another insurance. 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; however, uninsured children entering services in the two communities are provided access to Benefit Eligibility services, which assists families in applying for insurance benefits for which they are eligible.

Table 8. *Demographics of Participants by Community*

	Collin Served (*n*=56)	Collin Expected	East Texas Served (*n*=159)	East Texas Expected	Total
Mean Age	12.3 years (SD=3.3)	-	12.9 years (SD=3.0)	-	12.7 years (SD=3.1)
Female	24 (42.9%)	49.1%	55 (34.6%)	48.9%	79 (36.7%)
Male	31 (55.4%)	50.9%	101 (63.5%)	51.1%	132 (61.4%)
Transgender / Other	1 (1.8%)		3 (1.9%)		4 (1.9%)
Black	16 (28.6%)	8.7%	43 (27.0%)	12.2%	59 (27.4%)
White (non-Hispanic)	27 (48.2%)	54.3%	78 (49.1%)	54.3%	105 (48.8%)
White (Hispanic)	8 (14.3%)	20.1%	23 (14.5%)	21.9%	31 (14.4%)
American Indian	0 (0%)	16.7%	0 (0%)	11.5%	0 (0%)
Asian	0 (0%)		0 (0%)		0 (0%)
Native Hawaiian	0 (0%)		0 (0%)		0 (0%)
Two or More Races	5 (8.9%)		15 (9.4%)		20 (9.3%)

Mental Health Need. The diagnoses present at entry into the program were collected and categorized for each child. Table 9 presents selected diagnoses for participating youth. Each child can have up to three diagnostic categories, therefore percentages will sum to more than 100 percent. Co-occurring disorders were common, with 27.9 percent of youth having two diagnoses and 54.0 percent having three diagnoses. 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 9. *Diagnoses of Children Enrolled in the Texas System of Care Expansion Communities*

Diagnostic Category	Collin *Number* *n=56*	Collin *Percent*	East Texas *Number* *n=159*	East Texas *Percent*	Total *Number* *n=215*	Total *Percent*
Attention Deficit Hyperactivity Disorder	39	69.6%	94	59.1%	133	61.9%
Bipolar Disorder	6	10.7%	19	11.9%	25	11.6%
Depressive Disorder	12	21.4%	47	29.6%	59	27.4%
Disruptive Mood Dysregulation Disorder	19	33.9%	40	25.2%	59	27.4%
Mood Disorder NOS	0	0%	12	7.5%	12	5.6%
Anxiety Disorder	14	25.0%	16	10.1%	30	14.0%
Post-Traumatic Stress	4	6.8%	11	6.9%	15	7.0%
Oppositional Defiant or Conduct Disorder	17	28.8%	81	50.9%	98	45.6%
Substance Use Disorder	3	5.1%	11	6.9%	14	6.5%

The results of several measures of behavioral health needs are summarized in Table 10. The Kessler 6 (K6), which provides a screen for serious mental illness, was completed by 35 youth in Collin County and 75 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, 34.3% of the adolescents in Collin County and 25.3% 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 and externalizing problems are present in roughly equivalent proportions in both communities, with a smaller, but still substantial proportion of youth with attention problems. Comorbid symptom areas were 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. The youth served in Collin County tended to have fewer externalizing symptoms than those served in East Texas, across both youth and parent respondents.

Table 10. *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	9.74 (5.40)	34.3%	8.55 (5.20)	25.3%
PSC Total Score – Youth	14.55 (6.23)	45.7%	16.27 (6.63)	59.3%
PSC Internalizing – Youth	4.15 (2.77)	45.7%	4.62 (3.08)	50.5%
PSC Attention Subscale – Youth	5.48 (2.51)	46.8%	5.71 (2.60)	41.8%
PSC Externalizing Subscale – Youth	4.91 (2.78)	28.6%	6.52 (3.27)	41.8%
Columbia Impairment – Youth Report	16.36 (9.04)	38.5%	21.90 (9.04)	74.7%
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	19.70 (6.87)	78.7%	20.90 (6.47)	82.1%
PSC Internalizing – Parent	5.57 (2.90)	59.6%	5.55 (2.69)	69.1%
PSC Attention Subscale – Parent	6.52 (2.37)	46.8%	6.66 (2.34)	56.9%
PSC Externalizing Subscale – Parent	7.61 (3.43)	57.4%	8.69 (3.43)	73.2%
Columbia Impairment – Parent Report	25.72 (10.04)	89.4%	27.08 (10.39)	85.4%

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 11 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. The proportion of children (1.3%) within an RTC in the 30 days prior to enrollment grew between Year 1 and 2 of the grant (1.3% to 4.0%), suggesting some improvements in outreach targeting this population.

Table 11. *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	18	36.7%	65	52.0%	83	47.7%
Homeless One or More Nights	0	0%	0	0%	0	0%
Substance Use	9	18.4%	18	14.4%	27	15.5%
Poor or Fair Health	10	20.4%	25	20.0%	13	16.7%

Emergency Room Use	1	2.0%	13	10.4%	14	8.0%
Psychiatric Hospital Use	0	0%	14	11.2%	14	8.0%
Residential Treatment Center Use	3	6.1%	4	3.2%	7	4.0%
Detention	4	8.2%	12	9.6%	16	9.2%
Arrested	1	2.0%	13	10.4%	14	8.0%

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. Intensive case management (wraparound planning) was the most frequent service offered, followed by medication-related services, family partner services, and child skills training. The most common services provided within the YES Waiver were Community Living Skills and Recreational Therapy. Less than 10% of the children and youth received any other YES Waiver services. The percentage of youth receiving at least one encounter in various service types is presented in Figures 8 and 9.

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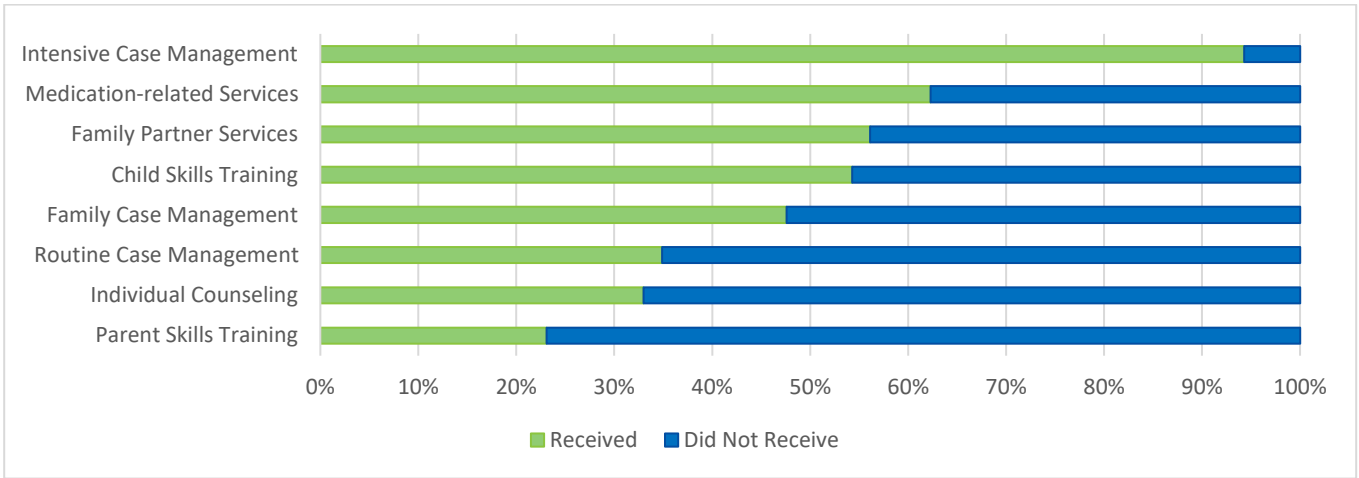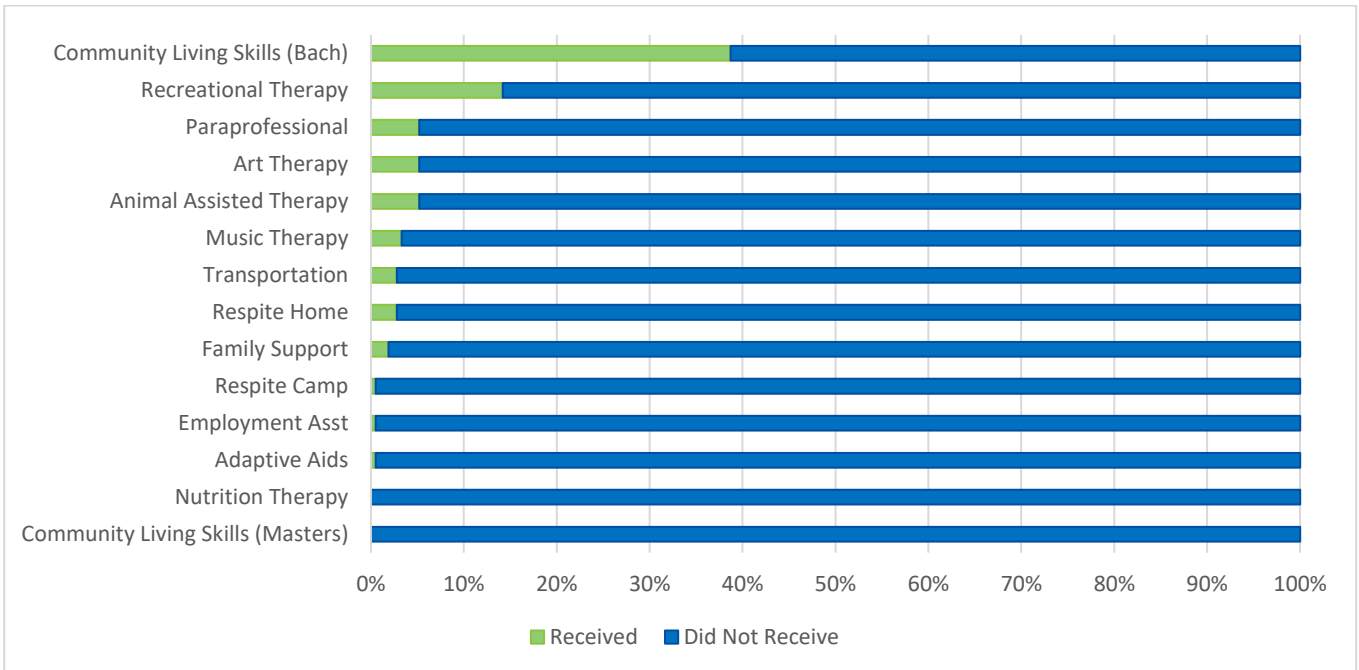

Figure 9. *YES Waiver Services and Supports Provided to Texas System of Care Participants*

The East Texas System of Care provided a majority of traditional services to children enrolled in system of care, while Collin County System of Care provided slightly more YES Waiver services. The average number of hours of services provided in each community are reflected in Figure 10.

Figure 10. *Mean Hours per Month of Services*
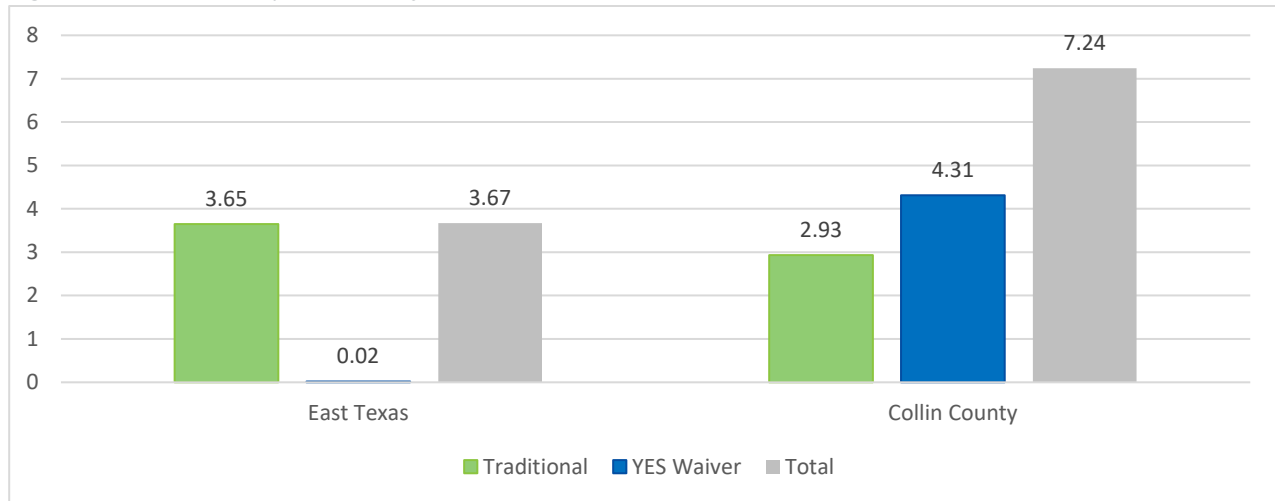
Outcomes for Participants in Care. A total of 118 individuals had at least one follow-up assessment, allowing for an examination of outcomes on symptomatology (Pediatric Symptom Checklist) and functioning (Columbia Impairment Scale). Outcomes were examined separately for the two expansion communities. Outcomes on the two scales are presented in Table 12. In the East Texas System of Care, there were significant improvements over time on parent ratings of symptomatology, across both total and subscales, and functioning. At Collin County System of Care, mean scores were in the direction of improvement, but only the Attention subscale of the Pediatric Symptom Checklist was statistically significant. For youth ratings, presented in Table 13, the East Texas region had significant improvements on the total symptom and total functioning scores, along with the Attention subscale. No other significant differences were noted.

Table 12. *Change in Symptom and Functioning Scales from Baseline to Follow-up on Parent Measures*

	Collin County (*n*=36)			East Texas (*n*=82)		
	Parent Baseline	*Parent Follow-up*	*Parent Difference*	*Parent Baseline*	*Parent Follow-up*	*Parent Difference*
Pediatric Symptom Checklist						
Total Scale	20.28	18.89	1.39 *t*=1.73	20.91	17.33	3.59 *t*=5.66****
Attention	6.86	6.17	0.69 *t*=2.38*	6.73	6.00	0.73 *t*=3.11**
Internalizing	5.36	4.72	0.64 *t*=1.77	5.56	4.46	1.10 *t*=4.12****
Externalizing	8.06	8.00	0.06 *t*=0.14	8.62	6.87	1.76 *t*=5.29****
Columbia Impairment Scale	25.14	23.75	1.39 *t*=0.93	26.86	21.14	5.73 *t*=4.78****

Note: **p*<.05, ***p*<.01, ****p*<.001, *****p*<.0001

Table 13. *Change in Symptom and Functioning Scales from Baseline to Follow-up on Youth Measures*

	Collin County (*n*=26)			East Texas (*n*=64)		
	Youth Baseline	*Youth Follow-up*	*Youth Difference*	*Youth Baseline*	*Youth Follow-up*	*Youth Difference*
Pediatric Symptom Checklist						
Total Scale	14.31	12.23	2.08 *t*=1.5	16.42	14.98	1.44 *t*=2.03*
Attention	5.50	4.65	0.84 *t*=1.57	5.94	5.58	0.73 *t*=3.11**
Internalizing	3.92	3.62	0.31 *t*=0.48	4.73	4.11	0.63 *t*=1.90
Externalizing	4.88	3.96	0.92 *t*=1.66	5.75	5.30	0.45 *t*=1.17
Columbia Impairment Scale	16.58	14.65	1.92 *t*=0.93	22.52	17.76	4.76 *t*=4.10****

Note: **p*<.05, ***p*<.01, ****p*<.001, *****p*<.0001

Benchmarking with National Outcomes. The outcomes experienced by children and youth within Texas System of Care communities can be compared to the outcomes reported in the national system of care evaluation. Figure 11 illustrates the changes in the mean Pediatric Symptom Checklist scores for Texas System of Care and national benchmarks. Overall, the youth served in Texas had higher ratings of symptoms than the national sample; however, Texas had similar rates of improvement as that seen in the national evaluation.

Figure 11. *Mean Symptom Scores from Baseline to Follow-up on Pediatric Symptom Checklist (Parent)*
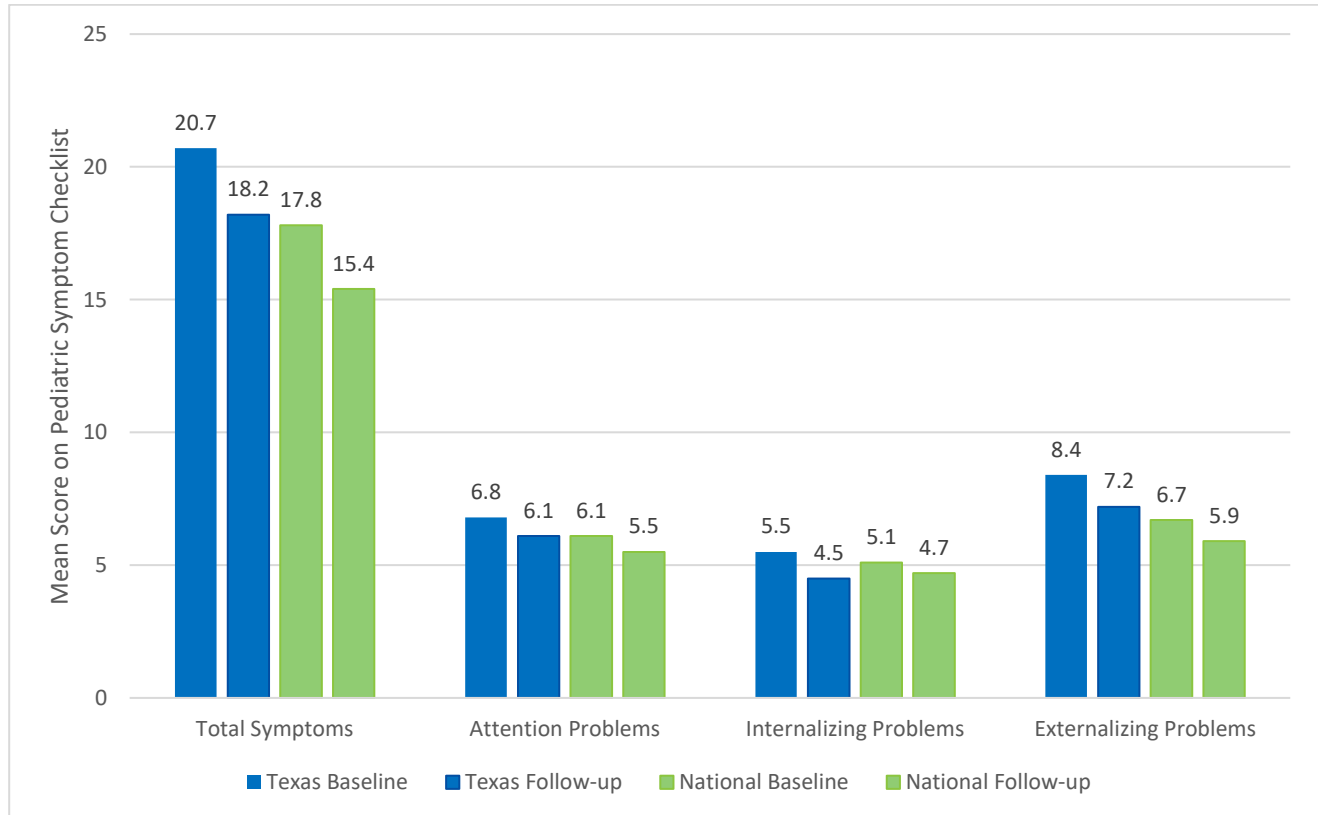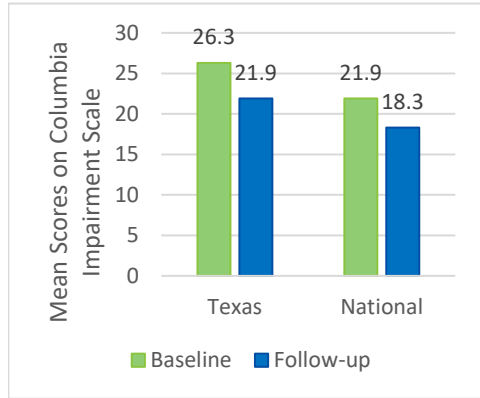
Figure 12. *Mean Functioning Change on Columbia Impairment Scale*

Similar results were seen when comparing Texas and national measures of changes in child functioning. Figure 12 illustrates the changes in functioning from intake to the last available follow-up on the Columbia Impairment Scale. The youth served in Texas demonstrated higher levels of impairment at intake than the national sample, and demonstrated a slightly greater improvement at follow-up (4.4 point change versus 3.6 point change).

Equity in Mental Health Outcomes. Outcomes were examined for subpopulations representing youth who identified as White non-Hispanic, Black/African American, or White Hispanic to determine if similar outcomes were found. The results of these analyses are presented in Table 14. The change in symptom scores was not significantly different between youth identifying as White, Hispanic, White, non-Hispanic, or Black/African-American; however there was a trend indicating poorer outcomes for youth of color compared to youth identifying as White, non-Hispanic. On the measure of functioning, there was a significant difference found in the ANOVA examining outcomes by sub-population. Post-hoc analyses showed that youth identifying as White had greater improvement than youth identifying as Black (t=2.07, df=40.9, p=.04); that youth identifying as White had greater improvement than youth identifying as Hispanic (t=2.56, df=66, p=.01); and that the outcomes of youth identifying as Black or Hispanic did not differ from each other (t=0.18, df=47, p=.86).

Table 14. *Mental Health Outcomes by Racial or Ethnic Subpopulations*

Measure	Sub-population	Baseline Mean	Follow-up Mean	Mean Change	Statistic
Pediatric Symptom Checklist Total Score	White, non-Hispanic (*n*=50)	22.10	17.98	4.12	*F*=2.43, df=2, *p*=.093
	White, Hispanic (*n*=20)	21.35	20.00	1.35	
	Black/African American (*n*=29)	18.31	16.38	1.93	
Columbia Impairment Scale	White, non-Hispanic (*n*=48)	28.33	20.77	7.56	*F*=3.79, df=2, *p*=.026
	White, Hispanic (*n*=20)	25.35	23.85	1.50	
	Black/African American (*n*=29)	24.41	22.28	2.14	

Caregiver Burden. Caring for a child or adolescent with serious emotional challenges can create a burden on family members. The evaluation included a measure of caregiver burden that was assessed at intake and every six months while the family was involved in services. The Caregiver Strain Questionnaire has a 5-point scale with response options ranging from "Not at all" (1) to "Very much" (5), indicating the degree to which that item was a problem in the last six months. The questionnaire results in the following scales: (a) Objective Strain - observable disruptions in family and community life and other difficult events (e.g., interruption of personal time, lost work time, financial strain); (b) Internalized Strain - negative "internalized" feelings such as worry, guilt, and fatigue; (c) Externalized Strain - assesses negative feelings that are outwardly directed such as anger, resentment, or embarrassment; and (d) Global Strain – captures overall strain experienced by the caregiver and family.

Changes in caregiver burden over time are presented in Table 15. Average scores on the Caregiver Strain scales were consistently lower at the follow-up assessment at both sites, suggesting a reduction in burden over time. This reduction in burden was statistically significant for caregivers served in the East Texas System of Care, but was

not statistically significant for the change demonstrated in Collin County System of Care. Comparison of the change observed in Table 15 to that identified in the national evaluation shows that caregivers in East Texas System of Care had higher levels of strain at baseline and demonstrated greater improvement than seen in the national sample (Global Strain change 1.58 versus 1.0; Objective Strain change 0.66 versus 0.3; Internalized Strain change 0.48 versus 0.4; Externalized Strain change 0.43 versus 0.2). The baseline scores in Collin County were similar to the national sample, and they demonstrated smaller amounts of change over time (Global Strain change 0.64 versus 1.0; Objective Strain change 0.22 versus 0.3; Internalized Strain change 0.28 versus 0.4; Externalized Strain change 0.14 versus 0.2).

Table 15. *Change in Caregiver Strain from Baseline to Follow-up*

Caregiver Strain Questionnaire	Collin County (*n*=27)			East Texas (*n*=67)		
	Caregiver Baseline	*Caregiver Follow-up*	*Caregiver Difference*	*Caregiver Baseline*	*Caregiver Follow-up*	*Caregiver Difference*
Global Strain	8.40	7.76	0.64 t=1.55	9.26	7.69	1.58 t=4.20****
Objective Strain	2.96	2.75	0.22 t=1.10	3.27	2.61	0.66 t=4.78****
Internalized Strain	3.24	2.96	0.28 t=1.67	3.67	3.19	0.48 t=3.20**
Externalized Strain	2.20	2.05	0.14 t=1.05	2.32	1.90	0.43 t=2.80**

Note: *p<.05, **p<.01, ***p<.001, ****p<.0001

Positive Life Outcomes. The evaluation examined a variety of positive outcomes to identify any change in status from the intake assessment to the last available follow-up. The proportion of participants identifying with positive outcomes at each assessment and the percent change is reflected in Table 16. All but one outcome showed a greater proportion of youth with positive outcomes, although only one of the outcomes was statistically significant. Only Collin County's rating of getting along with family members showed a significant increase, with 35.5% rated positively at intake and 58.1% at follow-up. Collin County's rating of community retention, defined as any nights homeless or in a psychiatric hospital, residential program, or detention center, showed a non-significant decrease over time.

Table 16. *Change in Proportion with Positive Outcomes*

	Collin County (*n*=32)			East Texas (*n*=74)		
	Positive at Baseline	*Positive at Follow-up*	*Percent Change*	*Positive at Baseline*	*Positive at Follow-up*	*Percent Change*
Good overall health	80.4%	100%	24.4%	83.0%	95.6%	15.2%
Regularly attends school	93.1%	93.1%	0%	78.1%	84.4%	8.1%
Doing well in school/work	59.4%	62.5%	5.2%	52.9%	61.8%	16.8%
Gets along with family	35.5%	58.1%	63.7%*	54.1%	62.2%	15.0%
Gets along with peers	68.8%	84.4%	22.7%	58.3%	73.6%	26.2%
Community retention	87.5%	78.1%	-10.7%	71.6%	81.1%	13.3%
No illegal substance use	90.6%	87.5%	3.4%	85.1%	87.8%	3.2%
Avoidance of arrest	100%	100%	N/A	87.5%	94.4%	7.9%

Note: *p<.05, **p<.01, ***p<.001, ****p<.0001

Change in Family Empowerment. One of the goals of wraparound is to enhance families' voice in mental health services and the mental health system, measured through the Family Empowerment Scale. Family empowerment is defined as "a process by which families access knowledge, skills, and resources that enable them to gain positive control of their lives as well as improve the quality of their lifestyles." The Family Empowerment Scale measures family perceptions across three areas: (a) Family, reflecting attitudes, beliefs, and behaviors reflecting caregiver empowerment within the family system, (b) Service System, reflecting family's ability to impact the service system in which they participate, and (c) Community/Political, reflects family members' perceived ability to impact the broader community and state service systems, beyond the experience of their family alone. Responses were measured on a 5-point scale from "Not at All True" (1) to "Very True" (5), with higher scores indicating a greater sense of empowerment.

Results on the Family Empowerment Scale are presented in Figure 13. There were no significant changes in scores on the Family Empowerment Scale between baseline and follow-up. There was a general trend for scores to increase in East Texas System of Care over time and decrease within Collin County; however, no scales reached statistical significance.

Figure 13. *Change in Family Empowerment Scores from Baseline to Follow-up*
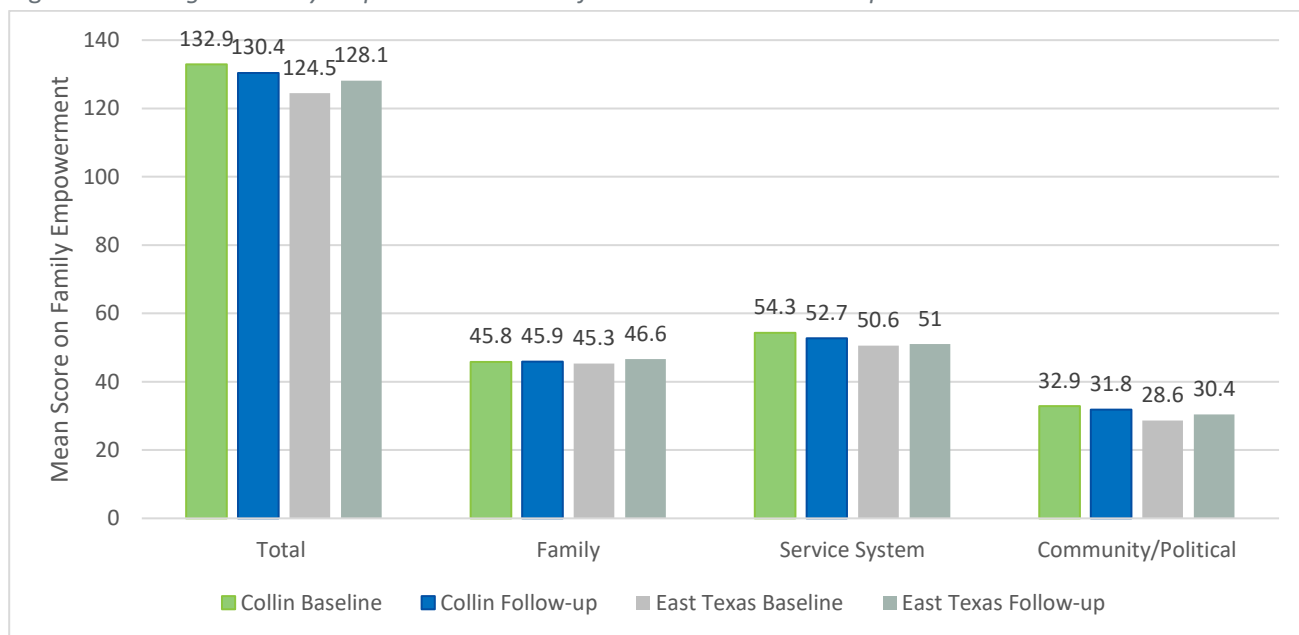
Change in Youth Empowerment. Similar to family empowerment, wraparound seeks to empower young people to manage their health and wellness, have a voice in their services, and use these skills to inform system changes. The Youth Empowerment Scale measures "youth perceptions of confidence and efficacy with respect to managing their own mental health condition, managing their own services and supports, and using their experience and knowledge to help peers and improve service systems." Responses are rated on a scale of "Never or Almost Never" (1) to "Always or Almost Always" (5). The Youth Empowerment Scale results in the following scales: (a) Total, a global measure of overall youth empowerment; (b) Self, reflecting an individual's confidence in coping with and managing their condition; (c) Services, reflecting the young person's confidence and capacity to partner with service providers to select and optimize his/her services and supports; and (c) System, measuring the young person's confidence and capacity to help providers improve services and help other youth understand the service system.
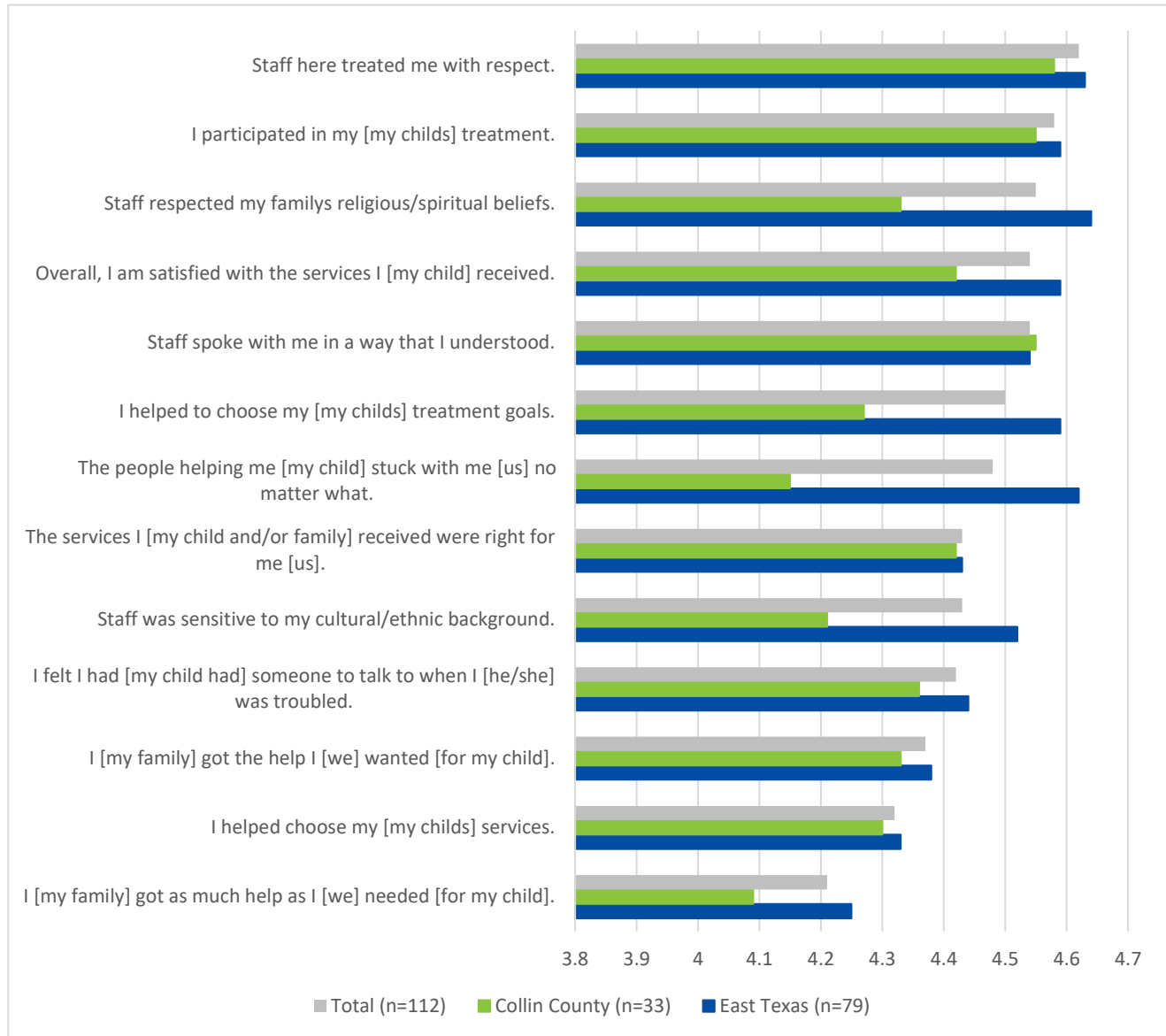
Results on the Youth Empowerment Scale are presented in Figure 14. There was a general trend for scores to decrease in both the East Texas and Collin County System of Care over time. These decreases were statistically significant in Collin County for the Total Empowerment score (t=3.68, df=20, p=.0015), the Self scale (t=3.24, df=20, p=.0041), Services scale (t=3.10, df=20, p=.0056), and System scale (t=3.13, df=20, p=.0053). The changes in East Texas System of Care did not reach statistical significance.

Figure 14. *Change in Youth Empowerment Scores from Baseline to Follow-up*
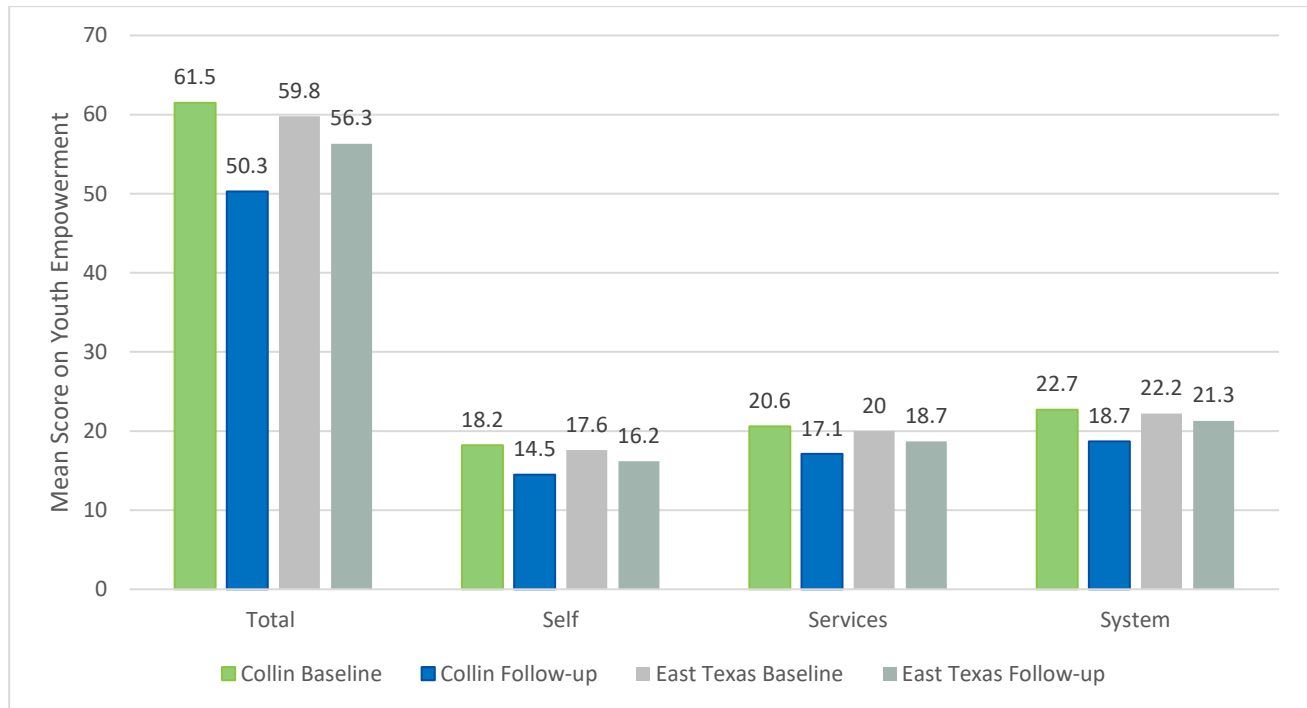
Satisfaction with Care. Parents or youth were asked to rate their satisfaction with care at six-month follow-up assessments. Ratings were made on a 5-point Likert scale from "Strongly Disagree" (1) to "Strongly Agree" (5). Mean ratings are provided in Figure 15. Ratings of satisfaction were generally strong, averaging between "Agree" (4) and "Strongly Agree" (5). The highest ratings were for the perception that staff treated the family with respect and that individuals participated in their or their child's treatment. The lowest ratings were for the perception that that individuals helped choose their or their child's treatment and that they received all of the help that they needed.

Table 15. *Mean Satisfaction with Care at Last Follow-up*

Staff here treated me with respect.	
I participated in my [my childs] treatment.	
Staff respected my familys religious/spiritual beliefs.	
Overall, I am satisfied with the services I [my child] received.	
Staff spoke with me in a way that I understood.	
I helped to choose my [my childs] treatment goals.	
The people helping me [my child] stuck with me [us] no matter what.	
The services I [my child and/or family] received were right for me [us].	
Staff was sensitive to my cultural/ethnic background.	
I felt I had [my child had] someone to talk to when I [he/she] was troubled.	
I [my family] got the help I [we] wanted [for my child].	
I helped choose my [my childs] services.	
I [my family] got as much help as I [we] needed [for my child].	

■ Total (n=112)   ■ Collin County (n=33)   ■ East Texas (n=79)

To further explore the disparities in outcomes identified earlier, ratings of satisfaction, averaged across at items on the scale, were explored for the three racial/ethnic groups with sufficient sample size. There were no significant differences found in the average satisfaction ratings between White, non-Hispanic families (*m*=4.50), White, Hispanic families (*m*=4.65), or Black/African American families (*m*=4.63).

Summary & Recommendations

Key Findings

Texas continued to advance state infrastructure during the past year, with significant advancements made in policy and financing. The Texas Legislature appropriated an additional $20 million over the biennium for a child psychiatric consortium, made up of 13 health-related institutions of higher education. The goals of the initiative include the provision of psychiatric assessment and telehealth to students in schools, consultation to primary care providers, additional psychiatric residency positions, and health systems research in children's mental health. The legislative session also brought a variety of policy changes that aimed to strengthen the preparation of educators and other school staff to support student mental health and create safe and supportive school programs.

Texas System of Care developed a strong partnership with CRCGs at both the state and local level. This partnership led to additional training on system of care principles to local CRCG members and culminated in a collaborative state conference. The conference provided additional opportunities for CRCG members and other community stakeholders to learn about the system of care framework and strategies for strengthening local collaborations. Participants at the conference rated the experience highly and valued the opportunity for networking and planning with their local community members.

One of the key goals for the year, establishing youth peer providers within the two expansion communities, was achieved. Local organizations received technical assistance and training to prepare for the hiring and support of youth peer providers, who were hired in the second half of the reporting period. A new training curriculum was developed by youth and young adult leaders and pilot tested with both new and experienced youth peer providers. Participants provided extensive feedback on the training experience. While participant ratings were very strong, some opportunities for improvement were noted and the training curriculum was modified for future use. Training participants indicated their strong preference for a youth-specific peer provider curriculum.

The two expansion communities continued to provide services and supports within a wraparound approach to children and families. Enrollment in the second year of the grant declined in the East Texas community, likely due to staffing shortages, while enrollment grew in the Collin County community. For the current evaluation, data was available for both traditional mental health services and those provided through the YES Waiver. The East Texas community primarily provided traditional services to youth and families enrolled in the system of care, while Collin County provided both traditional and YES Waiver services. The most frequently provided YES Waiver services were Community Living Supports and Recreational Therapy.

Children and youth enrolled in Texas System of Care showed positive outcomes across a variety of domains. In East Texas, children showed significant improvements in parent-rated symptoms and functioning, as well as some youth-rated measures. In Collin County, changes in parent and youth-rated measures were more modest and did not reach statistical significance, except for changes in parent-rated attention problems. Families in the East Texas program also demonstrated significant reductions in caregiver strain over time. Some differences in outcomes were found for racial/ethnic subpopulations, with children identifying as Hispanic or Black having lower rates of improvement on symptom and functioning measures. No differences in satisfaction with care was found between these subpopulations.

The evaluation found no significant changes in family member ratings of their own empowerment during the course of care in either community. For youth, ratings of empowerment saw no change in East Texas, but declined some (demonstrating perceptions of less empowerment) over time in Collin County.

Challenges and Barriers

Texas System of Care experienced few barriers during the grant year, and significant progress was achieved. While the previous year's evaluation noted challenges due to staffing vacancies within key state agency positions, the current year saw the hiring of new staff and meetings to familiarize them with the system of care framework and current activities. The Texas Legislative session occurred during the year, which can shift priorities for agency staff; however, the session resulted in additional state investment in children's mental health. Both expansion communities experienced some challenges due to changes in the local Texas System of Care Project Directors. Both sites had to post and hire new staff for this position, resulting in some delays; however, new leadership is now in place and continuing to advance the local strategic plans.

Recommendations

1. State and local leadership should continue to build on the partnership with CRCGs. This partnership should focus on strengthening buy-in to the system of care framework in local CRCGs, partnering to identify local needs to support children and families in their communities, and aligning resources to address gaps in the local systems.
2. State leadership should continue to explore and implement strategies to expand access to family partner services and lower caseload sizes to allow for meaningful engagement. The Texas System of Care team should build buy-in for changes by documenting the impact of family partners within the expansion communities, as grant funding can encourage adequate staffing and the evaluation protocol measures key outcomes related to family burden and empowerment.
3. The team should continue to support organizations in implementing youth peer support and gathering data on the impact of youth peer support within expansion communities. This data should be used to inform a plan for expansion and sustainability of the practice statewide.
4. Texas System of Care continues to lack information on wraparound fidelity, making it challenging to evaluate the relationship between fidelity and youth and family outcomes. Leadership should continue to explore ways to measure family-level fidelity to wraparound to explore and document the impact possible through high-fidelity implementation. This information could help strengthen buy-in for implementation supports and target training efforts to continue to enhance quality.
5. The Texas System of Care team, in partnership with the expansion communities, should continue to explore ways to strengthen the outcomes for families and youth of color. This can include additional exploration of the factors underlying the inequities, intentional partnerships with individuals from those communities to plan for changes, and continued monitoring of progress towards equity.
6. East Texas System of Care should explore opportunities to offer families a broad array of services and supports, including additional non-traditional services within the region that meet the unique needs of children, youth, and families. The community should explore the use of flexible YES Waiver supports, such as paraprofessionals and adaptive aids to support creative strategies within the wraparound plan.
7. Collin County System of Care should focus on regular monitoring of family progress and outcomes through the wraparound process and making changes to strategies and/or providers when progress is not occurring. Families should be empowered to voice their concerns when improvement is not occurring and supported by the team in addressing any changes needed to the plan of care.

8. Both communities should continue to focus on strategies to enhance family and youth empowerment within care systems. This effort should be multi-faceted, but include supporting the workforce to understand and value family and youth voice and choice, increase the skills of wraparound team members to support youth and family voice and choice, and intentionally create opportunities for youth and families to serve in leadership roles within the system of care.
9. The following recommendation is retained from the previous evaluation report. 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.