Texas System of Care

Evaluation Report - Year 3

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

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Introduction

The mission of the Texas System of Care is to strengthen the collaboration of state and local efforts to weave mental health supports and services into seamless systems of care for children, youth and their families. Texas has a long history of supporting the development of the system of care framework within the state. The Texas Legislature has established that the Texas Health and Human Services Commission (HHSC) is responsible for implementing "a system of care in communities for minors who are receiving residential mental health services and supports or inpatient mental health hospitalization, or are at risk of being removed from the minor's home and placed in a more restrictive environment to receive mental health services and supports." HHSC received a planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2011, followed by a four-year implementation grant in 2013 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. Continue the 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 3

The primary focus of the third year was to expand the system of care framework and services to two additional communities, while continuing to enhance the development in the two initial communities. The four communities also implemented youth peer support within their service delivery system. At the state level, Texas System of Care hosted a Policy Academy on Co-occurring Substance Use and Mental Health Conditions and a series of webinars aimed at deepening the understanding of system of care concepts within the Community Resource and Coordination Groups (CRCGs). Texas System of Care also focused on sustainability through the shifting of Texas Building Bridges Initiative to the Texas Alliance of Child and Family Services and the development of a report

to the Texas Legislature outlining recommendations for further growth and sustainability. The plan for Texas System of Care in the third year was impacted by the COVID-19 pandemic, which required both training and service delivery to shift to virtual platforms. Communities worked diligently to shift services to telehealth or telephone-based services. Youth enrolled in the system of care continued to be served, but referrals to services declined as schools closed and families avoided visiting healthcare providers. Many of these challenges were overcome at least to some degree over the year through the dedication of staff members working diligently to continue to achieve the goals of the grant.

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 third 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, was expanded this year to include a new community representative and representatives from advocacy organizations. In addition, several vacancies were filled through the nomination and voting procedures. In response to COVID-19, CYBHS shifted to meeting virtually. Since web-based access to CYBHS meetings has been in place throughout the grant, this posed only minimal challenges, primarily related to open meeting procedures that had been voluntarily adopted by the committee. CYBHS members provided regular updates at meetings on accomplishments related to responsibilities outlined in the System of Care MOU. CYBHS members oversaw the development of a 2020 CRCG and Texas System of Care Report to the Texas Legislature, which included recommendations to state agencies and the state legislature to advance and sustain systems of care. CYBHS also accomplished other key tasks, including presenting and receiving approval for recommendations for early childhood mental health screening from the Behavioral Health Advisory Committee. These recommendations will be shared with leadership at HHSC, the governor, and state legislators.

Texas System of Care staff continued to enhance their collaborations with key state agencies or divisions. In December 2019 and February 2020, Texas System of Care staff presented to regional gatherings of juvenile probation chiefs on the integral role that chief juvenile probation officers and their staff play in local and state system of care initiatives. Texas System of Care staff also collaborated with the Texas Education Agency (TEA) in advancing the school mental health system during the reporting period. Texas System of Care partnered in hosting the Advancing Behavioral Health Collaboration (ABC) Summit, which brought together school and mental health leaders from across the state, presenting on best practices in school mental health collaboration. Staff also served as a leader in a School Mental Health Task Force, which developed a report to the Legislature examining school mental health in the state and making recommendations to advance the school mental health system as a response to the pandemic and in general. Texas System of Care also partnered with HHSC's State CRCG Office to design and develop seven regional summits to bring together representatives from youth-serving agencies and family members for a day of information, networking, and regional collaboration and planning. However, the regional summits were postponed due to the pandemic.

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. Texas System of Care expanded to two new communities during the grant year, with Coastal Plains Community Center and The Harris Center serving as the fiscal agents. Coastal Plains serves nine rural communities along the southern part of the Gulf of Mexico, and The Harris Center serves the urban

Harris County with a population over four million. These new communities were engaged through online "pre-launch" and on-site launch meetings and received technical assistance on the system of care values, governance and strategic planning, evaluation, and service planning, particularly as it pertains to the provision of high-fidelity wraparound services. The Texas System of Care team also conducted site visits to both new communities to assist in mapping referral pathways, identifying community assets, plan for family and youth engagement, and identify the initial steps in establishing their systems of care. Staff in both communities undertook extensive planning to identify referral procedures, staffing, and continuity of care with existing service providers. The two initial expansion communities continued to enhance their local wraparound programs through training and coaching. A clinical review of services was conducted at both LifePath Systems and Burke during the reporting period and feedback was provided to the clinical team. Since the beginning of the pandemic, family participation in treatment and care planning has been facilitated virtually by the local system of care teams.

Goal 3: Improve the capacity of Texas's public mental health system to support transition-age youth. There was minimal progress made within the public mental health system to further develop the policies for supporting transition-age youth. The HHSC Transition-Age Youth (TAY) Workgroup has paused meetings while awaiting decisions by agency leadership on the recommendations for the Level of Care-Transition Age Youth (LOC-TAY) in the public mental health system. The proposal included the Transition to Independence Process (TIP) model, Achieve My Plan (AMP) enhancements to wraparound, and youth peer support services. To further the state's readiness, Texas System of Care piloted AMP within the East Texas System of Care and Achieve My Plan Plus (AMP+) for youth peer support providers in all four communities. The initial two communities continued to strengthen their youth peer support services, and the two new communities hired and began providing youth peer support. The system of care communities began planning and implementing new procedures to better serve transition-age youth. Collin County initiated a workgroup to design, develop, and initiate strong coordinated referral strategies for TAY and expects to implement their new program for this age group during the first quarter of federal fiscal year 2021. The Harris Center developed mechanisms to allow TAY youth to have access to psychiatric care through the Mobile Crisis Outreach Team and vocational assessments through the care liaisons. The Harris Center has also offered TAY training to staff to help increase coordination of services and supports for TAY.

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 two new communities conducted outreach meetings with providers and worked to establish relationships that supported wraparound planning during residential placement. HHSC established a policy allowing for the use of Medicaid funding to support wraparound planning through intensive case management for youth enrolled in system of care communities. In addition, Texas System of Care has continued to offer leadership and support for the Texas Building Bridges Initiative (TxBBI) to support the expansion of Building Bridges' best practices to residential

treatment providers across the state. TxSOC staff, in partnership with provider, youth, and family representatives, presented at the Texas Child Care Administrators Conference, hosted by the Texas Alliance for Child and Family Services. Texas System of Care has also held discussions with the Texas Alliance for Child and Family Services to transfer leadership of the initiative, with the goal of supporting on-going sustainability and expansion. The Alliance is a network of child and family service organizations that serve at-risk youth in the child welfare system.

Goal 5: Continued development of youth and family voice and leadership in Texas's behavioral health system. The Texas Family Voice Network (TxFVN) continued work in the third grant year towards sustainability, working to further plan towards establishing a 501c3. TxFVN leaders have continued to work to develop necessary resources and documentation toward this goal. The TxFVN had several opportunities to contribute to the state behavioral health system planning. In October 2019, TxFVN members planned and held a panel presentation at HHSC's Behavioral Health Services Division's first all-staff meeting, launching the Behavioral Health Equity Series, to discuss how to effectively include the voices of lived experience in state systems. The event has sparked additional discussions between agency leadership and family representatives about opportunities for collaboration, leading to the opportunity to inform the revision of the Behavioral Health Services Division's Family Guide, which is provided to families receiving children's mental health services, as well as a new family resource guide to be provided to families participating in the RTC Relinquishment Avoidance Project (RTC Project). Family leaders were also asked to participate in a cross-agency trauma-informed care workgroup. Family leaders also worked to advocate for the need for Medicaid funding for family peer support and worked with HHSC to address concerns about the training and certification of family peer support providers. To support family peer support providers in developing additional competencies, Texas System of Care offered training for Certified Family Partners in Parent Cafes, a best practice approach to family strengthening and support.

The ACCEPT youth and young adult group fostered opportunities for youth to meet and continue to grow in their leadership. The state ACCEPT chapter continued to meet bi-weekly, and began to host regular virtual social events, such as game nights and movies, to support fellowship during the pandemic. The Texas System of Care Youth Engagement Specialist worked on redesigning the ACCEPT website, including an updated list of resources on youth leadership, youth peer support, cultural responsiveness, positive youth development, youth peer support, and COVID-related resources. The Texas System of Care Youth Engagement Specialist and two Texas youth participated on a planning committee for the youth track at the National Center for School Mental Health's Annual Advancing School Mental Health Conference and helped facilitate a workshop at the conference. Youth partnered with HHSC to develop a guide for youth involved in the RTC Project, presented to stakeholders on two CRCG webinars, and developed, submitted, and had a proposal accepted for presenting at the Partners in Prevention Conference in November 2020.

Goal 6: Reduce disparities in access to and use of services, and in outcomes in specialty populations. During the second grant year, Texas System of Care supported a Policy Academy during which system of care communities began developing local plans to implement the national

Culturally and Linguistically Appropriate Services (CLAS) Standards. During the third grant year, communities received technical assistance to support the implementation of their plans. All four communities participated in trainings with the Texas System of Care Behavioral Health Equity Specialist around diversity and inclusion, as well as the CLAS Standards. In addition, each site implemented locally tailored activities; for example, the East Texas system of care established a relationship with the Alabama Coushatta tribal nation and begun discussions about potential collaborations. Project CHANGE in Harris County has created a diversity and inclusion council, and The Harris Center has made the two initial CLAS trainings available to all 2,300 employees.

The Texas System of Care Behavioral Health Equity Specialist also provided targeted technical assistance on a variety of topics during monthly technical assistance calls with each local expansion community and facilitated discussions and activities during CYBHS meetings. Based on the needs identified by providers in expansion communities, Texas System of Care also offered training for teams from five communities on the Family Acceptance Project. This training provided information, tools, and strategies to decrease the risks and increase the protective factors for youth identifying as LGBTQ. Texas System of Care also planned and hosted a Policy Academy to identify a state approach to improve access to best practices for youth with co-occurring mental health and substance use challenges.

Goal 7: Improve knowledge statewide about system of care and sustainability. Texas System of Care continued to build on its new website, including integrating a Spanish translation of the website and its content. The team initiated a new blog series called the Champions Corner, hosting stories of community and state organizations who are exemplifying system of care values in their work. In collaboration with HHSC, Texas System of Care hosted an annual statewide art contest to raise awareness about the importance of mental health. Winners of the contest were highlighted on a website, and visual art will be included in a printed or digital calendar. Plans for several art exhibits and events were cancelled due to the public health concerns related to COVID-19. Texas System of Care, in partnership with state and community agencies, also planned the 2020 Children's Mental Health Awareness Day. The event was planned to be hosted at the Texas Capitol grounds and include speakers, a health fair, and family activities. Following public health restrictions in March 2020, the plan shifted to developing a website dedicated to children's mental health awareness and was promoted during the month of May. The website included recorded messages by prominent champions, curated family games and activities, and a virtual resource fair. The website was promoted through press releases, social media, and e-mail newsletters. The team also expanded on the 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.

Goal 8: Evaluate the system of care and engage in continuous quality improvement. During the third grant year, two new communities began participating in the Texas System of Care evaluation activities. These communities hired evaluation staff, who were trained by the state evaluation team. Evaluation interviews were shifted to telehealth and phone-based interviews following the public health restrictions related to COVID-19. Evaluation staff met regularly with sites to support the

evaluation activities and prepared individual-level reports to support measurement-based care within the wraparound teams. The Texas System of Care team conducted a qualitative strengths and needs assessment within the East Texas and Collin County regions. Through key informant interviews, the team aimed to identify stakeholders' understanding and knowledge about system of care, their engagement in the collaborative efforts, and the key priorities and gaps that they believed were experienced by children with mental health challenges and their families. Key themes for each community were identified and reports were prepared with findings and recommendations. These findings were presented to governance board members, who explored opportunities to incorporate the findings in community strategic plans. Additional evaluation activities included surveys of training events and support for focus groups within new system of care communities.

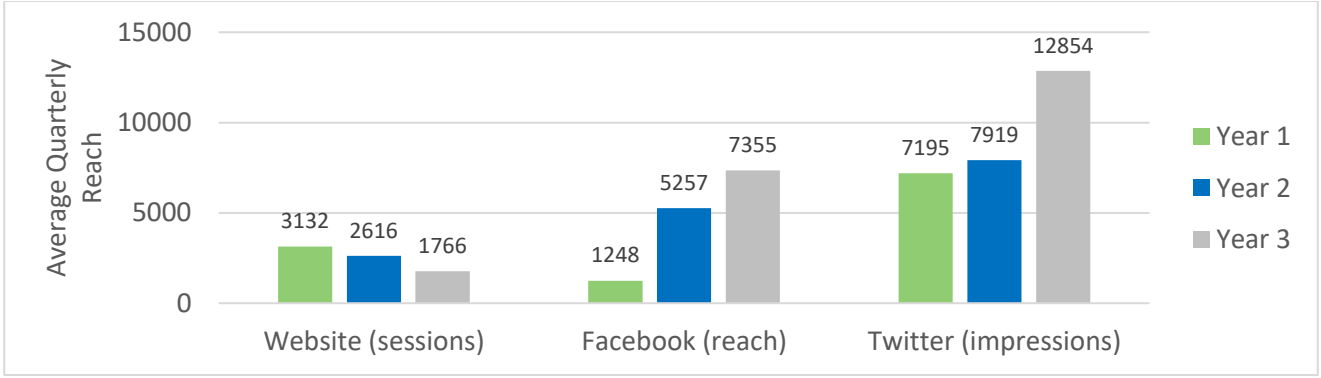
State-Level Activities

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- and youth-serving providers. Website traffic was monitored throughout the year, with the number of users in a quarter ranging from 1,069 to 1,900, with an average of 1,382 users per quarter (*SD*=360). Website reach over the course of the grant is presented in Figure 1. Users resulted in an average of 3,834 page views per quarter (*SD*=895). This represents a decline in average users of 32.2 percent from the previous year. This decline in reach is likely due to the changes in both communication staff members over the year and more limited content added to the website during this period.

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 3,571 to 9,362 during the third year of the grant, with an average reach of 7,355 (*SD*=2,577) and 951 followers at the end of the year (see Figure 1). This is an increase in reach of 40.0 percent from the previous year, which had an average reach of 5,257 per quarter (*SD*=4,452). 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 5,251 to 20,200, with an average of 7,919 (*SD*=6,565). This also reflects an increase from the average 7,918 impressions per quarter (*SD*=2,533) in the previous grant 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 1,500 to 1,942 per quarter, with an average of 1,650 views (*SD*=208).

Figure 1. *Average Quarterly Social Marketing Reach by Year*

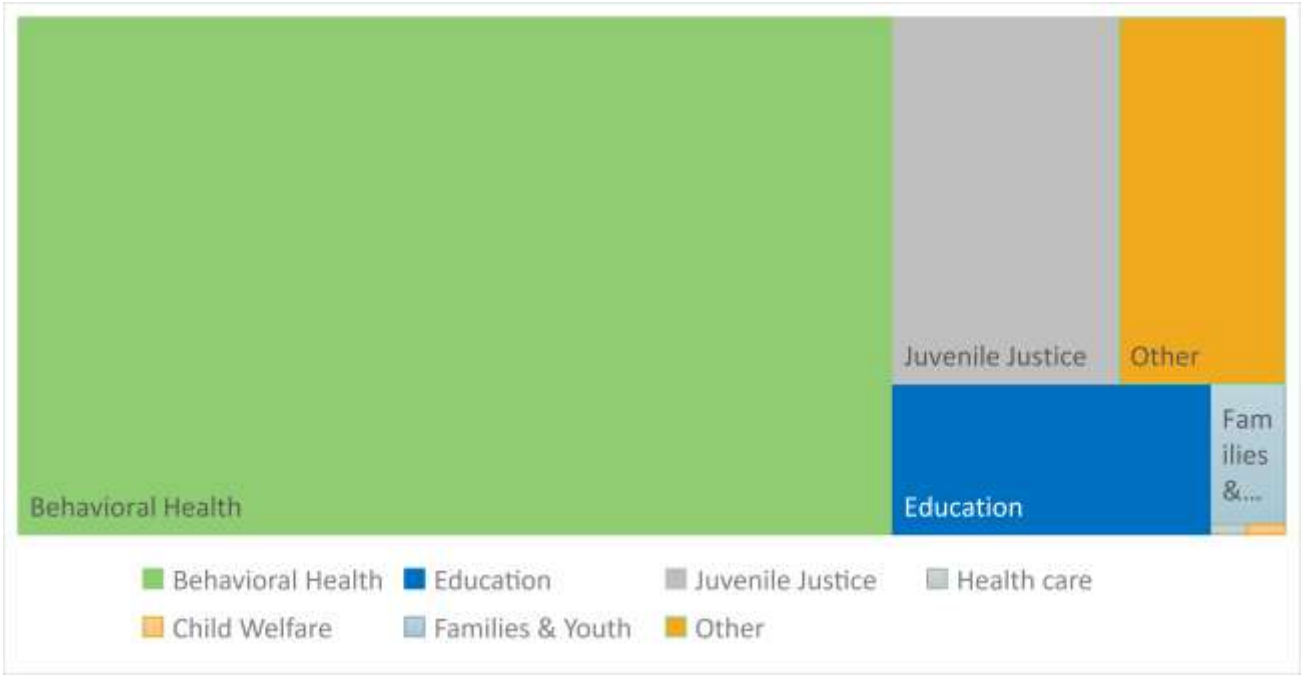


Children's Mental Health Awareness. Texas System of Care continued to host two statewide Children's Mental Health Awareness activities during the third grant year. The statewide Texas Mental Health Creative Arts Contest solicited contributions from children, youth, and adults of original art, writing, and photography and featured 564 entries, down from 770 in the previous year. Winning entries were showcased on a microsite and incorporated in a printed calendar. Texas System of Care, in collaboration with HHSC planned several events to showcase the contest winners, but these events were cancelled due to the pandemic. A large statewide rally and festival was also planned to occur in Austin in May, but the event was cancelled. Instead, Texas System of Care developed a website to support children's mental health awareness. The website included recordings of varied speakers, child performances, a curation of family-friendly games, and a virtual resource fair. The website launched at the beginning of mental health awareness month and was promoted through social media throughout May. Throughout May and June, the website had 1,501 visitors for a total of 1,946 sessions.

Workforce Development

Texas System of Care supported a variety of trainings and/or presentations intended to advance the mental health and related workforce. A total of 2,338 individuals were impacted by training activities, with 1,195 of these reflecting trainings supported fully by Texas System of Care and 1,143 represented by conferences planned in part by Texas System of Care. Figure 2 illustrates the number of individuals trained from different professional backgrounds. The largest number of professionals were from the behavioral health field, followed by the juvenile justice field.

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



Culturally and Linguistically Appropriate Services. The new Behavioral Health Equity Specialist created a two-session series that introduced key issues around culture, diversity, and inclusion (module one) and introduced staff to practical applications of the national CLAS standards (module two). These trainings were offered to each of the four expansion communities over the year, reaching a total of 87 participants in module one and 90 participants in module two. Texas System of Care staff also presented to HHSC staff on the topic of cultural humility in mental health and responding to intersectionality. Texas System of Care also purchased and distributed licenses for staff at the local expansion communities in the Cultural Formulation Interview, a best practice for considering culture in diagnostic and other assessment processes.

Achieve My Plan. Texas System of Care partnered with Portland State University to offer wraparound care coordinators in the East Texas System of Care training in AMP. AMP training is an intensive, skills-based training intended to promote young people's engagement in services and supports, their acquisition of self-determination skills, and their participation in community activities and contexts that support positive development. The training involved participation in live webinars, uploading video recordings of practice sessions, and participating in individual coaching sessions to build skills. Seven wraparound care coordinators and/or wraparound supervisors took part in the training. The AMP Plus training for youth peer support providers was initiated during the third grant year but will be completed during the fourth grant year.

Youth Peer Support Providers. The Texas System of Care continued to invest in the professional development of youth peer support providers through on-going training. The team planned on hosting a week-long peer support training in March 2020 for new youth peer providers, but this was cancelled because of COVID-19. The team opted to host weekly coffee chats April 24-June 26, 2020. Some of the topics discussed included strategic sharing with youth, strategic sharing with partners, youth peer support ethics, motivational interviewing, crisis resolution, trauma-informed care, cultural responsiveness, and self-care. The team also provided youth peer support training for a new peer at LifePath Systems September 21-23, 2020.

ABC Summit. Texas System of Care partnered with TEA and other partners to host a one-day school mental health conference. The conference, named the ABC Summit, was held as a pre-conference to the Advancing School Mental Health Conference, hosted in Austin in 2019. The one-day program included welcoming remarks and a TEA presentation, followed by the morning keynote speaker, Dr. Dennis Embry of PAXIS Institute. Next, there was a luncheon keynote address by a youth speaker, Evan Transue. The afternoon program consisted of two moderated showcase panel sessions featuring school representatives and mental health professionals who described innovative school-and-community collaborations happening throughout Texas. The event was attended by 167 attendees. Participant ratings of the sessions were overwhelmingly positive, with 97 percent of respondents were either *satisfied* or *very satisfied* with the overall quality of the event. Additionally, 98 percent of respondents said they would recommend this event to a colleague. Dennis Embry's keynote address about the PAX Good Behavior Game received the highest ratings of all three session-specific questions. Three-quarters of survey respondents rated his keynote overall as

"excellent". The lowest rated sessions were the Showcase Panels, with some participants reflecting that they presented too much information for the audience. Participants indicated that they most wanted to learn more about PAX Good Behavior Game and Hope Squads.

Southwest First Episode Psychosis Conference. Texas System of Care staff collaborated with the South Southwest Mental Health Technology Transfer Center (MHTTC) to support the 2020 Southwest First Episode Psychosis Conference, which brought together early psychosis mental health providers for a three-day virtual training event. In addition to serving on the planning committee, staff served as hosts and discussants at conference presentations. There were 1,625 registrants to the conference and 976 unique individuals attended the event. Conference attendees reflected a national audience, with 43 states or U.S territories represented. Participants reported the greatest satisfaction with the two Recovery-Oriented Cognitive Therapy Sessions and the Family and Youth Panel. A web-based survey was distributed to participants and the results were overwhelmingly positive. When asked if the event met their professional development needs, 66 percent strongly agreed, and 32 percent agreed. Some comments included:

- "Three specific things stayed with me. 1. Lived Experiences (voices of clients) are important to research and care. 2. As a therapist, it is good to see the client not only at their worst, but when they are doing well and feeling at their best. 3. The importance of aspirations being key to motivating clients into action which precedes energy they need to function;"
- "I am still talking and thinking about the conference! For it to be totally virtual, I thought it was awesome. I have attended many conferences over the course of my career and by far, this was one of the absolute best! I have shared information with colleagues and took great notes so I have plenty of info to help me keep what I've learned fresh in my mind, as it is so valuable…;"
- "The information that was most helpful was gaining different ideas on how agencies have incorporated Peer support workers into their agencies;" and
- "I really appreciated all the speakers I saw- I also appreciated the speakers' acknowledgement of intersectionality-race, poverty, education level, etc. and early psychosis treatment."

Co-Occurring Mental Health and Substance Use Policy Academy

In July 2020, Texas System of Care initiated a Policy Academy focused on developing recommendations to enhance state policies for the treatment and recovery support of adolescents with co-occurring mental health and substance use challenges. The event included a welcome and orientation by the Texas System of Care Project Director and the Associate Commissioner of Behavioral Health Services at HHSC. This was followed by a keynote presentation from Dr. Richard Shepler of Case Western Reserve University, entitled *Best Practices in Integrated Care for Young People with Co-Occurring Mental Health and Substance Use Disorders*. Dr. Shepler provided an overview of treatment approaches, research findings, prevalence data and best practices in serving young people with co-occurring disorders. His presentation provided the foundation and context for

the day's discussions and development of recommendations. The presentation was followed by two panels, one including youth peer recovery providers and a family member and another including Texas providers. Following a group activity to identify and rate ideas, participants joined small group discussions focused on one of the following five topics: (1) non-traditional supports and services; (2) workforce issues; (3) payment and billing; (4) youth and family supports; and (5) access to high quality services.

Participants suggested ideas for improving the behavioral health system for youth with co-occurring disorders through a web-based tool (Thought Exchange). The question posed to participants was "To improve the lives of young people with co-occurring mental health and substance use issues and their families, what are some of the most critical and practical strategies we (as the state of Texas) should implement?" Thoughts were then rated on a scale of 1 (lowest) to 5 (highest) by participants. Table 1 presents the eight themes identified in the activity with the highest overall ratings, an example thought within that theme, and ratings by key stakeholders.

Table 1. *Themes for Improving Care for Youth with Co-Occurring Disorders*

Theme	**Average Rating**	**Highest Rated Idea (rating)**
Payment and Billing	4.39	Create state policies and reimbursement rates that encourage fully integrated care – primary, mental health, and substance use. (4.7)
Youth and Family Peer Support	4.38	Develop more programs to train and encourage peer support for parents (parent recovery coaches). (4.6) Peer support for the participant and family members. (4.6)
Accessibility to High Quality Care	4.29	Integrating services to treat the entire individual. (4.7) Integrated treatment services need to be more available, accessible, and monitored for quality. (4.7)
Workforce	4.24	Training of professionals in the treatment of adolescents is sorely lacking, especially in higher education. Treating and supporting adolescent needs is vastly different than adults. (4.8)
Non-Traditional Supports	4.14	Provide services to rural and underserved communities using a combination of virtual and in person. (4.5)
School-based Prevention or Intervention	3.92	Ensure schools are prioritizing student safety and wellness when responding to substance use, rather than punishment. (4.5)

Fifty-seven percent of the 84 participants completed a post-event survey. Table 2 presents participants' perceptions of the Policy Academy. Responses are measured on a 5-point Likert scale from strongly disagree (1) to strongly agree (5). Participants were generally positive about all aspects of the meeting; the greatest variability was seen with the item "I learned something new about youth with co-occurring disorders."

Table 2. *Participant Impressions of the CLAS Policy Academy Meeting*

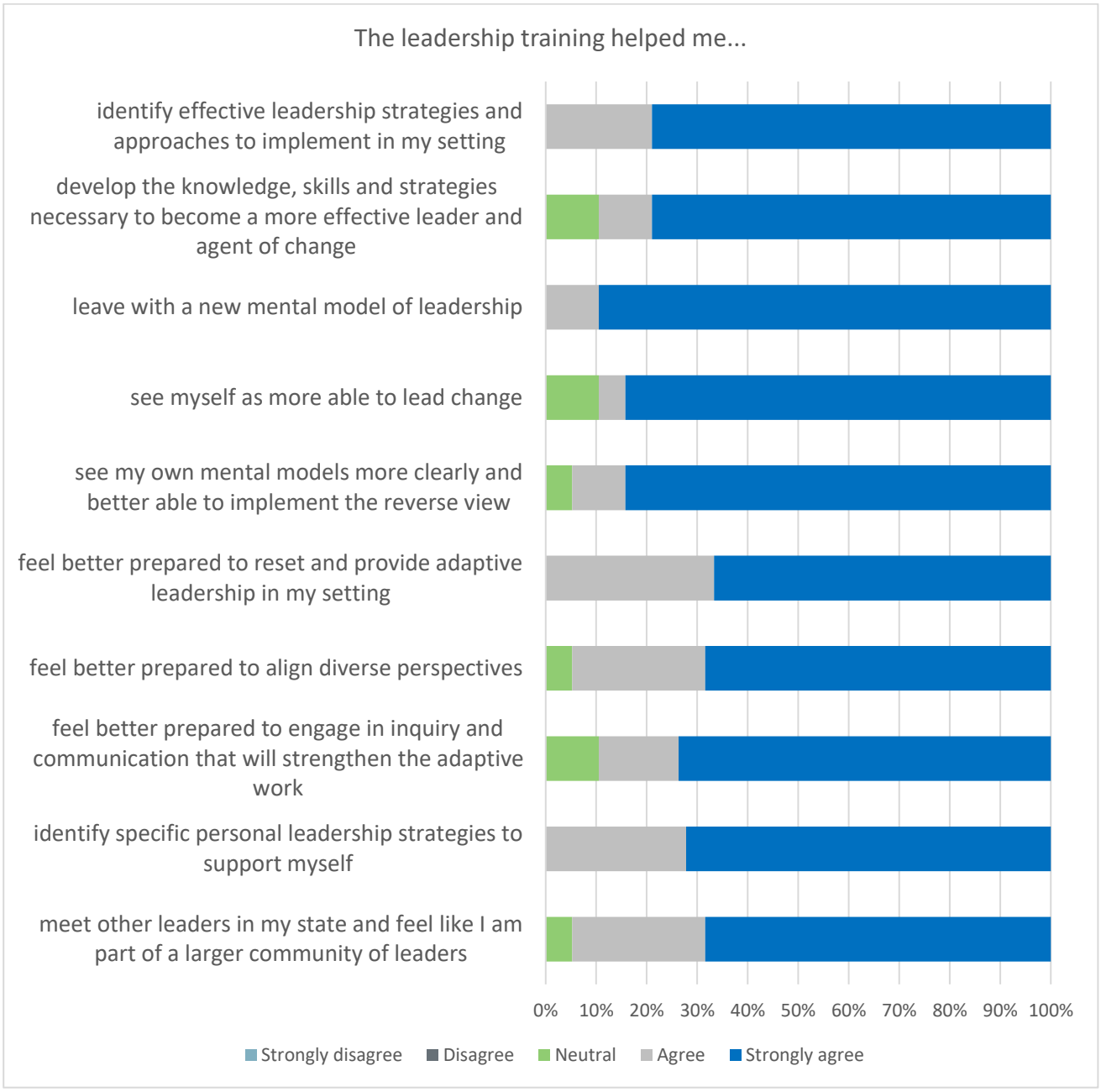
Question	***Mean***	***SD***
Conference Impact		
Overall, the roundtable was beneficial to me.	4.40	0.74
I will integrate information, tools, and/or approaches I learned from this conference going forward in my organization/role.	4.33	0.69
I learned something new about youth with co-occurring disorders.	4.10	0.81
I will be able to use the information I learned to benefit youth and families.	4.31	0.59
Met Goals and Objectives		
The roundtable provided a stimulating learning environment.	4.46	0.58
The roundtable provided youth and families with authentic and meaningful ways to share their experience.	4.40	0.57
Overall, the subject matter of the co-occurring disorders was accurately represented.	4.48	0.55
Conference Organization		
Overall, my experience with the roundtable registration was positive.	4.48	0.55
Overall, my experience with the online format of the roundtable was positive.	4.40	0.57
Overall, my experience with the Thought Exchange platform was positive.	4.48	0.55
Overall, my experience with the roundtable organization and scheduling of events was positive.	4.46	0.54
Overall, my experience with facilitators was positive.	4.60	0.49

Georgetown Leadership Academy

Texas System of Care hosted a virtual Georgetown Leadership Academy with 22 state and community leaders over a three-day period. Participants included leaders within child- and youth-serving state agencies, system of care community leaders, family leaders, and youth leaders. The intensive training experience was intended to enhance participants' leadership skills and build and strengthen relationships among system of care champions in the state. Participants received training on adaptive leadership skills, including a peer-to-peer consultation on an adaptive leadership challenge. The training was facilitated by Ellen Kagen and Jane Walker, with a keynote presentation by Dr. Gary Blau.

Nineteen participants completed the survey at the completion of the training. Overall, 15.8 percent of participants indicated that the training met expectations, 10.5 percent that it was above expectations, and 73.7 percent that it exceeded expectations. Participant perceptions of the impact of the training are presented in Figure 3. Participants indicated that the training was impactful on all elements with all participants agreeing that they are leaving with a new mental model of leadership.

Figure 3. *Participant Perceptions of Adaptive Leadership Training Impact*



Qualitative responses suggested that participant appreciated the introspective nature of the training and the focus on personal values underlying leadership. Respondents also noted that the consultation on a personal leadership challenge was particularly helpful. Several participants reflected that they would have preferred the training

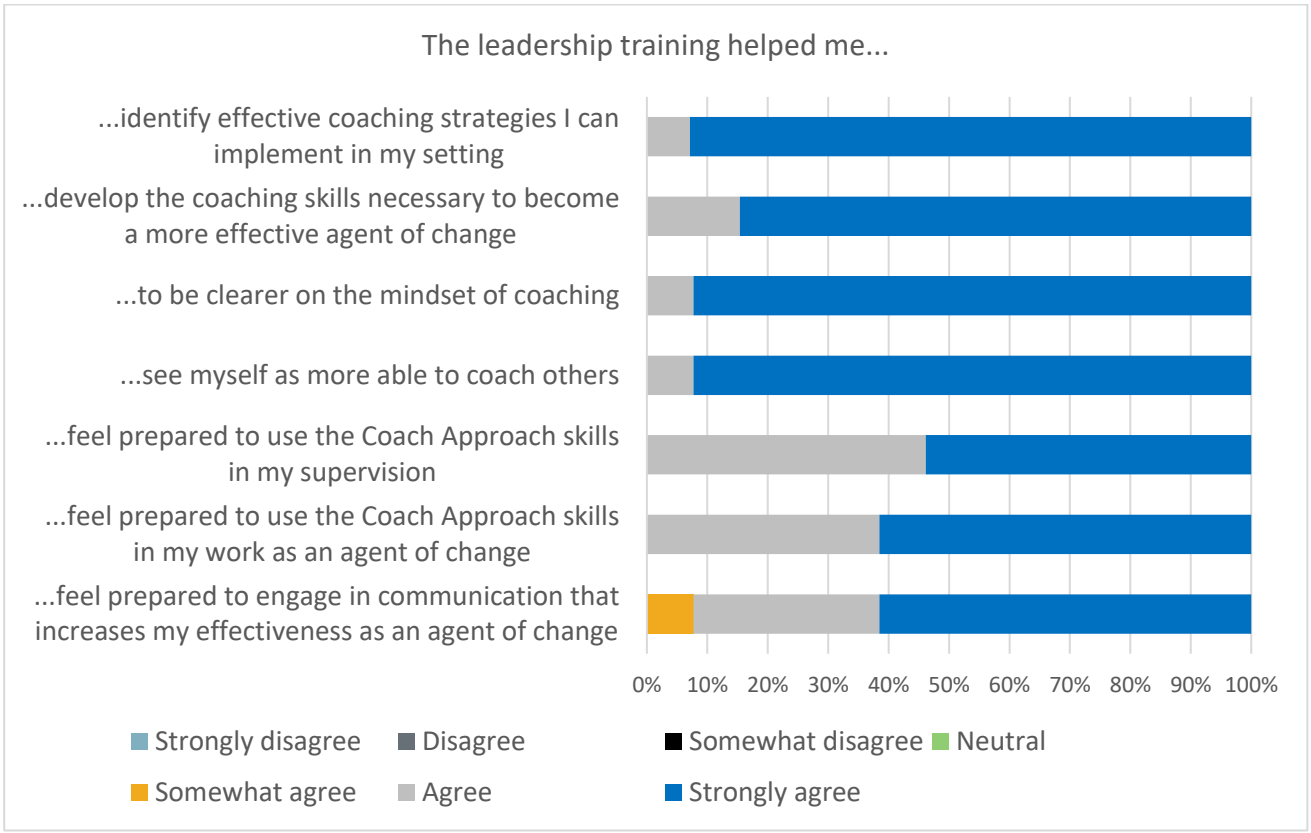
> *This training gave me the time and space to contemplate some very important issues and begin to reframe and practice a new approach to leadership.*

was provided in person and lamented that it had to be virtual. Two respondents also reflected concern with a video message that sought from participants and felt that there was too much pressure to record the message with inadequate information on how it would be used and how long it would be retained.

Coach Approach

Texas System of Care provided additional intensive leadership development through an advanced "Coach Approach" training. This advanced training was offered to individuals who had participated in the Adaptive Leadership Academy hosted in 2016 or the virtual Leadership Academy held in 2020. This intensive training experience allowed participants to examine and practice skills at building leadership in others. Participants learned skills and had the opportunity to practice coaching skillset of presence, engaged listening, clarifying and reflecting, inquiry, supportive feedback, anchoring accountability, and modeling behavior. Thirteen of the 22 training participants (59.1%) completed a post-training survey, with 15.4 percent rating the training as "above expectations" and 84.6 percent rating it as "exceeding expectations". Participant ratings of the impact of the training are presented in Figure 4.

Figure 4. *Participant Ratings of the Impact of Coach Approach Training*



Qualitative feedback from training participants suggested that the engagement with other leaders through practice assignments and breakouts was highly regarded. This is exemplified by the comment, "I feel we became a bit of a family and feel honored to be a part of it." Participants also

identified the “presence” activities to be very useful. Several participants did note that the virtual setting was more challenging and reflected on the wish for the training to be in person.

Expansion Community Activities

Governance and Strategic Plan

Each system of care community supported governance boards that met regularly. The two new communities had to quickly adapt to meeting virtually, which caused some challenges to engagement of participants. Table 3 summarizes the attendees at each governance board. Communities had the greatest success in engaging participants from the mental health and school systems. Communities had the greatest challenge engaging substance use providers, cultural brokers, and youth. A summary of the activities of each governance board over the year are provided below.

Collin County System of Care met monthly as a board and were successful in recruiting a representative from Child Protective Services within the year. The board reviewed the strategic plan to examine opportunities for growth and identify key metrics for success. The board discussed opportunities to enhance social marketing, identified strategies to recognize Children's Mental Health Awareness Day, planned for a training in CLAS standards, and planned for youth and family listening sessions to gather additional input.

The East Texas System of Care maintains seven governance boards, due to the large geographic region. These boards generally meet quarterly but met twice over the reporting period due to the pandemic. Minutes reflect that local system of care staff review data on services provided through the system of care, as well as feedback provided from previous stakeholder interviews. Participants also discussed opportunities for social marketing. In some communities, other organizations shared resources or upcoming events of interest to participants.

Coastal Plains System of Care initiated their governance board during the reporting period. The team started by holding a series of focus groups with families, youth, and community members. During these focus groups, information was gathered about perceptions of available services, community strengths, and community needs. Participants were also informed about the system of care approach and the future governance board that would be formed. Unfortunately, further development of the board was delayed due to the pandemic, but the board was able to have two virtual meetings at the end of the grant period. The board discussed working in subcommittees on identified topic areas and began planning a community survey to further inform the needs assessment.

Project CHANGE partnered with Harris County and Baylor College of Medicine, who had recently received a system of care grant, to host a collaborative governance board for the region. The board began meeting in March 2020 and established seven workgroups – evaluation, communication/ marketing, education and training, resource identification, community engagement, policy/legal,

and youth and family voice. Subcommittees met to establish a vision and mission for their work and began discussing needs and possible goals. Subcommittee chairs also met together to enhance coordination of activities. At the end of the year, a new subcommittee was established to focus on social justice issues.

Table 3. *Number of Members by Type for Community Governance Boards*

Members	A	B	C	D	E	F	G	H	I	J
Family	3	0	1	0	0	1	0	0	4	3
Youth	1	1	0	0	0	0	0	0	4	1
Mental health	1	6	3	3	9	5	3	3	20	6
Substance Use	0	1	1	1	1	1	2	1	0	0
School	3	2	1	3	3	3	4	0	22	2
Child Welfare	1	2	2	3	4	1	2	1	2	1
Juvenile Justice	1	1	2	1	1	1	1	2	2	2
Healthcare	1	2	4	1	0	2	1	3	5	4
Non-profits	2	1	2	0	1	0	4	0	10	0
Cultural brokers	0	0	0	0	0	1	0	0	3	0
Other	2	3	1	4	1	2	3	2	6	4

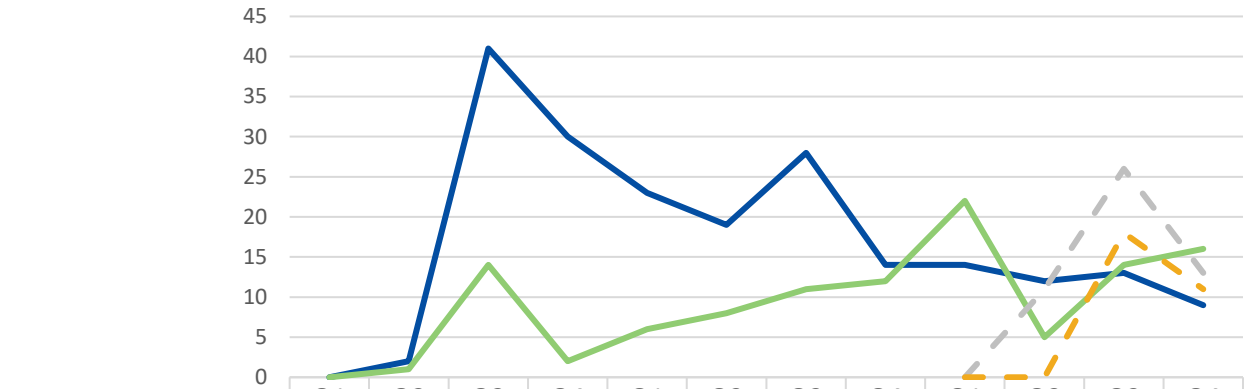
Note: A=Collin; B=Angelina; C=Houston & Trinity; D=Jasper, Newton, Sabine, & San Augustine; E=Nacogdoches; F=Polk & San Jacinto; G=Shelby; H=Tyler; I= Project CHANGE; J= Coastal Plains

Services and Supports

Referral and Enrollment in System of Care. East Texas System of Care and Collin County System of Care began accepting referrals and enrolling children and youth to the system of care in March 2018. Coastal Plains System of Care and Project CHANGE (Harris County) began enrolling in March 2020.

Figure 5 illustrates enrollment across the three years of the grant, with the initial two communities represented with solid lines and the two new communities represented with dashed lines. Over the three-year period, a total of 395 children have been enrolled, with 205 children from East Texas System of Care, 111 from Collin County System of Care, 50 from Coastal Plains System of Care, and 29 from Project CHANGE. Enrollment rates fell for the two initial system of care communities after the pandemic began, but the expansion to two new communities resulted in an overall increase in enrollment in the third year, with 184 children enrolled, representing 46.6 percent of the overall sample.

Figure 5. *Enrollment in System of Care Communities*

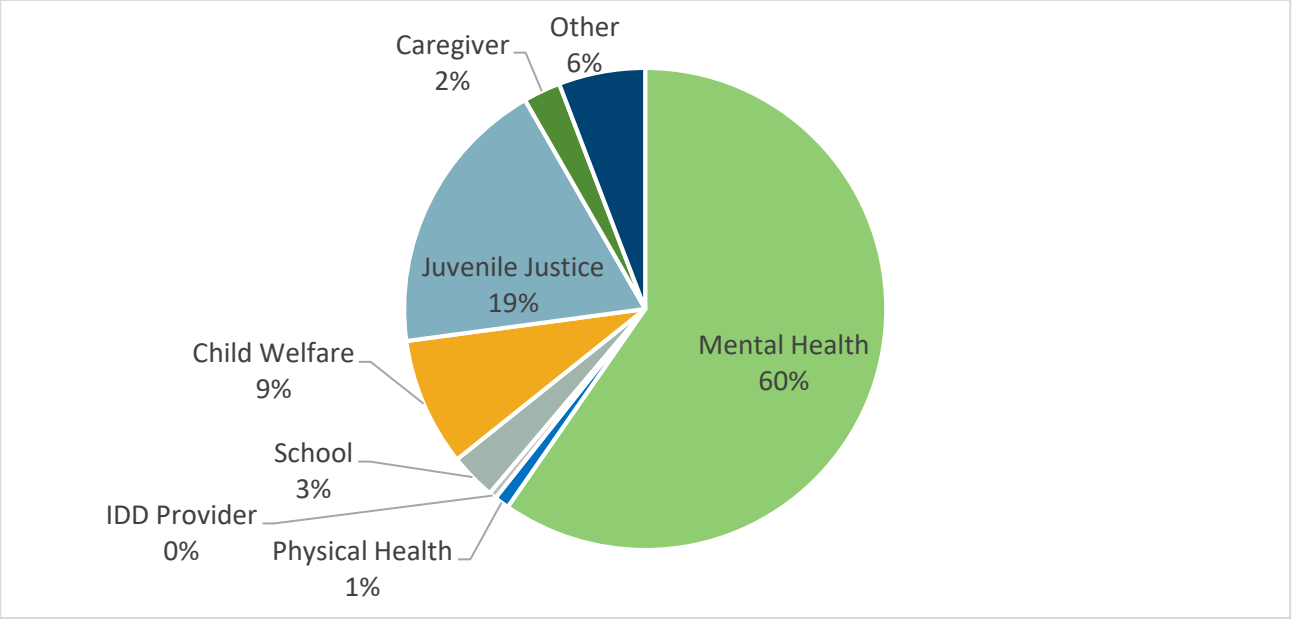


	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
East Texas	0	2	41	30	23	19	28	14	14	12	13	9
Collin	0	1	14	2	6	8	11	12	22	5	14	16
Coastal Plains									0	11	26	13
Project CHANGE									0	0	18	11

The source of the referrals to Texas System of Care are presented in Figure 6. Over half of all children were referred from the mental health system. The second largest referral was from the juvenile justice system (18.5%), followed by the child welfare system (9.1%). While the system of care communities have shown some diversity in the source of referrals to services, this data suggests there is still limited reach to more universal child-serving systems, such as primary healthcare and schools.

The source of referrals also varied across communities. Referrals within the two new expansion communities came predominantly from the mental health system, representing 82.8 percent of referrals in Project CHANGE and 96.0 percent of referrals in Coastal Plains. The sources of referrals would be expected to diversify as these communities' system of care matures, with a multi-stakeholder governance board and greater community outreach. Most referrals within Collin County were also from mental health (73.9%), with 12.6 percent from sources identified as "other." Burke had the greatest diversity of referral systems, with 30.9 percent from juvenile justice and 13.7 percent from child welfare. Burke also had the greatest proportion of school referrals at 5.4 percent.

Figure 6. *Referral Sources for Youth in Texas System of Care Services*



Characteristics of Children Served. The demographic characteristics of the children served in the system of care communities are described in Table 4. The average age of children served in the communities was 13.2 years old, with 9.5 percent between 4 and 8 years old, 26.3 percent between the ages of 9 and 12, 60.3 percent between the ages of 13 and 17, and 3.9 percent between the ages of 18 and 20. Overall, the sample was majority male (59.6%), with Coastal Plains System of Care and Project CHANGE trending towards a greater proportion of female participants. Between one and two percent of the sample identified with a gender other than male or female. The largest proportion of children identified as White, non-Hispanic/Latinx (44.3%), followed by White, Hispanic/Latinx (24.6%) and Black, non-Hispanic (22.3%). The racial and ethnic distribution of the sample in each community was compared to the demographics estimated in the U.S census for youth under 18, and results are presented in Appendix A.

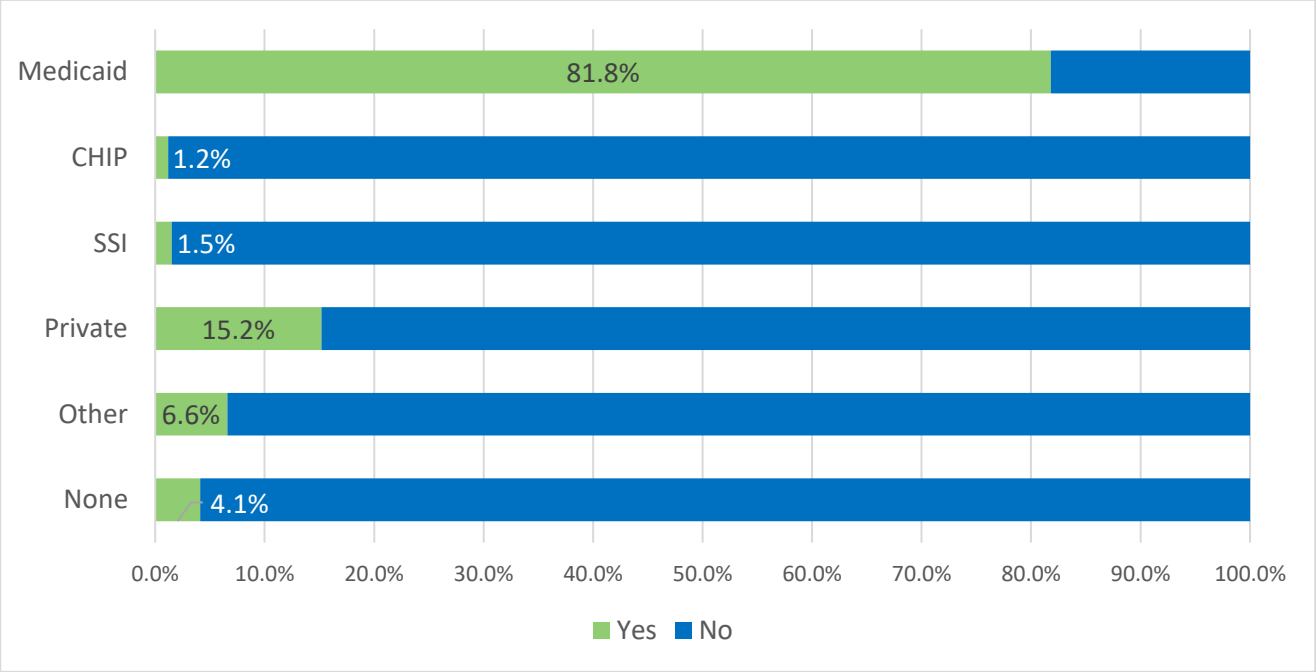
Table 4. *Demographics of Participants by Community*

	Collin County (*n*=111)	**East Texas** (*n*=205)	**Coastal Plains** (*n*=50)	**Project CHANGE** (*n*=29)	**Total** (n=395)
Mean Age	12.8 years (SD=3.1)	12.9 years (SD=2.9)	14.5 years (SD=3.3)	14.5 years (SD=2.8)	13.2 years (SD=3.1)
Female	44 (39.6%)	66 (32.2%)	26 (52.0%)	17 (58.6%)	153 (38.8%)
Male	63 (56.8%)	136 (66.3%)	24 (48.0%)	12 (41.4%)	235 (59.6%)
Transgender / Other	3 (2.7%)	3 (1.5%)	0 (0%)	0 (0%)	6 (1.5%)
Black (non-Hispanic)	27 (24.6%)	50 (24.4%)	0 (0%)	7 (24.1%)	84 (22.3%)
Black (Hispanic)	1 (1.0%)	3 (1.5%)	0 (0%)	0 (0%)	4 (1.0%)
White (non-Hispanic)	55 (50.0%)	108 (52.7%)	8 (16.0%)	4 (13.8%)	175 (44.3%)
White (Hispanic)	19 (17.3%)	26 (12.7%)	39 (78.0%)	13 (44.8%)	97 (24.6%)
American Indian	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Asian	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Alaskan Native	0 (0%)	0 (0%)	1 (2.0%)	0 (0%)	1 (0.3%)
Native Hawaiian	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Two or More Races	8 (7.3%)	17 (8.3%)	2 (4.0%)	4 (13.8%)	31 (7.8%)
Race/Ethnicity Missing	1 (0.9%)	1 (0.4%)	-	1 (3.4%)	3 (0.2%)

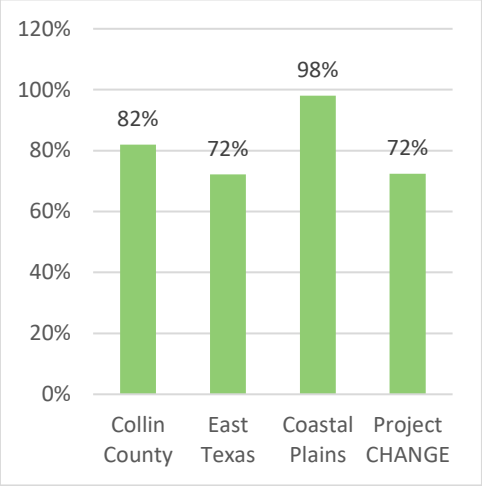
The types of health insurance held by the children enrolled in system of care are presented in Figure 7. The majority of youth enrolled in the communities were insured by Medicaid (81.8%). Fifteen percent had private health insurance. Only 4.1 percent had no source of insurance at enrollment. Children entering services in the community mental health agencies are provided access to Benefit Eligibility services, which assists families in applying for insurance benefits for which they are eligible.

Figure 7. *Health Insurance Status for Children Enrolled in System of Care*



Evaluation Sample. Additional information about the characteristics of children participating in the local systems of care is available for youth and caregivers who consented to participate in the evaluation. The overall participation rate at the end of year three was 78.2 percent, resulting in a sample of 309 families. The rate of participation varied across system of care communities, with the participation rate of each community presented in Figure 8. There was a notable decline in the participation of families in the East Texas System of Care following the pandemic, with a rate of 37.0 percent participation between March and September. Collin County System of Care had a smaller decline, falling to a 60.0 percent participation rate in the same period.

Figure 8. *Evaluation Participation Rate*



Behavioral Health Diagnoses. The diagnoses present at entry into the program were collected and categorized for each child. Table 5 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 28.1 percent of youth having two diagnoses and 52.4 percent having three diagnoses. The most common psychiatric diagnoses were Attention Deficit/Hyperactivity Disorder and Oppositional Defiant or Conduct Disorders, followed by depressive disorders and Disruptive Mood Dysregulation Disorder. Traumatic stress disorders and substance use disorders were rarely diagnosed, with the exception of the Project CHANGE community.

Table 5. *Diagnoses of Children Enrolled in the Texas System of Care Expansion Communities*

Diagnostic Category	**Collin** (*n*=111)	**East Texas** (*n*=205)	**Coastal Plains** (*n*=50)	**Project CHANGE** (*n*=29)	**Total** (*n*=395)
Attention Deficit Hyperactivity Disorder	62.2%	57.6%	42.0%	24.1%	54.4%
Bipolar Disorder	11.7%	14.2%	14.0%	0%	12.4%
Depressive Disorder	22.5%	26.3%	48.0%	41.4%	29.1%
Disruptive Mood Dysregulation Disorder	34.2%	24.4%	14.0%	20.7%	25.6%
Mood Disorder NOS	0%	7.3%	0%	0%	3.8%
Anxiety Disorder	23.4%	10.7%	22.0%	10.3%	15.7%
Traumatic Stress	11.7%	8.3%	10.0%	24.1%	10.6%
Oppositional Defiant or Conduct Disorder	27.0%	52.2%	10.0%	37.9%	38.7%
Schizophrenia or other Psychosis	1.8%	2.0%	0%	3.5%	1.8%

Substance Use Disorder	2.7%	5.9%	4.0%	24.1%	6.1%
Other Diagnosis	1.8%	10.7%	4.0%	0%	6.6%

Because the relatively low rate of diagnoses of substance use disorders could indicate challenges to identifying these issues, additional indicators of substance use were explored. Youth age 11 or older who completed the evaluation interview answered questions about their use of substances in the past 30 days. Eighteen percent of adolescents (54 of 308) reported substance use in the evaluation, with only 16.7 percent of those reporting current substance use receiving a substance use diagnosis. While it is possible that these youth did not have substance use that resulted in functional impairment (meeting diagnostic criteria), it is also possible that further screening for substance misuse may have identified additional comorbidities. Of those youth reporting use of substances (*n*=54), the most common was marijuana (53.7%), alcohol (33.3%), sedatives (31.5%), stimulants (29.6%), and cocaine (9.3%). Other types of substances were used by only a few youth.

Mental Health Symptoms and Functioning. The Pediatric Symptom Checklist (PSC) measures symptomatology across a global score and three domains: attention problems, internalizing behavior, and externalizing behavior. The Columbia Impairment Scale (CIS) measures impairment in four major areas of functioning: interpersonal relations, broad psychopathological domains, functioning in job or schoolwork, and use of leisure time. Table 6 shows results on parent-completed measures. Parents reported a mean score of 20.8 (*SD*=6.5) on the PSC Total Score, with 81.5 percent of youth scoring above the clinical cut-off for concern. Parent reports on the CIS resulted in a mean score of 26.5 (*SD*=10.4), with 86.6 percent above the clinical cut-off. Results suggest that most youth had symptom elevations found to predict mental health disorders. Subscales suggest that internalizing problems and externalizing problems are present in roughly equivalent proportions, with a smaller, but still substantial proportion of youth with attention problems. These mental health symptoms have contributed to functional impairments for almost all the children entering services.

Table 6. *Parent Report of Symptoms and Functioning*

Measure	Collin County (*n*=89)		East Texas (*n*=141)		Coastal Plains (*n*=42)		Project CHANGE (*n*=17)	
	Mean (SD)	Percent Above Clinical Cut-off	Mean (SD)	Percent Above Clinical Cut-off	Mean (SD)	Percent Above Clinical Cut-off	Mean (SD)	Percent Above Clinical Cut-off
PSC Total Score – Parent	20.73 (6.52)	82.2%	21.00 (6.51)	82.4%	20.79 (6.31)	83.3%	18.65 (7.61)	66.7%
PSC Internalizing – Parent	5.90 (2.76)	66.7%	5.59 (2.72)	67.6%	6.57 (2.56)	76.2%	5.18 (3.11)	50.0%

PSC Attention Subscale – Parent	6.45 (2.26)	51.1%	6.74 (2.31)	57.8%	6.14 (2.46)	52.4%	5.35 (2.47)	33.3%
PSC Externalizing Subscale – Parent	8.38 (3.62)	65.6%	8.69 (3.48)	73.2%	8.07 (3.40)	69.1%	8.12 (3.12)	61.1%
Columbia Impairment – Parent Report	26.28 (10.51)	88.9%	27.39 (10.29)	87.3%	25.31 (10.55)	85.7%	23.38 (9.56)	72.2%

The results of youth reports on measures of behavioral health needs are summarized in Table 7. The Kessler 6 (K6), which provides a screen for serious mental illness, was completed by 217 youth. 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). Youth reported a mean score of 9.80 (*SD*=5.69) on the K6. Using the adult cut-off of 13 for severe mental illness, 31.8 percent of the adolescents scored at or above this range. This is likely an underestimate for youth with externalizing difficulties. Notably, the mean score was higher in Coastal Plains System of Care than other communities, where internalizing difficulties (depression, anxiety) were more common. The PSC was completed by 229 youth, with a mean Total score of 16.17 (*SD*=6.40). Total PSC scores reflected 59.8 percent of youth reporting elevated symptoms. Mean scores on the CIS were 20.04 (*SD*=9.30), with 68.6 percent of youth reporting scores that suggest clinical levels of functional impairment. Overall, youth scores were lower than parent scores, especially on measures of externalizing behaviors.

Table 7. *Youth Report of Symptoms and Functioning*

Measure	**Collin County** (*n*=67)		**East Texas** (*n*=105)		**Coastal Plains** (*n*=40)		**Project CHANGE** (*n*=17)	
	Mean (*SD*)	**Percent Above Clinical Cut-off**	**Mean (*SD*)**	**Percent Above Clinical Cut-off**	**Mean (*SD*)**	**Percent Above Clinical Cut-off**	**Mean (*SD*)**	**Percent Above Clinical Cut-off**
Kessler 6 Distress Scale – Youth	9.55 (5.27)	25.4%	9.03 (5.70)	30.7%	12.13 (6.25)	50.0%	9.33 (5.58)	22.2%
PSC Total Score – Youth	14.93 (6.36)	52.2%	16.46 (6.56)	62.9%	17.70 (5.49)	70.0%	15.71 (7.07)	47.1%
PSC Internalizing – Youth	4.28 (2.82)	53.7%	4.72 (3.01)	54.3%	5.73 (2.64)	72.5%	4.59 (3.39)	47.1%

PSC Attention Subscale – Youth	5.63 (2.39)	38.8%	6.02 (2.55)	43.8%	6.75 (2.13)	60.0%	6.12 (3.03)	52.9%
PSC Externalizing Subscale – Youth	5.01 (2.93)	29.9%	5.71 (3.28)	43.8%	5.23 (3.47)	32.5%	5.00 (3.08)	35.3%
Columbia Impairment – Youth Report	16.91 (8.93)	55.2%	22.26 (8.89)	77.1%	21.17 (9.76)	70.0%	17.12 (9.21)	64.7%

Indicators of Cross-System Need. System of care activities are intended to address issues that arise in multiple systems for children with complex needs. Many of the children who necessitate services in multiple systems can use the greatest proportion of resources. System of care attempts to reduce some of these costs by providing a full array of community-based services tailored to the family's needs. Table 8 describes the complex needs and indicators of resource costs in the 30 days prior to entry in the program. Absences from school was a common issue for children enrolled in system of care, with other issues less common. Almost 17 percent of young people reported only "fair" or "poor" health. Thirteen percent of youth had a psychiatric hospitalization in the past 30 days, and 6.8 percent were in an RTC in the 30 days prior to enrollment. Coastal Plains had the largest proportion of psychiatric hospitalization and RTC placement for children entering the system of care.

Table 8. *Indicators of Complex Needs*

In Past 30 days…	**Collin County** *(n=85)*		**East Texas** *(n=142)*		**Coastal Plains** *(n=48)*		**Project CHANGE** *(n=20)*	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Absent from School	30	35.3%	72	50.7%	15	31.3%	7	35.0%
Homeless One or More Nights	0	0%	0	0%	2	4.2%	0	0%
Substance Use	17	20.0%	19	13.4%	13	27.1%	5	25.0%
Poor or Fair Health	14	16.5%	27	19.0%	4	8.3%	7	35.0%
Emergency Room Use	1	1.2%	13	9.2%	8	16.7%	0	0%
Psychiatric Hospital Use	5	5.9%	19	13.4%	12	25.0%	2	10.0%
Residential Treatment Center Use	5	5.9%	5	3.5%	9	18.8%	1	5.0%

Detoxification Facility	0	0%	2	1.4%	1	2.1%	0	0%
Detention	5	5.9%	12	8.5%	1	2.1%	1	5.0%
Arrested	3	3.5%	14	9.9%	4	8.3%	4	20.0%

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. A sample of 377 youth were matched with the state system. Youth peer support services are not currently documented in the state administrative data, and so could not be summarized. Intensive case management (wraparound planning) was the most frequent service offered, followed by family partner services, medication-related services, and child skills training. The most common services provided within the Youth Empowerment Services (YES) Waiver were Community Living Skills and Recreational Therapy, followed by Animal-assisted Therapy and Paraprofessional Services. The percentage of youth receiving at least one encounter across the various service types is presented in Figures 9 and 10.

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

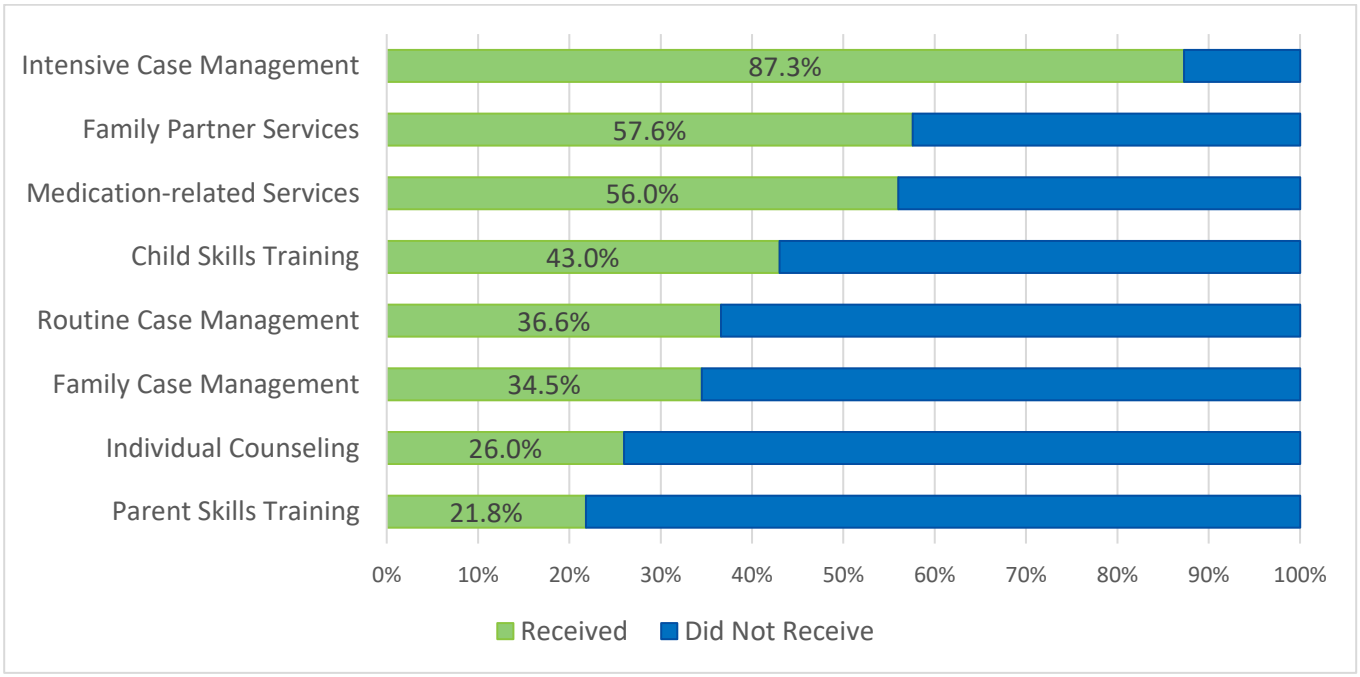
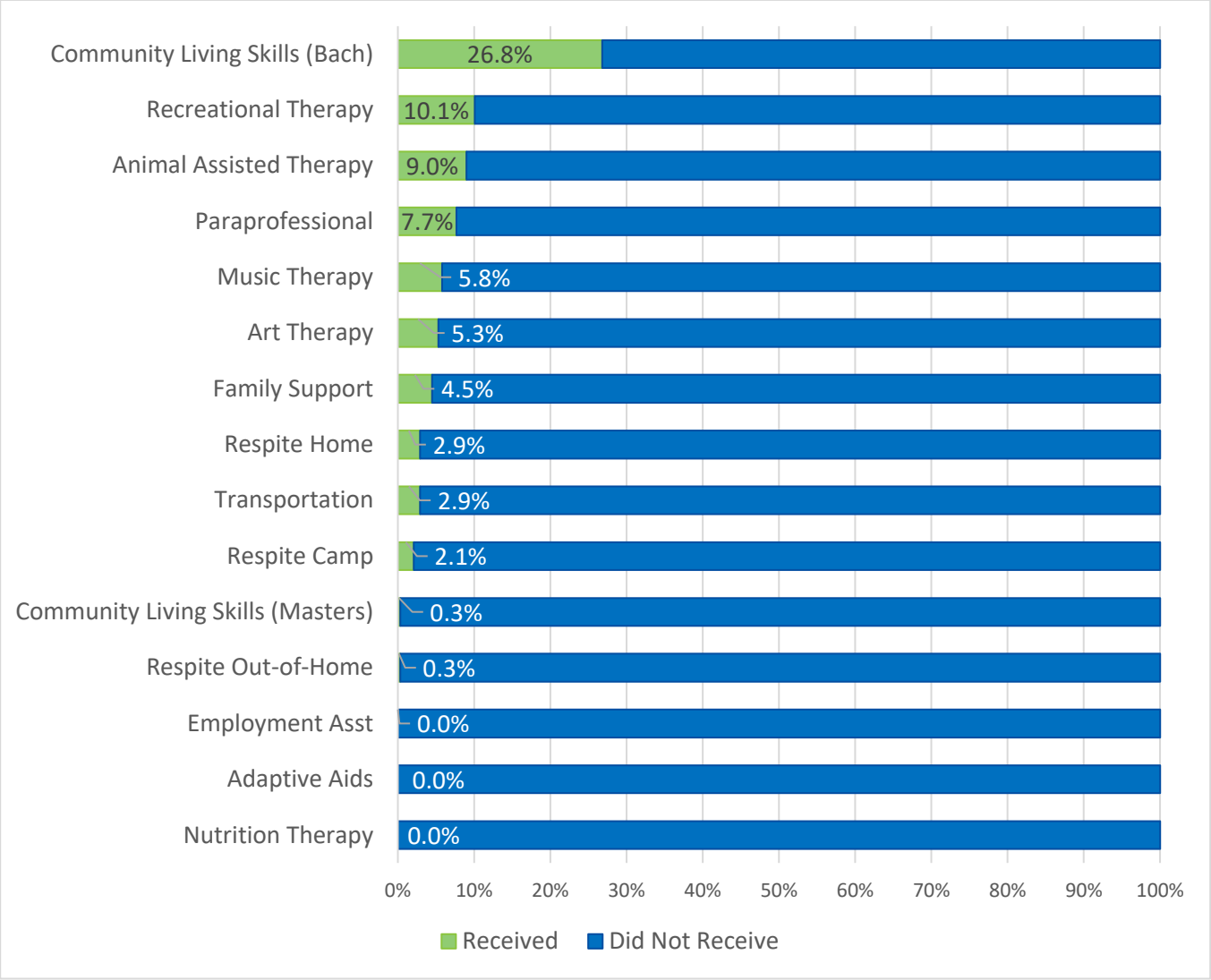


Figure 10. *YES Waiver Services and Supports Provided to Texas System of Care Participants*



The proportion of children and families receiving different traditional or YES Waiver services in each system of care site is presented in Table 9. Collin County System of Care has provided the widest range of services, including a variety of YES Waiver non-traditional services and supports. East Texas System of Care has also offered a variety of services, but more limited to traditionally-funded services. Both Coastal Plains and Project CHANGE participants have had more limited time participating in services, with services generally limited to case management, family partner supports, and medication management.

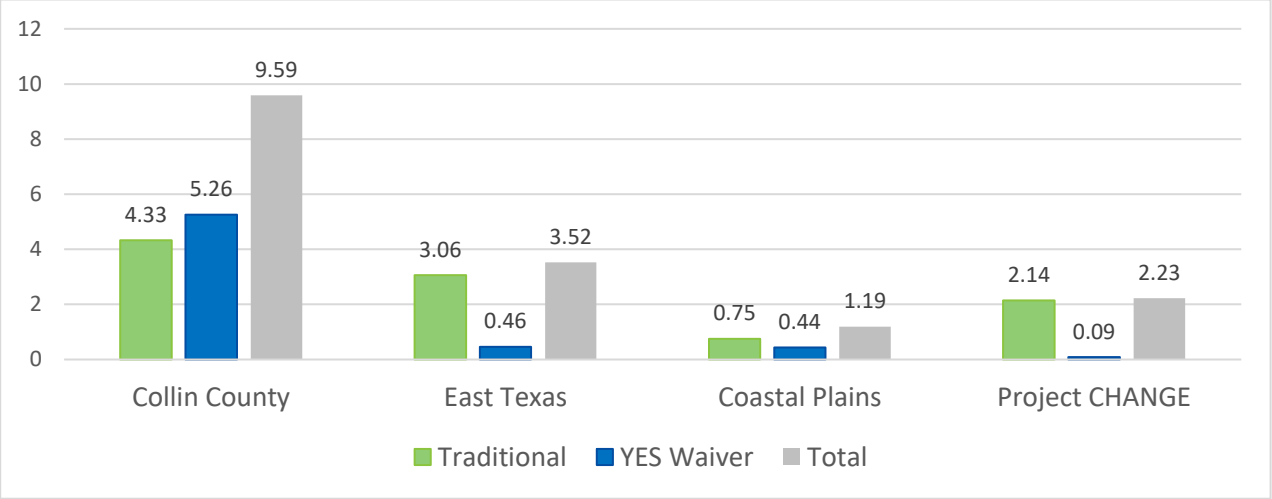
Table 9. *Proportion of Participants Receiving Services by Site*

Service	**Collin County** (*n*=109)	**East Texas** (*n*=201)	**Coastal Plains** (*n*=42)	**Project CHANGE** (*n*=25)
Traditional Services				
Counseling/Therapy	26.6%	33.8%	2.4%	0%
Family Case Management	0.%	64.7%	0%	0%
Family Partner Supports	52.3%	61.7%	57.1%	48.0%
Intensive Case Management (wrap)	100.0%	89.6%	66.7%	48.0%

Medication Management	73.4%	59.7%	7.1%	32.0%
Medication Training & Supports	0%	8.5%	0%	8.0%
Routine Case Management	37.6%	39.3%	40.5%	4.0%
Skills Training, Child Group	8.6%	8.0%	0%	0%
Skills Training, Child Individual	28.4%	62.3%	11.9%	4.0%
Skills Training, Caregiver	15.6%	31.3%	2.4%	4.0%
YES Waiver Services				
Animal Assisted Therapy	20.2%	6.5%	0%	8.0%
Art Therapy	19.3%	3.5%	0%	0%
Community Living Supports (Bachelor)	75.2%	27.9%	9.5%	12.0%
Community Living Supports (Masters)	0.9%	0%	0%	0%
Employee Supports	0%	0.5%	0%	0%
Family Supports	17.4%	0%	2.4%	0%
Music Therapy	24.8%	0%	0%	0%
Nutrition Therapy	0%	0%	0%	0%
Paraprofessional Services	31.2%	1.0%	0%	0%
Recreational Therapy	50.5%	0%	0%	0%
Respite – Therapeutic Camp	7.3%	0.5%	0%	0%
Respite – In Home	12.8%	1.5%	0%	0%
Respite – Out-of-Home	0.9%	0%	0%	0%
Transportation	2.8%	6.0%	0%	0%

The East Texas System of Care, Coastal Plains System of Care, and Project CHANGE each provided more traditional services to children enrolled in system of care than YES Waiver services, while Collin County System of Care provided slightly more YES Waiver services. The average number of hours of services provided per month in each community are reflected in Figure 11.

Figure 11. *Mean Hours per Month of Services*



Outcomes for Participants in Care. A total of 197 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 are initially examined across all communities; outcomes on parent- and self-report on the two scales are presented in Table 10. There were statistically significant improvements over time on parent and youth ratings of symptomatology, across both total and subscales. Both parents and youth also reported statistically significant improvements in functioning over time. Youth tended to report fewer symptoms and impairment than parents, as well as smaller rates of improvement.

Table 10. *Change in Symptom and Functioning from Baseline to Follow-up on Parent Measures*

	Parent Ratings (n=167)			**Youth Ratings (n=129)**		
	Baseline	***Follow-up***	***Difference***	***Baseline***	***Follow-up***	***Difference***
Pediatric Symptom Checklist						
Total Scale	21.02 (6.63)	17.89 (6.85)	3.13 *t*=7.25****	16.48 (6.86)	14.12 (6.42)	2.36 *t*=4.55****
Attention	6.74 (2.34)	6.02 (2.62)	0.72 *t*=4.56****	6.01 (2.59)	5.22 (2.70)	0.78 *t*=3.71***
Internalizing	5.75 (2.79)	4.67 (2.44)	1.08 *t*=5.78****	4.85 (3.10)	4.03 (2.61)	0.82 *t*=3.43***
Externalizing	8.53 (3.50)	7.20 (3.50)	1.33 *t*=5.92****	5.62 (3.24)	4.87 (2.95)	0.75 *t*=2.87**
Columbia Impairment Scale	26.86 (10.72)	21.85 (10.99)	5.01 *t*=6.20****	20.68 (9.68)	16.80 (9.65)	3.88 *t*=4.60****

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

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 12 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 12. *Mean Symptom Scores from Baseline to Follow-up on Pediatric Symptom Checklist (Parent)*

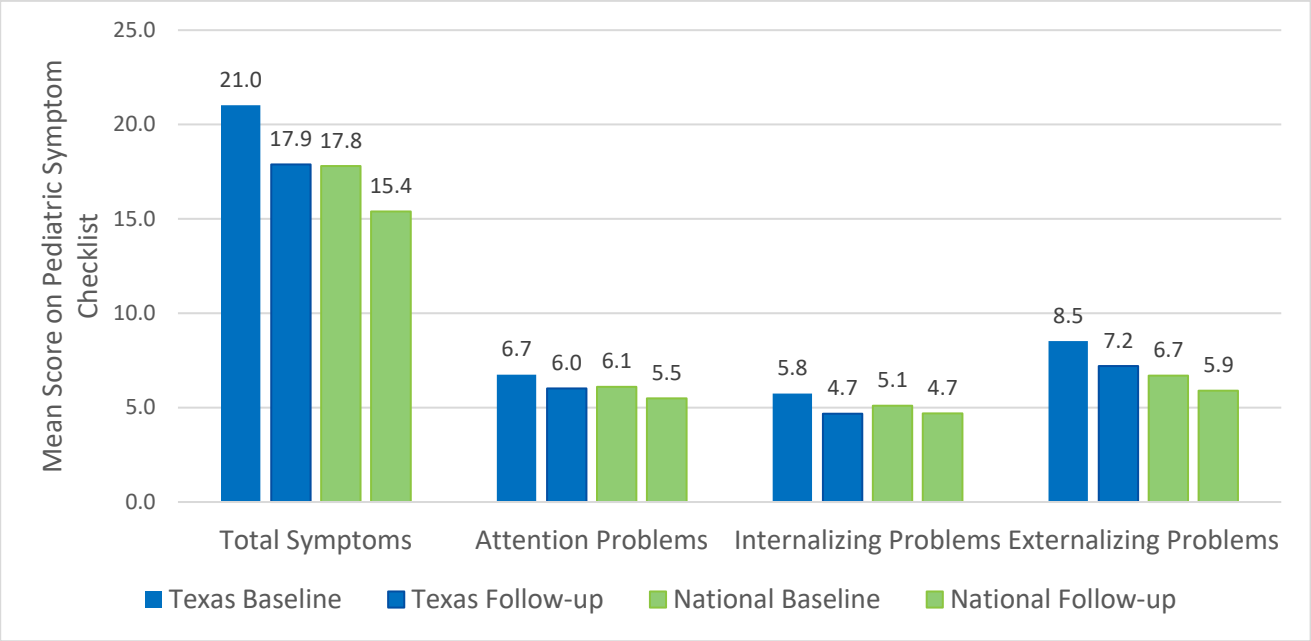


Figure 13. *Mean Functioning Change on Columbia Impairment Scale (Parent)*

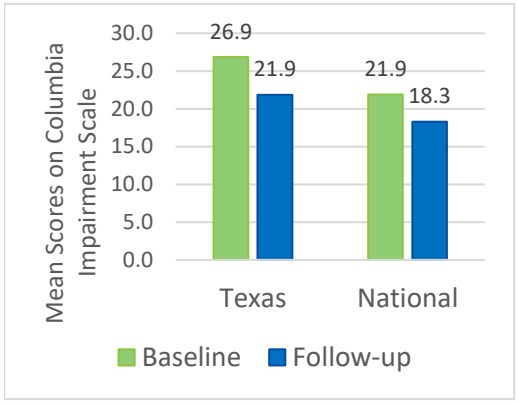


Figure 13 illustrates the changes in functioning from intake to the last available follow-up on the CIS. The youth served in Texas demonstrated higher levels of impairment at intake than the national sample and demonstrated a greater improvement at follow-up (5.0 point change versus 3.6 point change).

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 11. The change in symptom scores was not significantly different between youth identifying as White, Hispanic, White, non-Hispanic, or Black/African-American. In the prior reporting period, there was a trend indicating poorer outcomes for youth of color compared to youth identifying as White, non-Hispanic, but these differences have lessened during the current reporting period. There were also no significant differences in functioning outcomes for youth identifying as White, Hispanic, White, non-Hispanic, or Black/African-American. During the past reporting period, disparities were noted showing that youth identifying as White had greater improvement than youth identifying as Black and that youth identifying as White had greater improvement than youth identifying as Hispanic. While there is still a smaller mean change in functioning for youth of color, these differences are no longer statistically significant in the current

reporting period. Analyses of youth report symptom and functioning scales also showed no statistically significant differences in outcomes.

Table 11. *Mental Health Outcomes by Racial or Ethnic Subpopulations*

Measure	Sub-population	Baseline Mean	Follow-up Mean	Mean Change	Statistic
Pediatric Symptom Checklist Total Score (Parent)	White, non-Hispanic (*n*=67)	22.31	18.28	4.03	*F*=1.24, df=2, *p*=.29
	White, Hispanic (*n*=42)	21.40	18.48	2.92	
	Black/African American (*n*=33)	18.79	16.55	2.24	
Columbia Impairment Scale	White, non-Hispanic (*n*=65)	28.32	21.48	6.84	*F*=1.42, df=2, *p*=.25
	White, Hispanic (*n*=42)	27.33	22.52	4.81	
	Black/African American (*n*=33)	24.27	21.09	3.18	

Mental Health Symptom and Functioning Outcomes by Community. Mental health improvements, as measured by symptom and functioning measures, were explored for each system of care community. Results are presented in Table 12. It should be noted that the third grant year was the first year of service delivery for Coastal Plains and Project CHANGE, and therefore the number of youth with follow-up assessments is limited. Results for these communities are provided to allow for initial benchmarking but should be considered preliminary results. Collin County System of Care had statistically significant improvement in overall symptom scores, attentional problems, and internalizing problems. Externalizing problem scores and functional impairment showed only modest improvements. East Texas System of Care had significant improvements on all areas of symptomatology and functioning. Coastal Plains System of Care showed significant improvement on symptom total score, attentional problems, internalizing problems, and functioning. Externalizing problem scores did not show significant improvement; however, youth in Coastal Plains System of Care had significantly lower scores on the Externalizing scale at baseline than the other three communities. Project CHANGE in Harris County had the smallest sample size, and so improvement in the Externalizing problems scale and functioning scale were the only differences that were statistically significant. However, mean differences across several of the scales were larger than other communities, suggesting early results are strong.

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

		Collin County (*n*=52)		East Texas (*n*=91)		Coastal Plains (*n*=17)		Project CHANGE (*n*=7)	
		Parent Scores	**Difference, t score**	**Parent Scores**	**Difference, t score**	**Parent Scores**	**Difference, t score**	**Parent Scores**	**Difference, t score**
Pediatric Symptom Checklist									
Total Scale	BL	21.35	2.25, t=3.32***	21.30	3.48, t=5.59***	19.71	3.06, t=2.64*	18.29	5.28, t=1.90
	FU	19.10		17.81		16.65		13.00	
Attention	BL	7.02	0.77, t=3.10**	6.82	0.63, t=2.66**	6.00	0.71, t=2.07*	5.43	1.71, t=1.69
	FU	6.25		6.20		5.29		3.71	
Internalizing	BL	5.73	0.88, t=2.89**	5.73	1.11, t=4.38***	6.59	1.53, t=2.54*	4.14	1.00, t=0.71
	FU	4.84		4.62		5.06		3.14	
Externalizing	BL	8.60	0.60, t=1.66	8.75	1.75, t=5.43***	7.12	0.82, t=1.34	8.71	2.57, t=2.41*
	FU	8.00		7.00		6.29		6.14	
Columbia Impairment Scale									
Total Score	BL	25.88	2.38, t=1.91	27.58	5.61, t=4.92***	25.88	7.35, t=2.75**	27.29	11.29, t=2.81*
	FU	23.50		21.98		18.53		16.00	

Note: BL=Baseline; FU=Follow-up; *p<.05, **p<.01, ***p<.001

As noted previously, youth ratings of symptoms and functioning reflected less improvement overall. Outcomes of youth-report scales are presented in Table 13. Collin County System of Care had scores reflecting significant improvement on all but the functioning measure. East Texas System of Care outcomes reflected significant improvement on all symptoms and functioning scores, except for the externalizing problems scale. Coastal Plains System of Care youth ratings suggested improvement on total symptom scores and internalizing problems. Project CHANGE had a very small sample, and mean scores reflected improvement, but none reached statistical significance.

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

		Collin County (*n*=36)		East Texas (*n*=70)		Coastal Plains (*n*=14)		Project CHANGE (*n*=9)	
		Youth Scores	**Difference, t score**	**Youth Scores**	**Difference, t score**	**Youth Scores**	**Difference, t score**	**Youth Scores**	**Difference, t score**
Pediatric Symptom Checklist									
Total Scale	BL	15.50	3.22, t=2.72**	16.61	1.74, t=2.50**	18.86	3.00, t=3.28**	15.67	2.67, t=2.14
	FU	12.28		14.87		15.86		13.00	
Attention	BL	5.69	0.94, t=2.19*	6.09	0.59, t=2.09*	6.36	1.36, t=1.98	6.11	0.78, t=1.31
	FU	4.75		5.50		5.00		5.33	
Internalizing	BL	4.44	1.03, t=1.99*	4.81	0.66, t=2.03*	6.43	1.21, t=2.14*	4.33	0.67, t=0.85
	FU	3.62		4.16		5.21		3.67	
Externalizing	BL	5.36	1.25, t=2.34**	5.71	0.50, t=1.35	6.07	0.43, t=0.69	5.22	1.22, t=2.14
	FU	4.11		5.21		5.64		4.00	
Columbia Impairment Scale									
Total Score	BL	16.71	2.69, t=1.64	22.80	5.03, t=4.33***	22.57	0.79, t=0.30	16.89	4.56, t=2.15
	FU	14.03		17.77		21.79		12.33	

Note: BL=Baseline; FU=Follow-up; *p<.05, **p<.01, ***p<.001

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 14. 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 both communities, with the exception of the reduction seen in Objective Strain in Collin County System of Care. Comparison of the change observed in Table 14 to that identified in the national evaluation shows that caregivers in East Texas System of Care demonstrated greater improvement than seen in the national sample; changes in caregiver strain in Collin County was similar to that shown in the national sample.

Table 14. *Change in Caregiver Strain from Baseline to Follow-up*

	Collin County (*n*=37)			**East Texas** (*n*=78)			**National Sample**
Caregiver Strain Questionnaire	***Caregiver Baseline***	***Caregiver Follow-up***	***Caregiver Difference***	***Caregiver Baseline***	***Caregiver Follow-up***	***Caregiver Difference***	***Caregiver Difference***
Global Strain	8.83	7.72	1.11 *t*=2.92**	9.45	7.79	1.67 *t*=4.74***	1.0
Objective Strain	3.26	2.89	0.36 *t*=2.01	3.35	2.61	0.74 *t*=5.67***	0.3
Internalized Strain	3.34	2.93	0.41 *t*=3.22**	3.72	3.24	0.48 *t*=3.58***	0.4
Externalized Strain	2.23	1.89	0.33 *t*=2.53*	2.38	1.94	0.43 *t*=3.01**	0.2

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

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 15. All but one outcome showed a greater proportion of youth with positive outcomes. Only Collin County's proportion of youth with one or more nights out of their home (e.g.,

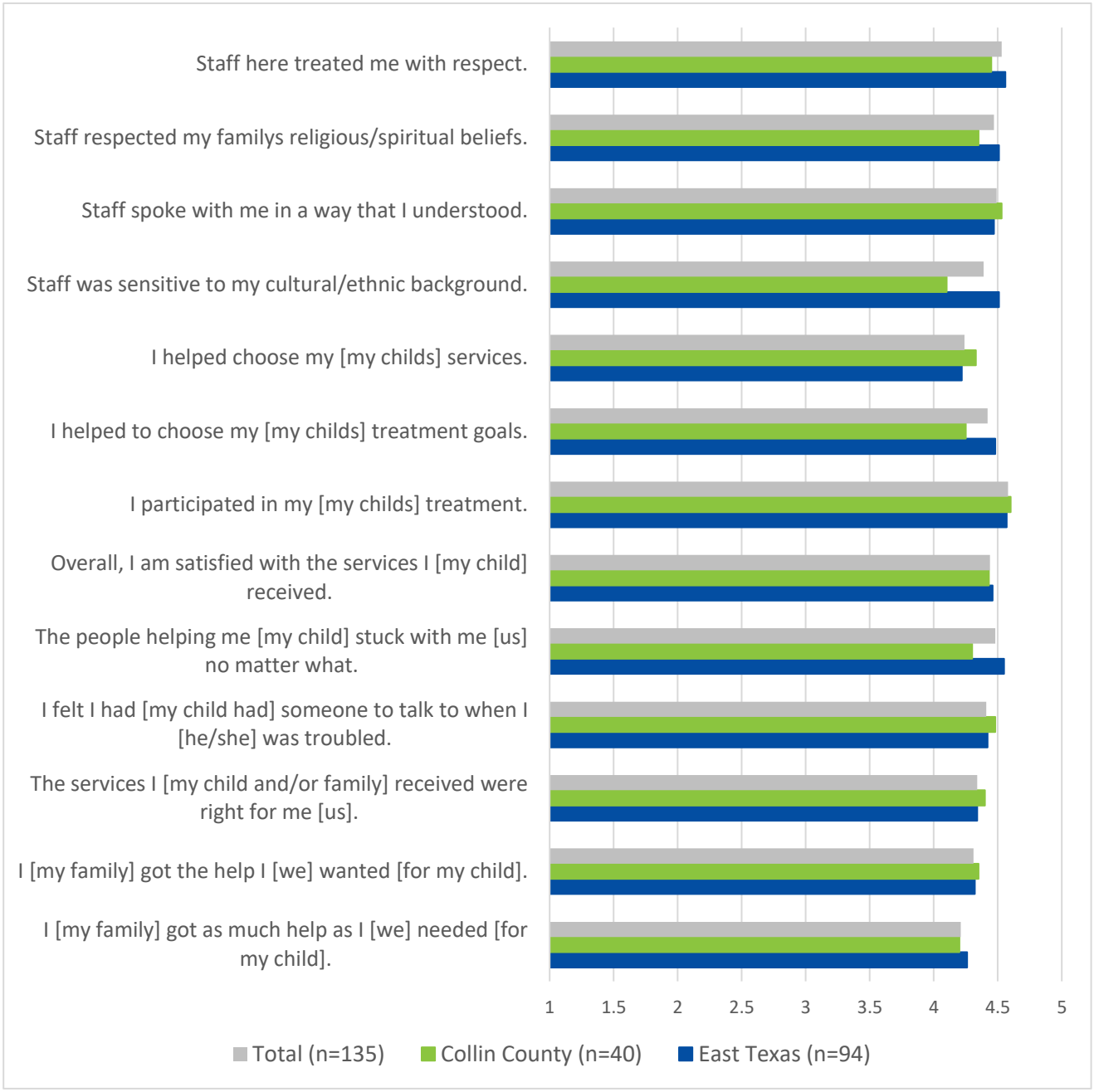
hospitalization, residential placement) showed a significant increase, with 87.2 percent maintained in the community at intake and 82.1 percent at follow-up.

Table 15. *Change in Proportion with Positive Outcomes*

	Collin County (*n*=39)			**East Texas** (*n*=87)		
	Positive at Baseline	***Positive at Follow-up***	***Percent Change***	***Positive at Baseline***	***Positive at Follow-up***	***Percent Change***
Good overall health	81.1%	81.1%	0%	76.9%	78.46%	2.0%
Doing well in school/work	61.5%	64.1%	4.2%	49.3%	62.5%	26.8%
Gets along with family	39.5%	60.5%	53.2%	54.0%	63.2%	17.0%
Gets along with peers	61.5%	76.9%	25.0%	55.3%	74.1%	34.0%
Community retention	87.2%	82.1%	-5.8%	71.3%	81.6%	14.4%
No illegal substance use	89.7%	89.7%	0%	83.9%	88.5%	5.5%
Avoidance of arrest	100%	100%	NA	89.3%	96.4%	8.0%

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 14. Ratings were not yet available for the two new expansion communities, as most youth had not yet reached the six-month follow-up. 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 the help that they needed. For Collin County, the lowest rating was for “Staff was sensitive to my cultural/ethnic background.”

Figure 14. *Mean Satisfaction with Care at Last Follow-up*



Stories of System of Care Success

System of care communities shared narratives about families served with system of care services and supports. A few of these narratives are provided within this section to serve as an example of success stories within system of care communities.

- Youth A enrolled in system of care in March 2019 after disruptions in his home and placement with a grandparent. He had needs within both home and school and was guarded in his trust of mental health professionals. Youth A, his family, and support engaged in wraparound planning, including participation in recreational therapy, equine therapy, and community living skills. Informal supports included involvement in organized

sports and planned family time together. The family successfully graduated from wraparound when their goals were met, with continued involvement in some professional and natural supports.

- Graduation from wraparound can be an important transition for families. During the pandemic, one wraparound care coordinator hosted a graduation event outside with safety precautions. She provided a slide show of team accomplishments and played the family's theme song. The team presented the young person with a graduation certificate and gift of their favorite snacks, while "Pomp and Circumstance" played. It was important to the team to celebrate this young person's hard work and really show the family all that they have accomplished together.
- A family of five children, living with mother and grandmother, met with the local CRCG due to complex needs and risk of removal from the home. The system of care was able to engage the family in services and provide direct support for three of the children and indirect support to the entire family. The wraparound plan of care involved a variety of professional and natural supports and coordination between the various child-serving systems, which eventually led to the successful discharge of mandated services.
- Project CHANGE in Harris County conducted "social listening" focus groups after the pandemic delayed planned in-person focus groups. A parent who was involved in Project CHANGE services disclosed that for the first time she feels like she has a voice and hope for her son.

Summary & Recommendations

Key Findings

The Texas System of Care governance board prepared for the upcoming Legislative year by preparing a cross-agency report providing recommendations for strengthening and sustaining the system of care in Texas. Texas System of Care staff also contributed to a Legislative report providing recommendations for strengthening school-based mental health services and supports, including strategies for addressing the mental health impacts of COVID-19 on school staff and students. Board members and stakeholders adjusted quickly to the virtual meeting format and CYBHS activities were only minimally impacted by the pandemic.

The Texas System of Care invested in state and local leaders during the reporting period by undertaking two intensive trainings, including Adaptive Leadership and the Coach Approach. The Adaptive Leadership workshop was offered to new state champions, including several members of the CYBHS, and local champions in each system of care community. The Coach Approach was offered to leaders who had previously participated in the Adaptive Leadership training. While some participants expressed a desire to participate the workshop in person, overall satisfaction was strong, and participants built new relationships across the state.

The Texas System of Care experienced both successes and challenges in the implementation of the social marketing plan. The team had invested significant time in planning for Children's Mental Health Awareness Day and Mental Health Awareness Month, some of which had to be cancelled or revised due to the pandemic. There were some staffing changes in the communication team, which also presented some challenges, but the new team was able to quickly engage in planned activities. The reach of social media showed an overall increase over the year, while the reach of the website showed a decline.

The Texas System of Care successfully expanded to two additional communities, located in Harris County and a rural region on the southern Gulf Coast. These communities launched system of care services and established local governance boards during the reporting period. Texas System of Care staff supported these communities in regional needs assessments, resource mapping, and establishing referral processes. Local communities experienced disruptions in their governance boards as a consequence of the pandemic. Boards that met quarterly seemed to struggle to maintain continuity over the reporting period, while boards that met monthly were less impacted.

All four expansion communities provided services and supports within a wraparound approach to children and families. Enrollment in services within the East Texas community continued to decline in the third year, along with a significant decline in the proportion of families participating in the evaluation. Enrollment grew in the Collin County community, despite the pandemic. Referrals across

all communities continued to predominantly come from the mental health system, with the fewest referrals coming from the school or primary healthcare systems. 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 two new communities had limited time for service delivery but provided primarily traditional services during the reporting period.

Children and youth enrolled in Texas System of Care showed positive outcomes across a variety of domains. Early indicators from the two new communities also showed promising outcomes. In the previous reporting period, 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. These disparities were reduced during the current reporting period, with no differences reaching statistical significance. However, continued monitoring and progress is needed to fully eliminate these disparities.

Challenges and Barriers

The third year of the project brought a variety of challenges, mostly centered on the impact of the pandemic. State-level trainings and events had to be cancelled or shifted to a virtual platform. System of care communities saw disruptions in governance board activities, as systems addressed changing priorities and struggled to hold virtual meetings. The two initial system of care communities, located in East Texas and Collin County, saw declines in referrals and overall participation in system of care. Each community was able to successfully shift to service provision through telehealth and telephone, and youth outcomes do not appear to have suffered in the service shift.

Recommendations

1. The Texas System of Care team should update the social marketing plan with strategies aimed at increasing traffic to the Texas System of Care website. This may involve launching new products, hosting videos, writing blogs, or linking social media messaging back to the website. The strategy may also involve activities in support of Children's Mental Health Awareness Day.
2. The Texas System of Care team offered multiple training opportunities that reached a variety of professionals; however, most training opportunities were not sustainable beyond the current event. Texas System of Care should consider opportunities to develop training resources that can be offered on an on-going basis, either through recorded or online trainings or through train-the-trainer workshops. Texas System of Care should strive to partner with state or local agencies to embed trainings into required professional development.

3. Existing training opportunities have limited reach to school staff and to family members. The Texas System of Care team should consider creating additional training opportunities and outreach to family members, educators, and school professionals.
4. Local governance boards that meet quarterly should consider increasing the frequency of meetings, either as a full board or in subcommittees. Boards can also be strengthened by ensuring that meeting agendas provide opportunity for active participation in addressing local community needs.
5. Local system of care communities should continue to provide outreach and enhance relationships with schools and primary care providers within the region. Leaders should consider the benefit of establishing memoranda of understanding with organizations to outline referral pathways and procedures for information sharing and continuity of care.
6. Additional training in screening for youth substance use may benefit the identification of co-occurring disorders within system of care and the larger mental health system. Any barriers to documentation of substance misuse should also be examined.
7. Additional technical assistance should be provided to communities to enhance participation in the evaluation and problem solve any potential barriers. Teams are likely to experience increased demand for services when schools return, and support may be needed to adjust to the growth in demand.
8. 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.

Appendix A. Demographics of Youth Served and Their Community

	Collin County		East Texas		Coastal Plains		Project CHANGE	
	System of Care	Community (Age 0-20)	System of Care	Community (Age 0-20)	System of Care	Community (Age 0-20)	System of Care	Community (Age 0-20)
Number Enrolled/ Total Population	111	303,346	205	101,248	50	68,228	29	1,529,199
By Race/Ethnicity (List Sub-Populations individually)								
Black	27 (24.6%)	10.9%	50 (24.4%)	15.4%	0 (0%)	1.7%	7 (24.1%)	18.2%
Asian	0 (0%)	14.8%	0 (0%)	0.8%	0 (0%)	0.6%	0 (0%)	6.5%
White (non-Hispanic)	55 (50.0%)	47.1%	108 (52.7%)	53.9	8 (16.0%)	22.7%	4 (13.8%)	21.4%
Hispanic or Latino	19 (17.3%)	22.1%	26 (12.7%)	26.2%	39 (78.0%)	73.4%	13 (44.8%)	50.8%
American Indian/ Alaskan Native	0 (0%)	5.1%	0 (0%)	3.7%	1 (2.0%)	1.5%	0 (0%)	3.1%
American Indian/ Alaskan Native	0 (0%)		0 (0%)		1 (2.0%)		0 (0%)	
Native Hawaiian/Other Pacific Islander	0 (0%)		0 (0%)		0 (0%)		0 (0%)	
Two or more Races	8 (7.3%)		17 (8.3%)		2 (4.0%)		4 (13.8%)	
Unknown	1 (0.9%)	-	1 (0.4%)	-	-	-	1 (3.4%)	-
By Gender								
Female	44 (39.6%)	48.9%	66 (32.2%)	48.9%	26 (52.0%)	48.3%	17 (58.6%)	49.0%
Male	63 (56.8%)	51.1%	136 (66.3%)	51.1%	24 (48.0%)	51.7%	12 (41.4%)	51.0%
Transgender/Other	3 (2.7%)	Not reported	3 (1.5%)	Not reported	0 (0%)	Not reported	0 (0%)	Not reported
Unknown	-		-		-		-	