

# Texas System of Care Annual Evaluation Report

August 30, 2021 - August 29, 2022



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# Introduction

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The mission of the Texas System of Care is to strengthen the collaboration of state and local efforts to weave mental health supports and services into seamless systems of care for children, youth and their families. Texas has a long history of supporting the development of the system of care framework within the state, dating back to the Texas Children's Mental Health Plan (TCMHP), which appropriated \$22.1 million for the 1992-1993 biennium for an interagency initiative. The TCMHP's goal was to create innovative services to prevent over-reliance on residential treatment and hospitalization and support the preservation of families. The Texas Legislature has continued to support this mission by establishing the Texas Health and Human Services Commission (HHSC) as responsible for implementing a system of care and outlining the state agencies who are to participate in the collaboration. HHSC has financed activities to develop the system of care framework through a series of grants from the Substance Abuse and Mental Health Services Administration (SAMHSA):

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

## System of Care Goals

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

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

## Key Activities for Year 1

During the first year of the grant, the HHSC established contracts with key partners, including Emergence Health Network in El Paso, Integral Care in Austin, and Pecan Valley Centers in Granbury and rural communities in North Texas, and the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin. Each of the partners focused on hiring for all grant-funded positions and beginning to establish their work plan. The state team provided multiple trainings to local community leaders to promote understanding of the system of care values and guiding principles, as well as outline the key deliverables for the grant and respond to questions. Local community partners focused on establishing their local governance boards and memoranda of understanding and referral pathways with school partners. Referrals and mental health services began in the Austin community, with other communities experiencing some delays in hiring positions, especially licensed mental health clinicians. The state team began monthly technical assistance meetings with each community team to continue to support local activities. The state team developed the initial evaluation plan and began weekly meetings to support data collection.

## Overview of the Evaluation

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

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

#### State-Level:

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

#### Community-Level:

7. Do members of community governance boards perceive them to be collaborative and impactful?
8. Do communities enhance the level of implementation of the system of care framework?
9. Do community organizations show increases in cultural and linguistic competency?
10. Do more children and youth receive school-based mental health services over the course of the grant?
11. Are there more evidence-based or evidence-informed services offered within the community? Are they provided with fidelity?

#### Family-Level:

12. Do families report satisfaction with mental health services?
13. Do children and youth who receive services have improved functioning?
14. Do children and youth who receive services have reduced behavioral health problems?
15. Do children and youth who receive services have improved academic outcomes?
16. Do families of different racial, ethnic, or gender identity experience disparate access, use, or outcomes?

## Progress towards Identified Goals

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

### **Goal 1: Increase state and local leadership support for the system of care**

**approach.** Texas System of Care has an existing state governance structure, the Children and Youth Behavioral Health Subcommittee (CYBHS), which includes members from child-serving state agencies, family representatives, youth representatives, community system of care representatives, and representatives from advocacy organizations and higher education. Several vacancies were identified and new members appointed and prepared for their participation. The CYBHS met four times during the reporting period. During these meetings, members were reminded about the goals and objectives of the new grant and each community presented an overview of their plans for the grant. The members also had presentations related to school-based mental health services within a system of care and opportunities to address equity and cultural and linguistic responsiveness within school settings. Additionally, a workgroup from CYBHS met to identify and prioritize policy recommendations, with further discussion and input gathered during a meeting. Meetings also included opportunities to inform the development of the strategic plan and prioritize grant activities.

Texas System of Care staff are also engaging with key partners to ensure alignment and collaboration across programs and initiatives impacting children's mental health. Texas System of Care leaders have met with leadership from the Texas Education Agency (TEA) and AWARE grant staff to discuss opportunities for collaboration and alignment of efforts. Texas System of Care and AWARE state staff will meet regularly to ensure that both initiatives are able to leverage the accomplishments of each. Texas System of Care staff have also begun to meet with representatives of Children's Mental Health unit and has held several meetings with the Certified Community Behavioral Health Center (CCBHC) team to identify potential collaborations. State team members participate in collaborative state workgroups to support alignment, including the State Community Resource Coordination Group and subcommittee meetings and the Unified Services for All Children meetings.

The Texas Family Voice Network is a state-level organization that supports family leadership and involvement in mental health systems, and is a collaborator on the

grant. The Texas Family Voice Network successfully applied for and received the status of a 501c3, a sustainability accomplishment. Additionally, Texas System of Care supported the Network in their application as a continuing education provider for the Texas Certification Board, which oversees certification of peer specialists and certified family partners in the state. With the shift in structure to a board of directors, the Texas Family Voice Network is reorganizing their committee structures and engaging additional members in leadership roles. The organization is developing workplans to support several training activities, identifying policy goals, and updating processes for membership drives.

The state team planned and participated in a planning retreat. The planning retreat allowed team members to become acquainted with each other's strengths and begin to experience working together for common goals. This was the first time that team members were able to meet face-to-face and provided an opportunity to work together to prioritize and plan grant activities. Team members conducted planning around social marketing, building leadership support, strengthening community systems of care, supporting effective service delivery, and creating accountability. This team time was critical to further clarifying the strategic plan.

In addition to the team retreat, the Texas System of Care made significant progress on developing the statewide strategic plan for system of care through stakeholder involvement. During the first year, the team undertook multiple methods for gathering input on assets, gaps, needs, and priorities in children's mental health. Additionally, stakeholders were engaged in prioritizing objectives for the strategic plan and outlining action steps for several of these goals. Governance board members and other stakeholders were engaged in planning how to move these priorities forward.

Within the three local communities, system of care leaders have worked to strengthen the knowledge and awareness of the system of care framework within the community. Local leaders have been meeting with community partners to discuss the new grant and identify opportunities to strengthen the children's mental health system within their respective regions. System of care leaders have presented on the system of care values to their local governance boards and began to build or strengthen the buy-in through relationship development and initial needs assessments.



## **Goal 2. Increase community awareness of behavioral health challenges and**

**available resources.** At the state level, Texas System of Care is working to develop a social marketing plan, including the development of goals and objectives that align with the overall goals of the initiative. The state team has a variety of communication channels developed, including a newsletter distribution list of 706 people, a website, and social media platforms for Facebook, Twitter, and Instagram. As a part of the development of the social marketing plan, the team is discussing additional channels that may be developed to support state and community awareness. Texas System of Care developed, printed, and distributed two posters that highlighted the values of system of care and the importance of family voice. These posters can also be downloaded from the website.

Texas System of Care planned and executed two social marketing events for Children's Mental Health Acceptance Week and May is Mental Health Awareness Month. In collaboration with the Texas Health and Human Services Commission, the team hosted the 2022 Texas Mental Health Creative Arts Contest. The contest, which opened in December 2021, provided an opportunity for elementary, middle, and high school students, as well as adults, to submit creative works in the categories of visual art, photography and writing. With 629 submissions, volunteer judges reviewed submissions and selected winners in each category. The winners were announced in April 2022 and are highlighted in [a virtual gallery](#). All participants received recognition, with contest winners honored at a virtual reception occurring in May. Additionally, large-scale prints of the winning art and writing submissions were hosted at a regional early psychosis conference and small postcard prints were distributed to attendees.

Texas System of Care led a committee of state and local youth-serving agencies in the planning of a virtual Children's Mental Health Acceptance fair, hosted on a [dedicated website](#). The committee recruited exhibitors from across the state to highlight mental health resources, recruited speakers to provide insights on the theme "Be a Mental Health Hero," and identified fun wellness activities and games. Additionally, the team led two campaigns. In the first campaign, individuals across the state were asked to recognize the children's mental health heroes in their region, with these individuals highlighted on the website. Next, young people were asked to identify their superpowers - the strengths that they have - such as their hobbies, activities, and others. Pictures of the young people highlighting their strengths were included on a social wall on the website. The website was promoted through press releases, social

media, and e-mail newsletters. The state team also produced a [Children's Mental Health Acceptance Day toolkit](#) to simplify planning for community events. The toolkit housed sample proclamations, planning checklists, logos and graphics aligned with the annual theme, and ways to be involved in state activities. Additionally, Texas System of Care provided awareness day kits to communities, which included flyers, stickers, and other materials that could enhance the event.

**Goal 3. Increase access to culturally responsive and developmentally appropriate school- and community-based behavioral health services and supports.** Texas System of Care worked to set the stage for this goal by holding a staff planning retreat to plan the steps to prepare each community for system of care activities. Texas System of Care developed the Behavioral Health Disparities Impact Statement, outlining strategies to understand, monitor, and continuously improve activities aimed at reducing behavioral health inequities in service access, delivery and outcomes. To ensure state leadership is prepared to examine services and supports through an equity lens, trainings and discussions were held at each CYBHS meeting on the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care, addressing equitable outcomes in schools, supporting the mental health of LGBTQIA students, and understanding policy through diversity, inclusion, and equity.

Contracts were established between HHSC and the three local communities, which included requirements to adhere to the CLAS standards. Texas System of Care staff designed and hosted two three-hour training and technical assistance events to launch the three new sites. Topics included youth and family engagement, cultural and linguistic responsiveness, service implementation plans, referral flows, governance structures, asset mapping, contractual requirements, and sustainability. Discussions were held on existing local collaborations and infrastructure, community assets, and primary gaps and needs. Following the launch events, community teams meet monthly with the state team to participate in discussions of program activities and receive technical assistance and support. Each local community developed a local service plan and an outreach and engagement plan.

Each local community began efforts to establish service delivery. In the Travis County region, staff are currently embedded within three school districts and providing services to students and families. The local team had existing relationships with three

Local Education Agencies (LEAs) and staff have embedded in one or more LEAs, sometimes joining other school-based staff from Integral Care. Over the summer months, staff participated in summer programming with students intended to build social and emotional skills. In the El Paso region, the project staff began accepting referrals from system partners towards the end of the grant year. The team is assessing and triaging young people to the most appropriate services in the community. This has been an important agreement with community partners to ensure that families have voice and choice in the selection of appropriate services. The El Paso team is continuing to finalize an MOU with Canutillo ISD, with school-based services expected to launch early in the second grant year. The third community, located in North Texas, experienced some delays, as the local project lead resigned and a new lead was hired. Despite this setback, the new lead was able to begin hiring additional staff and establishing community partnerships quickly. It is expected that formal MOUs with local school districts will be established early in the next grant year and services launched.

**Goal 4. Improve symptomatic and behavioral functioning in children and youth, enabling them to succeed at home, in school, and in the community.** The Texas System of Care evaluation team established key processes and tools for monitoring the quality and impact of services. The team has developed an online survey system to facilitate the collection of NOMS data, as well as developed process for collecting local evaluation outcomes. Evaluators hosted an initial launch training for the local project directors and evaluation staff and provided an overview of tools, procedures, and roles. Additional training in evaluation activities occurred as new team members were hired. Community staff meet weekly with state evaluation staff to problem solve barriers and continue to receive technical assistance. Data collection has been established across the three communities, and both IPPs and NOMS are being collected and submitted to the SPARS system. The team has planned for the transition to the new NOMS and is ready for upcoming changes to data collection. The state team is developing a data dashboard to track internal progress on grant goals, as well as providing regular updates to local leadership and governance boards. As the sample still remains small and youth have not had an opportunity to receive follow-up interviews, no data is available to examine improvement in symptoms and functioning.

**Goal 5. Develop and implement capacity-building strategies to provide sustained service delivery to children, youth, young adults, and their families.** Sustainability

for the grant is still in the initial phases, but the team is looking towards opportunities to strengthen the capacity of the public mental health system and school districts to partner to address youth mental health needs. State legislators held interim hearings on the impact of the pandemic on students and educators, including mental health and wellness. Additionally, the Legislature is examining opportunities to strengthen the children’s mental health system for foster children. Legislative hearings in response to the Uvalde school shooting led to additional funding to expand the Texas Child Health Care Access through Telehealth (TCHAT) statewide and to fund additional Coordinated Specialty Care (CSC) teams for individuals with early psychosis. The Texas System of Care team at the HHSC is preparing to respond to bills in the upcoming legislative session and will be monitoring activities that would impact children’s mental health.

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

Table 1. Goals and Progress on IPP Indicators

<b>Indicator</b>	<b>Goal</b>	<b>Achieved</b>	<b>Year to Date</b>
Number of policy changes completed as a result of the grant.	3	1	1
The number of organizations that entered into formal written inter-organizational agreements to improve mental health-related practices/activities	4	7	7
The number of <u>consumers/family members</u> who provide mental health-related services as a result of the grant.	8	14	14
The number of people receiving evidence-based mental health-related services as a result of the grant.	75	83	83
The number of individuals contacted through program out outreach efforts.	150	675	675
The number of individuals referred to mental health or related services <u>outside</u> of the grant program.	25	6	6

The number and percentage of individuals receiving mental health or related services after referral.	50%	44%	44%
Number of families served	75	15	15

# State-Level Activities

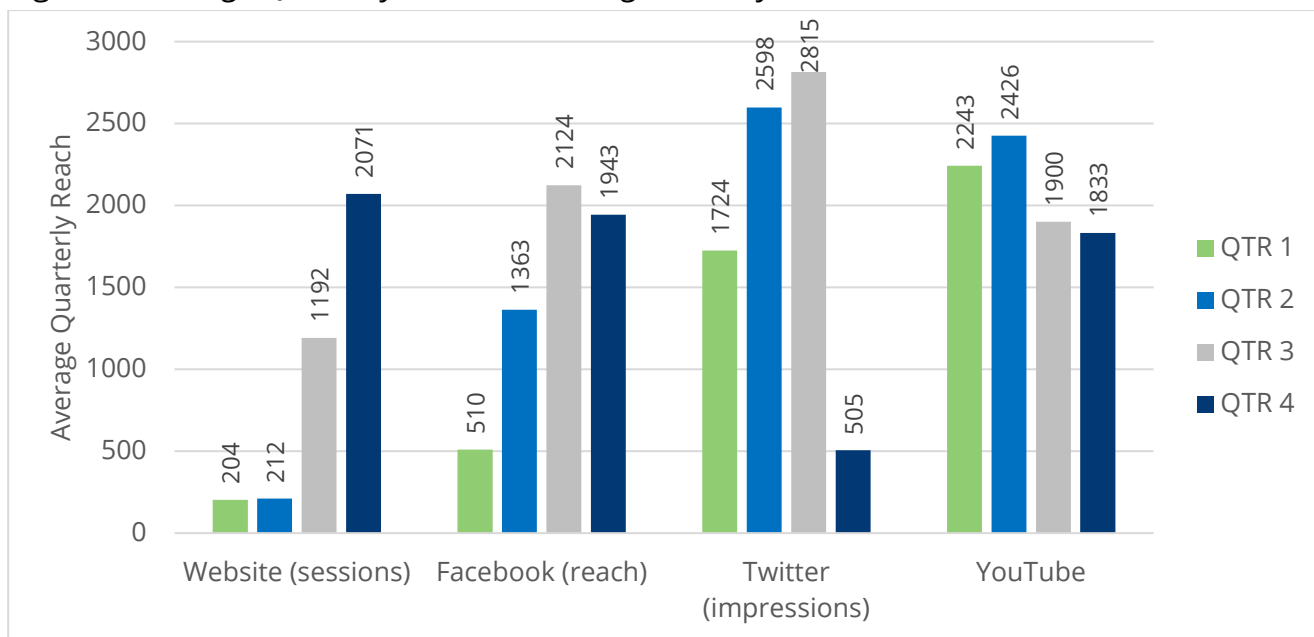
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## Social Marketing

**Website.** Texas System of Care maintained a website at [www.txsystemofcare.org](http://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 198 to 1,726, with an average of 755 users per quarter ( $SD=734$ ). Users resulted in a total of 8,338 page views. This will serve as a baseline to measure progress in reach over the course of the grant.

**Social Media.** Texas System of Care utilized social media channels to engage a broader audience, including thought leaders, individuals interested in mental health, and the public. Texas System of Care hosted a Facebook page and included information about system of care activities, accomplishments of system of care communities, and informational articles relevant to children and families. The quarterly reach of the Facebook page ranged from 510 to 2,124 during the grant year, with an average quarterly reach of 1,485 ( $SD=727$ ) and 248 page visits at the end of the year. 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 per quarter ranged from 505 to 2,815, with an average of 1,911 ( $SD=1,049$ ). 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 1,833 to 2,426 per quarter, with an average of 2,100 views ( $SD=282$ ).

Figure 1. Average Quarterly Social Marketing Reach by Year



**Children’s Mental Health Awareness.** Texas System of Care hosted two statewide Children’s Mental Health Awareness activities during the first 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 629 entries. Winning entries were showcased on a [microsite](#) and will be incorporated in a printed calendar. The winners from the contest were recognized at a virtual reception. Texas System of Care developed a [website](#) to support children’s mental health acceptance. The website included recordings of varied speakers, a curation of family-friendly games, recognition of local heroes for mental health, and a virtual resource fair. The website launched at the beginning of mental health awareness month and was promoted through social media throughout May. During May and June, the website had 1,799 visitors and a total of 2,192 sessions, and it will remain open through the year.

### Workforce Development

As the initial grant year, minimal workforce development was initiated, consisting primarily of technical assistance to the three communities to establish their local systems of care. This included quarterly System of Care Community Collaborative meetings focused on advice to the new communities from experienced system of care leaders and how communities utilize the collective impact model to support their system of care. Additionally, the state team participated on the planning committee for

two state conferences - Partners in Prevention with the Department of Family and Protective Services and the Advancing Behavioral Health Collaboration Summit with the Texas Education Agency. Team members also took part in a number of training activities, including the American Academy of Suicidology conference, the national System of Care Grantee Meeting and the NTTAC System of Care Virtual Summit.



# Expansion Community Activities

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## Governance and Strategic Plan

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

The Travis County community has an existing governance structure through the community group, Kids Living Well. This group will serve as the governance board for Integral Care's system of care activities. During the grant year, Kids Living Well members gained an understanding of the goals of the grant, and the executive team decided to focus one meeting per quarter on oversight of the system of care grant. The community has an existing [Travis County Plan](#) for children's mental health and substance misuse, which prioritizes (a) the promotion of wellness and resilience; (b) providing a continuum of intervention services and effective treatments; (c) coordinated crisis services; and (d) activities to improve outcomes and accountability.

The El Paso community established a new governance board within the community, and have recruited 27 members, representing family members, youth, the education service center and four districts, juvenile probation, child protective services, outpatient mental health providers, inpatient mental health providers, universities, non-profits, and advocacy organizations. The governance board has informed the referral pathway to the system of care and is informing the needs assessment and strategic planning process, which will be led by Open Minds.

The North Texas community, led by Pecan Valley Centers, includes a six-county rural region. The community has some existing system of care community coalitions. Presentations on the new system of care grant were provided at the Comanche Peak Coalition for Mental Health (Hood/Somervell counties), and members are looking to form a strategic plan. The opportunity was discussed at the Johnson County Health Children's Summit, led by the Cook Children's Coalition, and discussion reflected a desire to reinstate a dormant Johnson County governance board. A new governance structure was needed in Parker County. Several initial meetings have been held with early partners, including the Cook Children's Healthy Children Coalition and ESC Region

11. The North Texas community experienced a staffing change in the Local Lead, resulting in some delays.

## Services and Supports

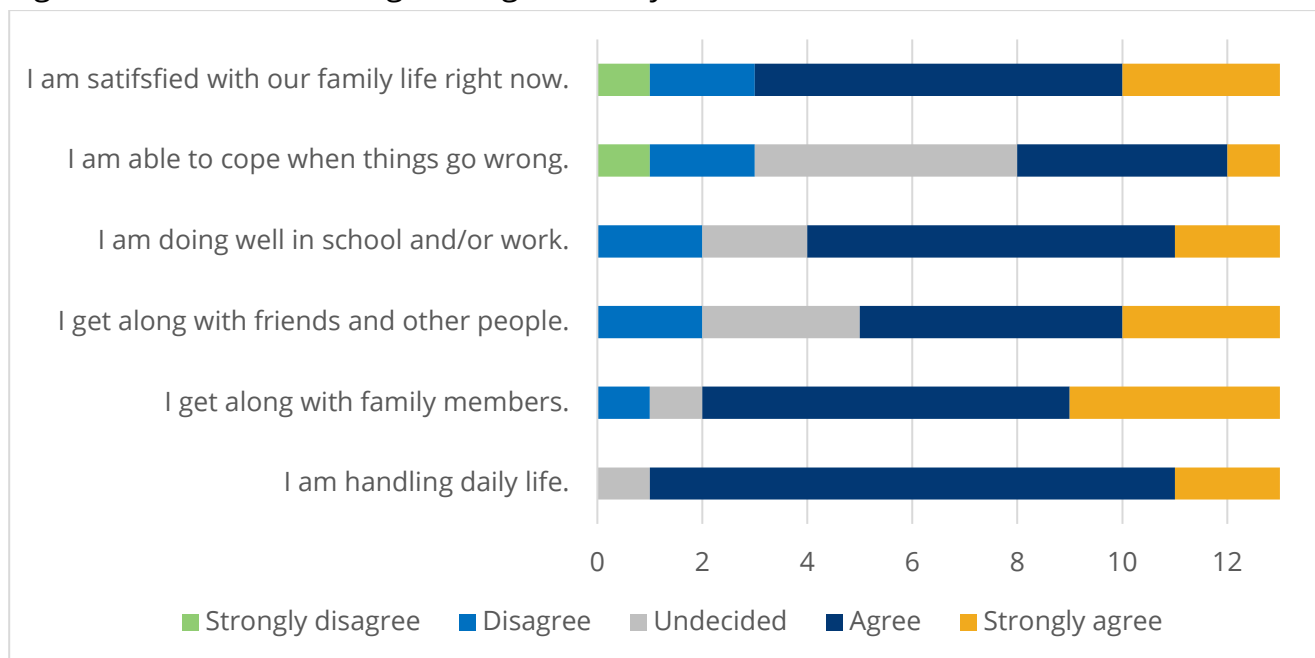
**Referral and Enrollment in System of Care.** The Travis County region, led by Integral Care, was the only community who initiated services during the first year of the grant. Fifteen youth and families received intensive services and are represented in the evaluation data. Only one child had received a second interview during the reporting period, therefore only baseline information will be summarized in this report. Additionally, since this represents a very small number of children, no evaluation questions will be addressed.

Table 1. Demographics of Children Enrolled in System of Care in Year 1

<b>Characteristic</b>	<b>Number</b>	<b>Percent</b>
Female	6	40.0%
Male	8	53.3%
Non-binary, Transgender	1	6.7%
Hispanic	8	53.3%
Non-Hispanic	7	46.7%
Alaskan Native	0	0%
American Indian	2	13.3%
Asian	1	6.7%
Black	5	33.3%
Native Hawaiian	1	6.7%
White	9	60.0%
	<b>Mean</b>	<b>Standard Deviation</b>
Age at Entry	12.27	1.58

The children referred to services in the initial year presented with a diagnosis of anxiety (46.7%), major depression (33.3%), a personality disorder (6.7%), or missing (13.3%). Youth or caregivers provided information about the child’s functioning at program entry and the responses are presented in Figure 1. Coping when things go wrong is the most significant functional challenge noted, followed by getting along with friends and other people.

Figure 2. Child Functioning at Program Entry (N=13)



**Services Provided to Families.** The service delivery through the grant includes Tier 3 services to children with severe emotional disorders (as defined in the funding announcement), as well as students and families who may benefit from universal (Tier 1) or targeted (Tier 2) interventions. The data reported in the local evaluation includes services in all three tiers. The 15 children served in Tier 3 received a clinical assessment at service entry, including screening for trauma and suicide risk. Thirty-nine students received skills streaming, an evidence-informed practice to support children in learning and practicing specific social, emotional, or behavioral skills that impact mental health. Ten students received youth peer support during the year, and 34 family members received supports by a family peer support provider. Service delivery included hosting skills groups during the summer for students and supporting teachers in classroom lessons on social and emotional skills through the sharing of life examples by the peer.

# Summary & Recommendations

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## Key Findings

The Texas System of Care is making progress on addressing each of the five goals identified in the grant proposal. While establishing contracts led to some delays, all partner organizations have contracts with the state and have made significant progress with hiring for grant positions. All teams have received core training in system of care values and principles and understand the goals of the project. While only one community began accepting referrals into services by the end of the grant year, each community made substantial progress in hiring and training key staff, establishing agreements with local school districts, and onboarding and training staff. Referral pathways have been developed within each community, and governance boards have been established to inform these activities.

There is only limited information available to inform the evaluation questions. Additional findings are expected in the next grant report, as services are expanded to all three communities and needs assessments are completed.

## Challenges and Barriers

State contracting processes can sometimes present challenges to the rapid initiation of efforts. HHSC's contracts reached final execution by April 2022. The impact of COVID on implementation efforts continues to be felt in local workforce shortages, with many communities reporting a lack of qualified applicants to key positions. One community experienced an early resignation of a local lead, which necessitated posting and hiring of a new team member. While this caused some delays in their initial start-up activities, the new local lead has quickly stepped into the role and is making significant progress in establishing MOUs and hiring staff.

## Recommendations

Texas System of Care is continuing to make progress at the state and local level. As evaluation activities increase over the next year, additional recommendations can be derived. Preliminary recommendations based on early observations include:

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. Recorded trainings that are shared on YouTube have on-going impact. Texas System of Care should consider hosting training sessions on the platform and planning a series of video-based trainings to meet identified needs.
3. Community leaders report challenges to describing the system of care values in a succinct and practical manner. The Texas System of Care team should explore different training strategies that reinforce the values underpinning system of care, including those that can be shared in schools and other service settings.
4. To ensure that data collected through Texas System of Care is meaningful to state and local teams, data dashboards should be created to provide information that can be filtered by local teams to examine trends and outcomes.