



Texas System of Care

Achieving Well-Being for Children and Youth



The University of Texas at Austin

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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. The grant extended into a fifth year no-cost extension to finalize several aspects of the grant, concluding September 29, 2022.

System of Care Goals

The grant proposal established 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.

Overview of the Evaluation

The Texas Institute for Excellence in Mental Health (TIEMH) conducted 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 incorporated 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 federal cross-site evaluation

ended during the grant period, but the local evaluation continued to utilize family-level instruments established in the cross-site evaluation. The local evaluation extended this data collection to address additional evaluation questions of interest to the state and community systems. Texas System of Care used evaluation data for continuous quality improvement (CQI) to guide implementation at the state and community levels. The team regularly reviewed data to determine the need for changes to the strategies, technical assistance, or additional training. Additionally, wraparound facilitators received child-level data reports to guide service planning.

The evaluation examined the accomplishments, impacts, and barriers at the state, community, and family levels. Over the course of the grant period, the evaluation has addressed 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. Have Texas residential treatment providers adopted best practices that have led to better outcomes for children and families?

Community-Level:

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

Family-Level:

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

Progress towards Identified Goals

The following describes key accomplishments on project goals over the course of the grant:

Goal 1. Increase leadership support of the system of care at the state level.

Accomplishment 1 – CYBHS Governance. The Children and Youth Behavioral Health Subcommittee (CYBHS) continued to serve as the System of Care governance board and the children’s mental health and substance use advisory board to the Texas Health and Human Services Commission. During the five-year grant period, the CYBHS expanded its membership, revised the by-laws, and met quarterly to provide oversight of the state strategic plan and provide recommendations to advance children’s mental health in Texas. CYBHS members oversaw the development of a [2020 Community Resource Coordination Group \(CRCG\) 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.

Accomplishment 2 – State MOUs. To strengthen the engagement of child-serving state agencies in System of Care, memoranda of understanding (MOUs) were negotiated between the Texas System of Care and each agency. The MOUs outlined the agency’s commitment to the system of care framework and identified activities that the agency would undertake to implement the system of care values within the organization. To support accountability, a reporting form was created to measure the agencies’ activities, and progress towards the goals. One example of strengthened state-level partnerships was a series of presentations 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.

Accomplishment 3 – State System of Care Conferences. Leadership awareness and support was further developed through a series of statewide conferences focused on system of care values. In the second and fourth grant years, Texas System of Care partnered with the Community Resource Coordination Group (CRCG) office to host a statewide conference. These large multi-day conferences featured presentations and networking events for families, young people, community providers, and state agency staff to participate in professional development focused on the core values and principles of system of care. Additionally, in the first, second, third, and fourth grant years, Texas System of Care partnered with the Texas Education Agency to support the Advancing Behavioral Health Collaboration in Schools (ABC) Summit. The ABC Summit brings together regional and district school leaders, community agencies, and school mental health staff to learn about best practices in school mental health and discuss opportunities for strengthening the collaboration between schools and community providers. The ABC Summit was held in conjunction with the Advancing School Mental Health national conference when it was held in Texas.

Accomplishment 4 – Leadership Development. In the third and fourth years of the grant, Texas System of Care furthered its investment in state and local leadership through a series of intensive training and coaching events. First, Texas System of Care hosted a virtual Georgetown Leadership Academy with 22 state and community leaders. 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. 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 a coaching skillset of presence, engaged listening, clarifying and reflecting, inquiry, supportive feedback, anchoring accountability, and modeling behavior. Finally, Texas System of Care hosted a Leadership Learning Circle to continue to deepen the learning and provide a space for further peer-to-peer consultation among leaders. The sessions facilitated on-going review of training materials, expanded on content that could not be fully explored during the training events, and provided opportunities for peer group consultation on leadership challenges.

Accomplishment 5 – Investment in Child Mental Health. The Texas Legislature meets every two years to pass legislation and establish the state budget. During the second grant year, key legislative advances were made to address children’s mental health within the Texas legislative session. The Legislature provided \$100,000,000 for the biennium to fund a consortium of child psychiatry programs to address mental health gaps through: (a) a consultation telephone line for child psychiatrists to consult with primary care providers; (b) tele-mental health services to children in school settings; (c) increased child psychiatry resident positions; (d) increased child psychiatry fellowship positions; and (e) increased health services research around children’s mental health. The Legislature also required schools to create multi-tiered systems to support student mental health and mandated additional mental health training for educators and administrators.

Goal 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.

Accomplishment 1 – Expansion of Wraparound. The grant supported the growth of wraparound planning in four communities. The initial two communities were engaged in the first two years of the grant, and two new communities were engaged in the last three years. Across all communities, grant funding allowed for the expansion of wraparound facilitators within the region and an increase in the number of families served through wraparound as a result of the grant. Wraparound program leads participated in training through the National Wraparound Implementation Center (NWIC) monthly throughout the project.

Accomplishment 2 – Enhanced Access to Care. Each of the communities worked to enhance the referral pathways to wraparound to minimize access barriers. Each site worked closely with child welfare, juvenile justice, and school systems to build efficient referral pathways. Innovations have included referral forms for child welfare and juvenile justice partners, online referral submissions, and intake activities conducted by mobile crisis teams. Closer relationships between wraparound leads and child-serving organizations created more effective referral pathways. The site leaders met regularly during the project period to update stakeholders on referrals to wraparound and treatment progress. Regular meetings were held with state-level leadership at the Department of Family and Protective Services and Texas Juvenile Justice Department to assist with communication and problem-solving barriers to access.

Accomplishment 3 – Families Served through Wraparound and Peer Support. One system of care community developed their wraparound program as a result of the grant, and the other three expanded existing wraparound teams. In one community, specialists on the mobile crisis team facilitated engagement in wraparound planning, providing rapid access to wraparound supports and crisis stabilization during the transition from crisis to active participation within wraparound. Youth and family peer support specialists provided consistent support from access points in the crisis system throughout the involvement in wraparound. Over the course of the grant, the four communities served 623 individuals and their families in wraparound.

Goal 3. Improve the capacity of Texas’ public mental health system to support transition-age youth.

Accomplishment 1 – TAY Policy Academy. In the first year of the grant, Texas System of Care team hosted a TAY Policy Academy to support both the state and several local agencies interested in strengthening their practices. The Policy Academy exposed agencies to best practices from national experts in recovery supports for transition-age youth and led teams in planning for changes within their system. Each participating organization participated in planning exercises to outline a change initiative intended to improve access, engagement, and coordination of services for transition-age youth. Texas System of Care team members met monthly with each organization to provide technical assistance and support local change teams.

Accomplishment 2 – State Policy Recommendations and Training. A workgroup to address the needs of transition-age youth was initiated by Texas System of Care staff and then transitioned to HHSC leadership. The workgroup included HHSC children’s mental health staff, Texas System of Care staff, and Children’s Mental Health Directors from community mental health agencies. Workgroup members researched a variety of best practices and examined state data to understand gaps within the current service system for transition-age youth. The workgroup outlined the recommended service array in a document for agency leadership, which included the Transition to Independence Process (TIP) model, Achieve My Plan (AMP) enhancements to wraparound, and youth peer support services. The proposal was provided to agency leadership for review, but not adopted. To pilot the

recommendations, Texas System of Care hosted AMP training and certification for wraparound facilitators in the third and fifth years of the grant, as well as AMP+ training for youth peer support providers, and Rapid AMP for wraparound supervisors and youth program managers.

Accomplishment 3 – Local TAY Program Development. In the third grant year, 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 implemented the new program for this age group during the first quarter of the fourth grant year. 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. Other communities have developed levels of care to meet the needs of these youth, strengthened continuity of care activities between child and adult service units, and began providing family peer support services to families of transition-age youth (older than 17 years of age).

Accomplishment 4 – Youth Peer Support Roundtable. In the first grant year, Texas System of Care hosted a Youth Peer Support Roundtable to initiate a discussion about the establishment of near-age peer support within the Texas mental health and substance use treatment and recovery systems. The event brought together youth peer support leaders, community leaders, and state agency leaders to discuss opportunities to move forward with youth peer support and produced a [proceedings document](#). Texas System of Care implemented youth peer support in the two expansion communities in the second grant year. This included a series of webinars intended to build readiness within the two organizations, development of a training for youth peer support providers, recruitment and hiring at the local sites, and a five-day workshop for young adults in a peer provider role. The remaining two communities implemented peer support in the third grant year. All four communities identify this innovation as the most impactful change within their service delivery system, and each has sustained the positions within their system. At the state level, there has been continued advocacy to extend the availability of peer support services within Medicaid to youth younger than 21 years of age.

Accomplishment 5 – Youth Crisis Respite Policy Academy. During the fourth grant year, the team hosted a policy academy focused on youth crisis respite programs. Due to the ongoing pandemic, the policy academy was offered virtually and consisted of a webinar intended to provide foundational knowledge on best practices in youth crisis respite services, including what families and youth report as most valuable and needed, along with learning from the experience of two communities who established youth crisis respite programs. Following the webinar, small teams from different communities attended a six-hour action lab, which provided an opportunity for facilitated, team-based structured planning and practical knowledge related to key decisions when establishing a program. Several communities used this planning to successfully apply for state funding for youth crisis respite programs.

Goal 4. Improve continuity of care for children and youth in juvenile justice placements and residential treatment centers.

Accomplishment 1 - Wraparound in Residential Treatment Centers (RTC). The expansion communities established relationships with residential treatment programs to improve continuity of care for children in their catchment area. The communities initiated wraparound planning for children in placements, engaging residential providers as a part of the wraparound planning team. Wraparound facilitators held wraparound meetings at the residential facility and supported families in travel costs, when needed. The wraparound planning also allowed families to address underlying needs during the child's residential stay, with a goal of reducing the time until family reunification. 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.

Accomplishment 2 - Texas Building Bridges Initiative. At the state level, the Texas System of Care team partnered with the Department of Family and Protective Services to plan and host the Texas Building Bridges Initiative. The Building Bridges Initiative supports best practices for family- and youth-driven care, cultural and linguistic competency, trauma-informed practices, and community engagement. Residential providers received training through three Building Bridges multi-day conferences over the grant period. Additionally, Texas System of Care developed a series of webinars that were housed on the website, as well as provided regular technical assistance and peer-to-peer networking through a web-based learning collaborative. Four residential providers participated in an in-depth site review of their programs by national Building Bridges consultants, Texas System of Care staff, and family and youth leaders. Each program, who had been leaders in the learning collaborative, received a comprehensive report with recommendations for how to strengthen their implementation of best practices. The Texas System of Care team also worked with program staff overseeing the HHSC Residential Treatment Center initiative to incorporate continuity of care best practices in contractual agreements and quality assurance activities.

Accomplishment 3. Sustainability of Texas Building Bridges. Towards the final years of the grant period, Texas System of Care partnered with the Texas Center for Child and Family Studies (Center), the non-profit supporting organization of the Texas Alliance of Child and Family Services (TACFS), to build sustainability of the Texas Building Bridges Initiative. Meetings were held to identify a plan to transfer leadership of the initiative to the Center. Texas System of Care contracted with the Center to support the development of state trainers in best practices, build [a website](#) to house tools and resources, and create videos and other resources that provided facilities with tools for implementation. The mission of the Center is to equip child- and family-serving organizations with the knowledge, skills, and ability they need to provide high-quality services in their communities, making it an ideal partner to continue this work.

Goal 5. Continue to develop youth and family voice and leadership in Texas' behavioral health system.

Accomplishment 1 - Investment in family leadership. The Texas Family Voice Network serves as a family-led advisory committee for Texas System of Care and the grant provided opportunities to continue to develop family leaders. Family leaders, with support from Texas System of Care staff, developed a [Journey to Family Leadership Workbook](#). The workbook is intended to provide information and activities that help families continue to enhance their leadership skills, whether they are just coming to see their potential as leaders or are already experienced leaders. The workbook has an accompanying publication, [Amplify Your Voice](#), which focuses on strengthening skills in local, state, and national advocacy activities. Family leaders used some of these tools as they developed and hosted two leadership trainings within existing system of care communities. Additionally, the grant investment in family leaders through sponsorship at the Federation of Families conferences, Texas Parent-to-Parent Conference, the Rural Mental Health Conference, the Family-Run Executive Director Leadership Association (FREDLA) leadership meetings, and the National Wraparound Implementation Center (NWIC) Academies. Many family leaders presented at these conferences through workshops or national panels. The Texas Family Voice Network and Texas System of Care also supported the Federation of Families conference when it was hosted in Houston, Texas in 2018.

Accomplishment 2. Increasing youth voice. Texas System of Care partnered with the Rural Children's Initiative in West Texas to host an Artify youth leadership event. The event brought together community organizations and youth across the region to explore the use of creative arts to create change. Through this multi-day event, youth were provided an opportunity to experience different creative outlets for sharing their voice and making a positive change. In the local system of care communities, the youth engagement specialist developed relationships with different youth-serving organizations and provided linkages to support continued connection between young people and opportunities to lead. Texas System of Care staff also supported local communities in hosting focus groups for young people to provide opportunities for input and information gathering. These events were opportunities to model youth engagement in ways that supported shared decision-making.

Accomplishment 3. Expansion of ACCEPT. Texas has expanded on youth voice and leadership through the continued expansion of ACCEPT, a state chapter of Youth MOVE. Over the grant period, the state chapter recruited new members and hosted several annual retreats to support leadership development and planning. The chapter has also elected young people to serve as chapter president, vice president, secretary, and treasurer. The state chapter developed an application for local ACCEPT chapters, and several new chapters were established in different regions of the state. 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. Changes in staffing as the grant period ended, along with the on-going pandemic restrictions, were barriers to the sustainability of ACCEPT, but there are plans to re-establish the chapter in the future.

Accomplishment 4. Family voice in state activities. The Texas Family Voice Network had a number of opportunities to contribute to the state behavioral health system planning. In October 2019, Texas Family Voice Network 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 sparked additional discussions between agency leadership and family representatives about opportunities for collaboration, leading to 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 advocated for Medicaid funding to cover family peer support and worked with HHSC to address concerns about the training and certification of family peer support providers.

Accomplishment 5 - Establishment of Texas Family Voice Network as non-profit. Over the course of several years, the Texas Family Voice Network family leaders decided to apply to become a non-profit. With an aim to build sustainability, this work included a leadership retreat and consultation from Jane Walker with FREDLA. Through this initial planning, family leaders worked to establish bylaws and governing documents, develop a Board of Directors, file applications with state and federal entities, and apply to become a 501c3 organization. Texas System of Care supported family leaders through consultation from FREDLA and funding to support meetings and critical steps in the process. In 2022, the Texas Family Voice Network successfully became a non-profit and established itself as a training provider for the Texas Certification Board, which oversees the certification of mental health and addiction peer providers.

Goal 6. Reduce disparities in access to and use of services, and in outcomes in specialty populations.

Accomplishment 1 - ABCs of Cultural Linguistic Competence. To enhance the capacity of child-serving providers in serving families from different cultural groups, a series of webinars was hosted that provided basic terminology and understanding across an array of topics. These webinars were intended to ensure that staff members in different roles had a core understanding of issues facing different groups and were prepared for further discussion and consideration of the impact of systemic challenges on the mental health and well-being of these individuals. Each webinar was followed with a podcast that provided deeper information and discussion through an interview with an expert.

Accomplishment 2 - CLAS Policy Academy. In 2019, Texas System of Care hosted a Policy Academy focused on the national Culturally and Linguistically Appropriate Services (CLAS) Standards. Four system of care communities, representing 20 counties in the state, participated in the event. A diverse team from each community prepared by completing a training in the National CLAS Standards prior to the event, and each community received detailed data reports for every county

in their system of care region. The communities participated in a two-day event, during which community teams developed a plan for enhancing one or more CLAS Standards for their system of care. Over the next year, communities received technical assistance to support the implementation of their plans. All four communities brought local partners together to participate in a series of trainings on diversity and inclusion, as well as the CLAS Standards.

Accomplishment 3 – Technical assistance and community successes. The Texas System of Care behavioral health equity specialist 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 shared needs identified by all communities, Texas System of Care 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. Each site also implemented locally tailored activities that advanced equity in their communities. With support from the state team, the East Texas system of care established a relationship with the Alabama Coushatta Tribal Nation and developed formal collaborations. Project CHANGE in Harris County created a Social Justice subcommittee of the region’s governance board, made the two initial CLAS trainings available to all 2,300 employees, and developed a formal partnership with the Montrose Center, contracting for services to the LGBTQ community in the Harris County region. LifePath Systems (lead agency of Collin County System of Care) created a position to enhance the agency’s cultural and linguistic responsiveness and Burke (lead agency of East Texas SOC) identified an agency CLAS Coordinator. The state Behavioral Health Equity Specialist provided technical assistance and support to both staff members as they began to outline their role and plans.

Accomplishment 4 - Co-Occurring Policy Academy. In July 2020, Texas System of Care hosted 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 keynote presentation from Dr. Richard Shepler of Case Western Reserve University, providing an overview of treatment approaches, research findings, prevalence data and best practices in serving young people with co-occurring disorders. 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, which was documented in a report.

Accomplishment 5 - Examination of disparities. Beginning in the first year of the grant, the evaluation examined disaggregated data to explore disparities in access, quality, and outcomes across racial and ethnic groups. Access to wraparound was examined in comparison to racial and ethnic breakdowns of each region, and differences in outcomes by racial/ethnic groups were explored each year. Agency enrollment tended to match regional distributions, with some increased

access for individuals identifying as Black. This information was shared with local system of care communities and included in discussions of strategies to reduce disparities.

Goal 7. Improve knowledge statewide about system of care and sustainability.

Accomplishment 1 – Social marketing plan. Texas System of Care accomplished many goals outlined in its social marketing plan. The team provided training in system of care at each of the expansion communities, and supported local leads in providing outreach and training to community stakeholders. A new Texas System of Care website was launched during the first year of the grant, providing an updated look and new tools and resources. Texas System of Care continued to build on the website, including integrating a Spanish translation the content. The team initiated a blog series called the Champions Corner, hosting stories of community and state organizations who exemplify system of care values in their work. The team maintained monthly e-newsletters throughout the grant period and had a social media presence across Facebook, Twitter, and Instagram. The team also provided communication support for the Texas Family Voice Network and ACCEPT. In the final year of the grant, the team supported the creation of a short video to highlight the value of youth peer support and highlight the story of one family.

Accomplishment 2 – Mental Health Creative Arts Contest. Texas System of Care hosted an annual statewide Mental Health Creative Arts Contest, which is open to children, youth, and adults. Submissions responded to the prompt “What does mental health mean to me?” with creative writing, art work, and photography. Over the grant period, the art contest had about 600 entries annually and resulted in winners receiving prizes, presentation in an online gallery, and recognition at a reception. Over the grant period, the contest continued to grow, with submissions for the statewide art contest moving to an online system, the offering of a scholarship for a writing winner (through a donation), and additional exhibitions of the winning artwork in a variety of venues.

Awareness in Accomplishment 3 – Children’s Mental Health Acceptance Day. Texas System of Care strived to bring additional awareness to the importance of children’s mental health during May. In the first two years of the grant, an awareness day event was hosted at a venue in Austin. The festivals included local musicians, child and youth performers, and state and local leaders addressing the importance of children’s mental health. The event also included the presentation of a local award for a children’s mental health champion. Families were engaged in a health and wellness fair, children’s games and entertainers. The 2020 event was planned to be hosted at the Texas Capitol grounds and included 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. Similar websites were developed in the final two years of the grant. The state team also produced a Children’s Mental Health Acceptance Day toolkit each year 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 who shared information about their planned events, which included flyers, stickers, and other materials that could enhance the event.

Accomplishment 4 – System of Care conferences. In the second and fourth years of the grant, Texas System of Care collaborated with the State CRCG Office to host a biennial statewide conference. The first conference, attended by 208 people, centered on the system of care values and encouraged networking among families, youth, state and community representatives. The second conference was held virtually, with 849 people registering and 437 attendees. The conference theme focused on equity and provided an opportunity for a family meet and greet space, a networking event, and a screening of a film. As a part of the evaluation, one participant in the conference stated, “The entire team made me feel welcomed and appreciated! I loved the agenda, the structure and the meeting content. It was a wonderful experience and I am very happy that I attended! I left feeling inspired and refreshed!”

Accomplishment 5 – Texas System of Care toolkit. In the last two years of the grant, the team launched components of a Texas System of Care Community toolkit, an online collection of resources intended to support communities in implementing the various components of the system of care framework. By the end of the grant, the toolkit included components on System of Care 101, How to Develop Leadership Structures, Authentic Youth Voice, Strategic Planning, and Ensuring Cultural and Linguistic Competence.

Accomplishment 6 – Sustainability. The team developed a sustainability plan early in the grant period and worked continuously to support sustainability, with varying success. The state made additional investments in children’s mental health, aligned with the goals of the grant over the reporting period. Texas continued to invest in the number of communities with coordinated specialty care (CSC) teams for early onset psychosis. Texas also expanded the implementation of zero suicide through additional block grant funding and expanded the number of public mental health centers recognized as a Certified Community Behavioral Health Center (CCBHC). The state also invested significantly in a set of strategies to expand access to mental health services for children through the Texas Child Mental Health Care Consortium. To further sustain local system of care activities, each System of Care community developed a sustainability plan and provided monthly updates to the state team for technical assistance. Communities made significant progress in sustaining many aspects of the initiative over the year, including obtaining leadership support, submitting grant/foundation proposals for funding, and reorganizing staffing to promote sustainability. Each local community identified youth peer support as the most important component to sustain, and each community was able to maintain staff in these roles.

Goal 8. Evaluate the system of care and engage in continuous quality improvement.

Accomplishment 1 – Establishing on-going data collection. At the beginning of the grant period, Texas System of Care was a part of the national cross-site evaluation. The evaluation plan included the NOMS, additional interview questions, and measures to assess youth symptoms, youth functioning, caregiver strain and family and youth empowerment. The evaluation team established mechanisms for collecting this information, local communities gathered the data, and evaluation staff (state and local) met regularly to ensure high-quality data. This information was analyzed and reported to state and local partners at regular intervals to inform quality improvement.

Accomplishment 2 – Encouraging measurement-based care. The evaluation team utilized the Pediatric Symptom Checklist and Columbia Impairment Scale to develop individual reports for each child in care. Reports tracked changes in the instruments over time and scales to indicate elevations (elevated or non-elevated scores). The wraparound facilitators were trained on how to incorporate these outcomes in wraparound team meetings as one indicator of addressing needs or achieving outcomes.

Accomplishment 3 – Community needs assessments. To support the development of local system of care strategic plans, the state team conducted key informant interviews with community leaders across multiple child-serving systems, families, and youth. Within three of the four communities, a thematic analysis of interviews was conducted and a report was developed and presented to the governance board. This information was utilized in the development of local goals, objectives, and action steps for advancing the system of care.

Accomplishment 4 – System of Care Lessons Learned. In the fourth year of the grant, the evaluation aimed to capture some of the accomplishments and lessons learned across the four communities by conducting key informant interviews in each community. Additionally, key informant interviews were conducted with state leaders across different child-serving sectors. Accomplishments were also assessed with state leaders completing the System of Care readiness survey, a comprehensive rating of progress on a variety of system of care approaches. This information could be compared to a similar measurement at the beginning of the grant period.

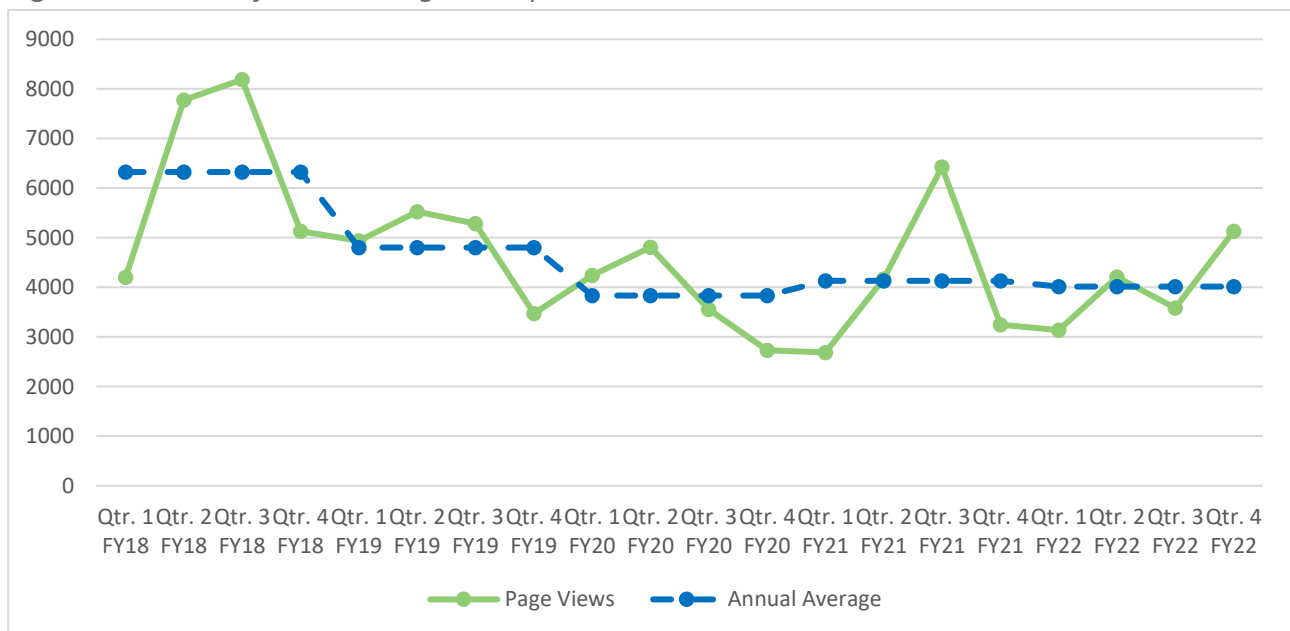
State-Level Activities

Social Marketing

Texas System of Care has utilized social marketing to build buy-in to system of care values and motivate stakeholders to engage in system change activities at the state and community levels. The state team has utilized several core channels to advance key messages, based on the social marketing plan. The following summarizes the key metrics monitored to examine impact of social marketing activities.

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. The website was thoroughly reviewed and revitalized in the second grant year, including the addition of an add-in to provide all content in Spanish. Website traffic was monitored throughout the year, with the number of users in a quarter ranging from 840 to 3,170, with an average of 1,796 users per quarter ($SD=642$). Website pageviews over the course of the grant is presented in Figure 1, with an average of 4,622 pageviews per quarter ($SD=1,512.5$) and 2,271 sessions ($SD=833.7$). Overall, website reach declined after the first grant year and then remained relatively stable. Texas System of Care has some consistent traffic to the website, but lacked new content that drove an expansion of users and an increase in reach over time.

Figure 1. Number of Website Pageviews per Quarter Across Grant Period

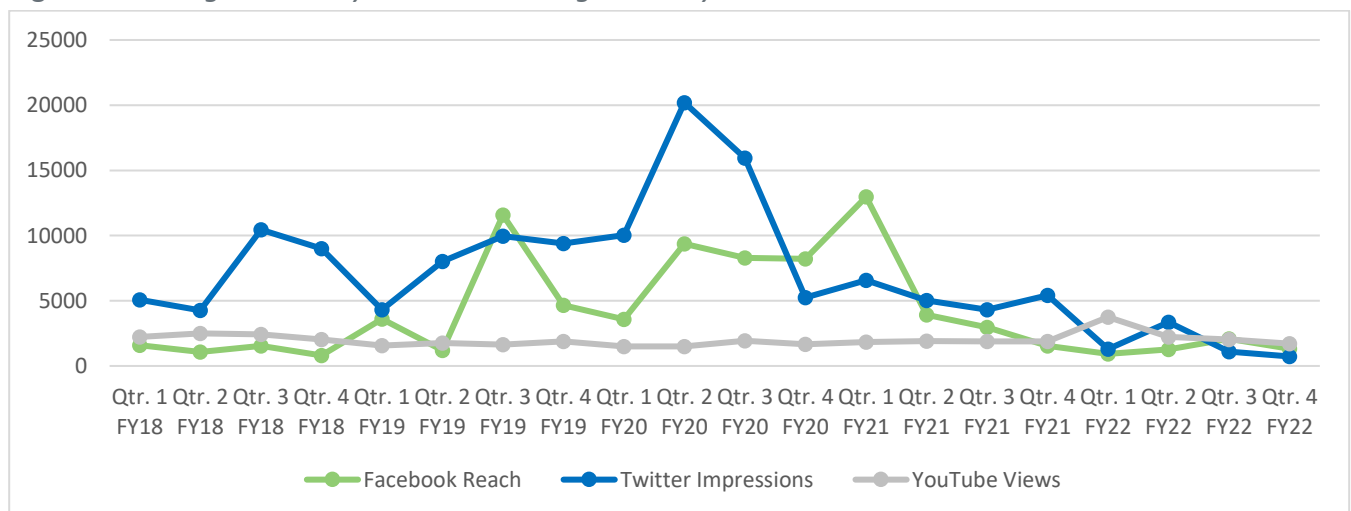


Social Media. Texas System of Care utilized social media channels to engage a broader audience, including thought leaders, individuals interested in mental health, and the public. Texas System of Care hosted a Facebook page and included information about system of care activities, accomplishments of system of care communities, and informational articles relevant to children and families. The quarterly reach of the Facebook page ranged from 806 to 12,966 over the course of the grant, with an average reach of 4,029.3 ($SD=3,741.6$) and 1,039 followers/page likes at the end of the grant (see Figure 1). The Texas System of Care Facebook audience was predominantly female (86%), age 45-54 (31.6%) or 35-44 (29.0%), and located in Austin (16.2%), San Antonio (5%), Houston (3.5%), and Fort Worth (2.2%). 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 730 to 20,200, with an average of 6,982 ($SD=4,867$). Postings with the greatest reach and engagement tended to highlight individuals or organizations, such as celebrating retirements or site visits, or announce System of Care campaigns, such as the art contest.

The System of Care Twitter account had 837 followers at the end of the grant year, an increase from 661 at the beginning of the grant. Texas System of Care also hosts a YouTube page, which is used to share educational content and social marketing videos. Content is organized into different areas, and users can follow the site for updates. YouTube views ranged from 1,574 to 3,749 per quarter, with an average of 1,993 views ($SD=499$) for a total of 5,644 hours of content. Top performing videos during the grant period were the CBT for Suicide Prevention webinar, What is This Thing Called Wraparound, Team Roles in Wraparound, and the System of Care cartoon. The Texas System of Care team provided little content to the YouTube channel over the course of the grant, with most videos originating from previous time periods.

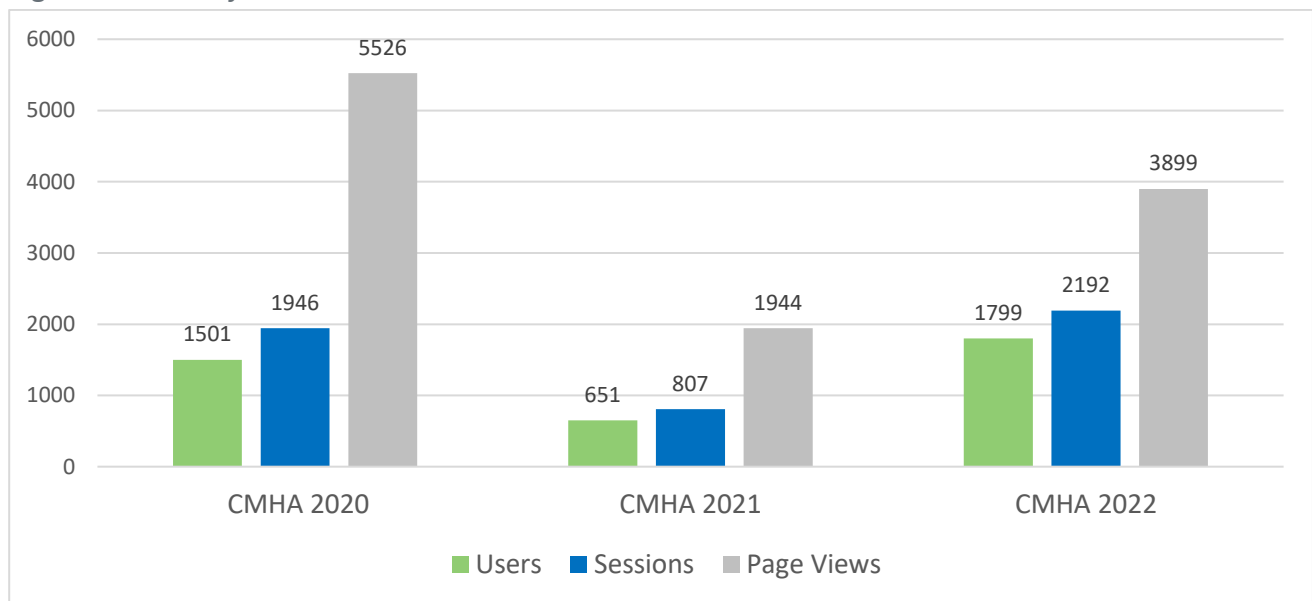
Average quarterly reach for each social media channel are summarized in Figure 2. While messages shared through Twitter and Facebook have reached the most people, YouTube has shown consistent reach and more in-depth engagement in content.

Figure 2. Average Quarterly Social Marketing Reach by Year



Children’s Mental Health Awareness Week. Texas System of Care supported efforts to raise awareness about the importance of children’s mental health during the nationally recognized Children’s Mental Health Awareness week. During the first two grant years, Texas System of Care organized state events in Austin. The 2018 event was held at the state Capitol building with a theme “Flight2Freedom.” An estimated 225 individuals attended the event, which included speakers, music, family activities, and local resources. The 2019 event was held at a community venue and was attended by an estimated 250 attendees. The 2020 event was cancelled due to the COVID-19 pandemic, and a dedicated website was developed and launched on May 1, 2020, which included pre-recorded speeches, performances, web-based games and mental health resources, as well as curated state resources. Similar websites were developed in 2021 and 2022 to raise awareness. These websites had modest reach, with metrics presented in Figure 3.

Figure 3. *Reach of Children’s Mental Health Awareness Websites*

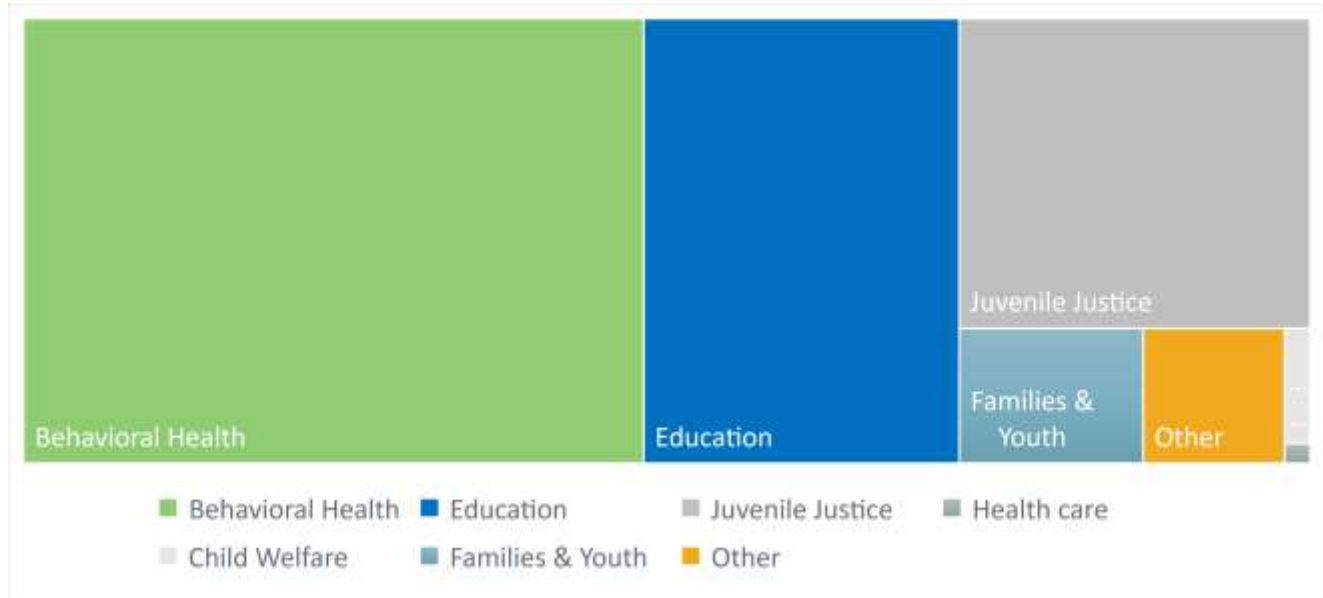


Texas Mental Health Creative Arts Contest. Texas System of Care collaborated with the Texas Health and Human Services Commission to host a statewide Texas Mental Health Creative Arts Contest. The contest is launched in December, with contributions solicited from children, youth, and adults in the categories of original art, writing, and photography. A panel of voluntary judges review submissions and select winners in each of the categories and age groups, with winning entries showcased on a [microsite](#), through social media, and on a print calendar. Winners from the Creative Arts Contest have also been honored at receptions, held in person initially and then later virtually, as the pandemic resulted in limitations to in person events. The art and writing winners have also been displayed at the Capitol, state agency offices, at conferences, and shared during meetings and presentations. The total number of art contest entries were 338 (2018), 770 (2019), 564 (2020), 689 (2021), and 629 entries (2022).

Workforce Development

Texas System of Care has supported a variety of trainings and/or presentations intended to advance the mental health and related workforce over the course of the granting period. A total of 7,485 individuals were impacted by training activities over the course of the grant. Figure 4 illustrates the proportion of individuals trained from different professional backgrounds. The largest number of professionals were from the behavioral health field, followed by those in education and juvenile justice.

Figure 4. *Texas System of Care Trainings by Professions*



The following sections summarize specific areas of workforce development across the grant period, with several core activities highlighted in the state activities.

Culturally and Linguistically Appropriate Services. One of the priority training areas was raising awareness of the national CLAS standards and strategies for reducing behavioral health inequities. Over the course of the grant, staff training was held within each of the Texas System of Care expansion community lead agencies, as well as with a System of Care community funded directly by SAMHSA. In addition to core trainings, staff developed and conducted specialized trainings for state partners, including trainings on cultural humility for Educational Service Centers (ESCs) participating in disaster crisis services, on implicit bias and its role in service provision for the Department of Family and Protective Services, and on supporting healthy cultural identity in youth for the Texas Juvenile Justice Department. 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.

Mental Health and Juvenile Justice Webinar Series. Texas System of Care initiated a partnership with Texas Juvenile Justice Department to provide 11 webinars to the state juvenile justice system

focused on mental health and other values-based topics. Texas System of Care planned and executed five of the webinars during the first grant year and six in the second year. Topics included:

- an overview of mental health (57 participants),
- adolescent brain development (96 participants),
- the role of childhood trauma (95 participants),
- substance use disorders (17 participants),
- engaging families by enhancing culturally informed practices (25 participants),
- mental health diagnoses (86 participants),
- family voice and engagement (115 participants),
- shifting the paradigm with positive youth development (49 participants),
- youth voice and empowerment (58 participants),
- understanding psychological assessments (70 participants), and
- an evidence-based approach to substance use (58 participants).

The webinar recordings were housed on the agency's website and could continue to be viewed in an archived format. Overall, ratings were very positive, reflecting that presenters were judged to be knowledgeable and participants were engaged in the topic.

Achieve My Plan. Texas System of Care partnered with Portland State University to offer wraparound care coordinators in the four system of care expansion communities 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. [AMP Plus](#) training for youth peer support providers was initiated during the third grant year.

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

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

Community Resource Coordination Group Webinar Series. Texas System of Care team partnered with the state CRCG office to host a three-webinar series focused on transition-age youth. The

series included a session on engaging youth with co-occurring mental health and substance use disorders, a session focused on engaging youth within the juvenile justice system, and a webinar focused on engaging youth of color. The series was attended by a total of 709 participants across the three webinars.

Families Thrive. Texas System of Care partnered with Youth in Focus to bring the Families Thrive program to Texas. The training teaches adults the information and skills needed to help young people and their caregivers build protective and promotive factors, including knowledge of child development, understanding and promotion of social connections, cognitive and social-emotional competency, concrete supports in times of need, and resilience. The team offered a 40-hour Families Thrive Practitioner Training in August 2021 and an additional 22-hour Training-of-Trainers classes to a subset of participants. Twelve individuals participated in the Thrive Practitioner Training only, with 23 participating in the Train-the-Trainer courses, as well.

Support for State Conferences. Texas System of Care staff participated in planning several collaborative state conferences over the course of the grant. Strengthening Youth and Families was a collaborative inter-agency state conference for youth-serving professionals. The 13th annual conference was held October 30 through November 2, 2017 in Georgetown, Texas and the 14th annual conference was held November 6 through 8, 2018 in Galveston, Texas. Texas System of Care was a planning partner for the conference in both years with each hosting over 400 participants. Texas System of Care also partnered in hosting the Advancing Behavioral Health Collaboration (ABC) Summit in each grant year, which aims to bring together school administrators and educational staff with community-based providers to strengthen the provision of school-based mental health services. The conference was initially held as a pre-conference day at the Strengthening Youth and Families conference, but was shifted to a pre-conference workshop at the national Advancing School Mental Health conference when held in Austin in 2019, and then to a virtual conference in the latter two years of the grant. Texas System of Care staff also 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. The conference was attended by 976 unique individuals and reflected a national audience, with 43 states or U.S territories represented.

Texas System of Care and Community Resource Coordination Group Conferences

The Texas System of Care co-hosts with the Community Resource Coordination Group State Office a bi-annual conference. The 2019 conference was held in-person and attended by 208 individuals. The conference offered keynote speakers, workshops, networking events, and a movie screening followed by questions with the subject of the documentary. Within one week of the conference, attendees were asked to evaluate the overall conference, with a 45% response rate. Participants'

ratings of overall conference experience are provided in Table 1. Responses are measured on a 5-point Likert scale from strongly disagree (1) to strongly agree (5).

Table 1. *Ratings of Conference Experience - 2019*

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

The 2021 Texas System of Care and Community Resource Coordination Group Conference was shifted to a virtual format due to the pandemic. This format allowed for double the attendance, with 437 attendees. The overall conference evaluation used a 5-point Likert scale ranging from 1= Strongly Disagree to 5= Strongly Agree. Participants’ ratings of overall conference experience are provided in Table 2. There were slightly lower ratings for the ability to network with others, likely hindered by the virtual format.

Table 2. *Ratings of Conference Experience - 2021*

Conference Impact (N=180)	Mean	SD
Overall, I enjoyed the conference.	4.57	0.72
I learned new and valuable information	4.53	0.59
I will be able to use the information learned to benefit youth and families in my community.	4.53	0.56
I was able to network with other stakeholders.	3.76	0.84
The conference had a stimulating learning environment.	4.37	0.65
Youth and young adults were able to meaningfully share their lived experiences.	4.62	0.58
Family members were able to meaningfully share their lived experiences.	4.46	0.65

Conference Components		
I was able to easily register for the conference.	4.67	0.59
I enjoyed the online virtual platform.	4.35	0.78

Building Bridges

Prior to the initiation of the grant, Texas System of Care launched the Texas Building Bridges Initiative (BBI) with the goal of aligning best practices in residential settings with national best practices. BBI best practices focus on enhancing family and youth driven care, cultural and linguistically appropriate services, trauma informed practices, data driven quality improvement, and coordination with community-based care within youth residential services. Texas System of Care state staff continued to build on this initiative within the current grant. The Texas System of Care collaborated with the Department of Family and Protective Services, as the primary funder of residential care in the state, on this initiative. In the first grant year, Texas System of Care and the Department of Family and Protective Services hosted a two-day conference with the goal of introducing Texas residential treatment programs to BBI best practices and facilitating residential programs in identifying initial goals for a change initiative. Sixty-one participants attended the event. The implementation teams from each residential program were then invited to participate in a learning collaborative. The collaborative included bi-monthly webinars with national residential program leaders experienced in BBI implementation, along with phone-based technical assistance with implementation teams on the alternate months.

In the second grant year, The Texas System of Care and Department of Family and Protective Services hosted a three-day conference to train additional residential programs on the Building Bridges Initiative (BBI) framework. The conference presented an introduction to BBI best practices for residential treatment programs new to the model, as well as advanced presentations on youth and family engagement opportunities and cultural and linguistic best practices for residential programs that had been participating in the Texas Building Bridges Learning Collaborative. Eighty-three participants attended the event. Nine residential treatment providers continued to regularly participate in the Texas BBI learning collaborative, attending regular consultation and networking calls, hosted by Texas System of Care staff.

The Texas System of Care offered four residential treatment programs an opportunity for in-depth consultation on enhancing their existing implementation efforts. Participating sites included New Life - Upbring, St. Jude's Ranch for Children, Camp Worth, and Waco Center for Youth. For these programs, Texas System of Care contracted with the national BBI team to conduct site visits at each organization. National consultants conducted pre-visit interviews of organizational leaders and reviewed policies. A one-day site visit was conducted that included interviews of staff, families, and youth, as well as a tour of the facility and observation. Each site received a comprehensive written review that included specific recommendations for strengthening their approach to residential best

practices and participated in debriefing calls to discuss recommendations and receive answers to any additional questions.

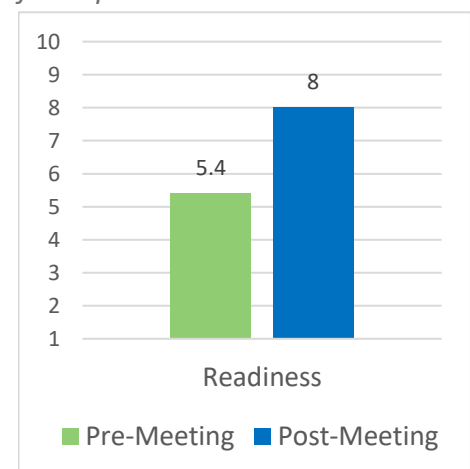
While many Building Bridges Initiative activities were disrupted by the COVID-19 pandemic, in the fourth grant year, Texas System of Care partnered with the Texas Center for Child and Family Studies (Center), the non-profit supporting organization of the Texas Alliance of Child and Family Services (TACFS), to build sustainability of the Texas Building Bridges Initiative. Meetings were held to identify a plan to transfer leadership of the initiative to the Center. Texas System of Care contracted with the Center to support the development of state trainers in best practices, build a [website](#) to house tools and resources, and create videos and other resources that provided facilities with tools for implementation. A Building Bridges training event was held in September 2021 to revitalize change activities among residential facilities.

State Policy Academies

Texas System of Care hosted several policy academies as a strategy to advance implementation of mental health best practices at both the state and local level. The structure of the policy academies varied, but generally included presentations by national or state experts, panels of individuals with lived expertise, as well as facilitated planning time with small organizational teams. Policy academies were intended to provide an opportunity for key stakeholders to identify local needs and receive support from experts in planning for system changes. A brief summary of each policy academy is provided, along with a sample of evaluation results.

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

Figure 5. *Perceptions of Readiness for Implementation*



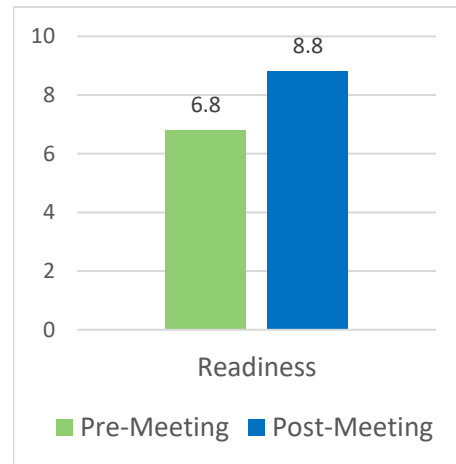
most. Participants were also asked to describe how prepared their team was to implement organizational and service changes for TAY prior to and after the meeting. Results are presented in Figure 5, with a 1 representing “not at all” and a 10 representing “clear ideas with identified strategies.”

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

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

Participants were also asked to rate the level of mastery or competency they had on the information prior to and after the event. Results are presented in Figure 6, with a 1 representing “complete beginner” and a 10 representing “clear ideas with identified strategies.” Participants were asked to describe best part of the event. The most common response ($n=8$) was an appreciation of the speakers, the expertise that they brought, and their passion for the work. The next most frequent response was the planning time ($n=6$) and the opportunity to work together as a team on developing their plan. Participants also noted they opportunity for networking ($n=5$) and hearing about the work happening in other communities. Overall, ninety-one percent indicated that they were “extremely likely” to work to implement the plan within their community.

Figure 6. *Perceptions of Mastery or Competence with the Information*



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 an overview of treatment approaches, research findings, prevalence data and best practices in serving young people with co-occurring disorders. The presentation was followed by two panels, one including youth peer recovery providers and a family member and another including Texas providers. This provided the foundation and context for the day’s discussions and development of recommendations. 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 3 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 3. 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)

Youth Crisis Respite Policy Academy. In September 2021, the team hosted a policy academy focused on youth crisis respite programs. Due to the ongoing pandemic, the policy academy was offered virtually and consisted of a webinar to provide foundational knowledge on best practices in youth crisis respite services, including what families and youth report as most valuable and needed, along with learning from the experience of two communities who established youth crisis respite programs. The youth crisis respite webinar was attended by 76 individuals, and 21 responded to the evaluation survey. Ninety percent of respondents indicated they were extremely satisfied with the presenters, with an additional 10 percent indicating that they were somewhat satisfied.

Following the webinar, small teams from different communities attended a six-hour action lab, which provided an opportunity for facilitated, team-based structured planning and practical knowledge related to key decisions when establishing a program. The action lab was attended by 23 individuals, representing teams from the following communities or regions: Lifepath Systems (Plano), Bluebonnet Trails (Round Rock/Georgetown), Tarrant County (Fort Worth), Border Region (Laredo), Texas Tech/Lubbock (Lubbock), and Integral Care/Dell Medicine (Austin). One team consisted of representatives from a variety of LMHAs. Seven action lab participants responded to the evaluation survey. All respondents indicated that they would be “very likely” to recommend this event to a colleague and reported satisfaction with the format. Several communities went on to apply for funding from the Health and Human Services Commission to develop a youth crisis center within their region.

Youth Peer Support

One of the core goals of the grant was to develop and pilot youth peer support services within the four communities. The Texas System of Care began providing webinars for the two initial expansion communities with the goal of preparing staff prior to hire youth peer support providers. Beginning in April 2019, Texas System of Care hosted three webinars. The first webinar introduced the roles and responsibilities of the Youth Peer Support Specialist. The second webinar focused on strategies for recruiting and hiring youth specialists. The third webinar featured a presentation by a national expert on best practices for supervising youth peer support providers. Following this preparation, one key task was to develop and pilot a training specifically targeted to prepare peer support providers. The training curriculum was developed in the first year through a committee of youth and young adults, adapting the training that had been used in another southern state.

In August 2019, the Texas System of Care hosted the 40-hour intensive workshop to pilot the curriculum. The training was led by a youth peer provider, the Youth Engagement Specialist, and the Texas System of Care Project Director. The training was attended by 19 individuals, all currently employed as peer support providers. Two individuals were new youth peer support providers within the Texas System of Care expansion communities. The youth represented six substance use recovery organizations and three mental health organizations. Participants were asked to respond to a series of questions on a scale from 0 to 10, with 10 representing the highest rating, reflected by terms such as “Superbly organized” and “Profound/enduring” impact. Table 4 provides a summary of these responses. Respondents rated all of the elements very highly, with minimal variation. The strongest rating was for the credibility of the trainers and the lowest rating (although still a 9.0 out of 10) was for the ability of the training to hold the participant’s attention.

Table 4. *Responses from Youth Peer Support Participants*

Question	Mean	SD
In your current role, how important is it for you to master the ideas, information, and/or skills described in the training goals?	9.66	0.79
To what extent did you find the trainer credible in terms of being fully competent and having a high level of expertise relevant to helping trainees achieve the training goals?	9.88	0.34
Overall, how well organized and coherent was the training?	9.63	1.01
Overall, did you find that the training held your attention?	9.00	1.21
What level of impact do you think that this training will contribute to in your work (or other context) over the coming months?	9.63	0.62
How much impact do you think this training will have on the quality of peer support provided within your organization?	9.44	1.03

Since the workshop was the initial pilot of the training curriculum, participants were asked to rate their perceptions of each component of the training at the end of each day. The ratings were based

on a 5-point scale of “The worst!” (1), “Not so great.” (2), “It was okay.” (3), “Liked it!” (4), and “Loved it!!!” (5). Ratings are presented in Table 5. Ratings were high (4.5 or above) across all components of the training. The highest rated components were Self-Care; Introductory icebreakers; Ethics, Boundaries, and Communication; Confidentiality and Conflict Resolution; and the closing. The lowest rating was for Cultural Responsiveness, and this component also had the greatest variability in ratings.

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

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

With new peer providers hired for the next two expansion sites, the team planned on hosting a week-long peer support training in March 2020, but this was cancelled because of COVID-19. The team opted to host weekly coffee chats between 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. The youth peer support providers received informal support and networking through informal calls and meetings facilitated by the Youth Engagement Specialist during the final two years of the grant.

Leadership Development

Georgetown Leadership Academy. In the third grant year, 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 evaluation survey, with 15.8 percent indicating that the training met expectations, 10.5 percent that it was above expectations, and 73.7 percent that it exceeded expectations. 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 was provided in person and lamented that it had to be virtual.

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 skillsets 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”. 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.” Several participants did note that the virtual setting was more challenging and reflected on the wish for the training to be in person.

Leadership Learning Circle. Following training of system of care state and local leaders in Adaptive Leadership and the Coach Approach, Texas System of Care hosted a Leadership Learning Circle to continue to deepen the learning and provide a space for further peer-to-peer consultation among leaders. The sessions facilitated on-going review of training materials, filled in any content that could not be fully explored during the training events, and provide opportunities for peer group consultation on leadership challenges. Five sessions, lasting between 90 and 180 minutes, were offered to all leaders who participated in either Adaptive Leadership or the Coach Approach. While a formal evaluation was not conducted of the development opportunity, participants were asked in the final session to identify what learning, experience, or awareness do you want to hold on to as a result of the leadership journey, and some responses include:

- I want to hold on to the relationships that I have formed with others in the group; to be able to stay connected with other amazing leaders.
- I want to share my authentic self with my teams on this journey.
- I want to remember the importance of trusting others.
- I want to hold on to treating others with kindness and showing others that they matter.
- I want to remember that supports are around me through my leadership journey.

Assessment of System of Care State Expansion Strategies

The evaluation aimed to understand whether key stakeholders believed that progress had been made in state-level expansion strategies for the System of Care framework. Members of the Child and Youth Behavioral Health Subcommittee were asked to complete an assessment of these strategies, based on a measure developed by Stroul and Friedman (2013), in 2018 and again in 2021. Each item, representing an expansion strategy, is rated for implementation on the following scale: 0=none, 1=some, 2=moderate, 3=significant, and 4=extensive. Information on implementation of strategies is categorized into the following key domains:

- Implementing policy, administrative, and regulatory changes (14 strategies)
- Developing or expanding services and supports based on the system of care philosophy and approach (11 strategies)
- Creating or improving financing strategies (13 strategies)
- Providing training, technical assistance, and coaching (3 strategies), and
- Generating support (10 strategies).

Respondents rated the overall progress to date in expanding the System of Care approach statewide with an average rating of 2.92 (SD=0.49), reflecting “significant” progress. This is an increase from the overall rating of 2.60 (SD=0.97) in 2018, reflecting a response midway between “moderate” and “significant.” Ratings for each of the approach domains are reflected in Table 6, along with the highest and lowest rated strategies. Respondents reported progress on four of the five domains, with the exclusion of financing strategies, which showed a decrease over the grant period. The highest rated domain was training and technical assistance, which was reflected as greater than “significant” implementation. Overall, key stakeholders recognize the significant progress that was been made through multiple state strategies to expand system of care, but saw a reduction in financial support and a reliance on federal grant funding to support system of care expansion.

Table 6. *Ratings on Statewide Expansion Strategies for Implementation*

Domain	FY18 Mean Rating	FY21 Mean Rating	Lowest Rated Strategy	Highest Rated Strategy
Policy/Regulatory Changes	2.14 (0.49)	2.54 (0.93)	Incorporating the system of care philosophy and approach into protocols to monitor compliance with system of care requirements among providers and managed care organization to support expansion of system of care approach. (m=1.57)	Incorporating the system of care philosophy and approach into memorandum of understanding and inter-agency agreements to support expansion of the system of care approach. (m=3.11)
Expanding Services and Supports	2.03 (0.45)	2.49 (1.08)	Creating, expanding, or changing the provider network by adding new types of home- and community-based providers, changing licensing and	Creating or expanding an individualized, wraparound approach to service planning and delivery to support

			certification, etc. to support expansion of the system of care approach. (m=1.50)	expansion of the system of care approach. (m=3.20)
Improving Financing	2.83 (0.98)	1.88 (1.46)	Increasing the use of Federal entitlements other than Medicaid to finance infrastructure and/or services to support expansion of the system of care approach. (m=1.25)	Maximizing the use of Federal system of care grants to develop infrastructure and/or services and to leverage other long-term funding to support the expansion of the system of care approach. (m=2.89)
Training and Technical Assistance	2.82 (0.24)	2.97 (1.10)	Providing ongoing training on evidence-informed and promising practices and practice-based evidence approaches to support high quality and effective service delivery to support expansion of the system of care approach. (m=2.6)	Providing ongoing training, technical assistance, and coaching on the system of care philosophy and approach to support expansion of the system of care approach. (m=3.3)
Generating Support	2.02 (0.25)	2.64 (0.94)	Cultivating partnerships with civic leaders and other key leaders to support expansion of the system of care approach. (m=2.11)	Establishing a strong family organization to support and be involved in expansion of the system of care approach (m=3.00); Establish a strong youth organization to support and be involved in expansion of the system of care approach (m=3.00)

State Agency Interviews

To understand the impact of the system of care grant and barriers to expansion, the evaluation team conducted key stakeholder interviews with state agency representatives of the CYBHS, as they serve as the key representative identified by their agency to contribute to system of care. Leaders from HHSC Mental Health Coordination, HHSC Children’s Mental Health, the Texas Juvenile Justice Department, and the Department of State Health Services were interviewed. Additionally, a representative from the Texas Council of Community Centers was interviewed to gather the perspective of the Local Mental/Behavioral Health Authority system. Representatives from three child-serving agencies did not respond to requests for interviews. Interviews were conducted through an online platform and consisted of the following three questions:

1. Has your agency made any changes to strengthen services to children or families with mental health challenges? Has your agency made any changes in line with system of care values?
 - a. Family-driven care
 - b. Youth-driven care
 - c. Cultural sensitivity and equity
 - d. Community-based / least restrictive setting

2. We frequently encounter challenges and barriers when trying to make large, system-wide change. What barriers has your agency encountered when trying to make changes to improve care for children? What do you believe may help overcome these barriers?
3. The efforts to expand the Texas system of care and enhance access and outcomes for children and families will continue beyond the grant period. What do you feel should be priorities in the future to improve child-serving systems in Texas?

Results of the interviews are summarized for each question. Responses were unique to each service system, and so do not represent themes, but rather individual perspectives and ideas.

Changes Aligning with System of Care Values. Each representative was able to identify some system changes that have occurred over the past four years that align with the system of care values. Within the area of family-driven care, HHSC identified ways that family leaders are being included on workgroups and asked to provide feedback on agency products and communications to families. The agency has also developed a peer services unit and hired a Certified Family Partner family liaison, which represents a new family leadership role in the agency. Texas Juvenile Justice Department (TJJD) identified that there are some communities where families have been actively brought to the planning table and there is interest in further expanding that model in the state. TJJD facilities have also had more success engaging families through online meetings, following visitation restrictions related to the pandemic. This advance is likely to continue as a strategy after pandemic concerns are managed. DSHS identified including family-driven care within the new block grant proposal as a value and looking for opportunities to promote family voice within the work of their contractors. Within the LMHA system, it was noted that there is a focus on how to engage families more in care, but that there isn't much guidance on how to do that. Additionally, it was posited that LMHAs may feel frustrated when families tell them what they most need, but the financing and program policies built into their contracts limit their flexibility to address those needs. Representatives reported less progress in incorporating youth-driven care, with some concern expressed that there is less momentum for changes to support youth voice.

Respondents did see some early progress around equity and cultural and linguistic responsiveness. HHSC reported the development of a workgroup focused on equity and some early training and planning efforts. There was also a training on cultural humility developed and offered through the Centralized Training Infrastructure. DSHS reported that they are integrating equity within the block grant proposal and contracts with partners. TJJD reported initiating a monthly mental health newsletter that brings awareness to cultural and equity issues that is now being distributed to all agency employees. They are also beginning to make some changes to allow youth to identify their gender identity in ways that reflect their self-identity, as well as asking about language preferences. Finally, representatives identified some progress in supporting care in the least restrictive environment. HHSC relies strongly on the YES Waiver to reduce the use of hospital and residential care, but is seeking to fund youth crisis respite programs in some communities as an additional strategy. TJJD discussed strategies for promoting least restrictive care, including fostering discussions with departments if it appears that the recommendation for residential care has not involved the consideration of all other options. They also reported very good success with the

regional diversion program, which allows youth eligible for TJJD commitment to apply for a less restrictive placement, which TJJD will pay for if approved.

Barriers to System of Care Expansion. Each representative identified some of the most common barriers that they experience to the expansion of mental health supports that align with system of care values. One of the most frequently reported barriers was the size and diversity of the state, and subsequently the state agencies that oversee health and human services. Respondents noted that communities across the state have very different value systems and different resources, which makes it challenging to develop any programs that are scalable across the state but still have the flexibility to meet local needs. This diversity also impacts the level of support there is for system of care values, as some communities may value other priorities above issues of equity, family- and youth-driven care, or least restrictive environment for services. Respondents also noted that state agencies in Texas are very large, which makes it difficult for systems to make changes quickly or develop programs that address immediate needs.

Systems representatives also noted that there is limited robust participation in the system of care values at legislative and agency leadership levels. Respondents noted continued funding targeting high-end systems and limited investment in prevention and early intervention. Several respondents also noted a lack of cross-systems thinking and strategizing, noting that systems aren't aligned in their activities toward shared goals and objectives. Interviewees also noted that current workforce stress and turn-over is a barrier to systems thinking and innovation.

At a community level, interviewees noted that collaboration is impacted by personal relationships and past history. Some communities have had negative experiences between community agency staff, which can make future collaboration challenging. It was noted that it can take significant time to rebuild enough trust to try new partnerships. Interviewees also noted that community agencies are experiencing workforce shortages, especially with licensed clinicians, which is a barrier to new programs, even when funding is available. Two interviewees also shared that inflexibility in contracts can be a barrier to local innovation and expressed interest and motivation in allowing for greater flexibility in local design of systems.

Future Priorities for System of Care. Agency representatives identified future opportunities for growth and development of system. The following priorities were identified:

- Flexibility in financing and system design to address family social determinants of health and wellness, including services that aim to improve family relationships;
- Reduction in parental “blame” within systems to foster understanding that parents are using the best coping strategies that they have available at the time and fostering experiences that create true partnership with families;
- Changing policy to provide Medicaid reimbursement for family partner services and further expanding availability of family partners;

- Expanding the availability of youth peer support and changing policy to provide Medicaid reimbursement;
- Updating performance contracts with the LMHAs to prioritize the system of care values, which could include flexibility intended to provide greater family and youth-driven care and adequate resources to provide supports that reduce the use of more restrictive care settings;
- Creating places where parents can go to one place and get the right support with the fewest hurdles and barriers;
- Strengthening commitment and investment in prevention as early as possible, but ensuring that the prevention efforts are getting to family outcomes and not just reaching the most people;
- Creating an inter-agency workgroup with leadership working together toward the same goals, spending time in systems thinking, and strategizing on how to get increased buy-in;
- Explore opportunities to use the Certified Community Behavioral Health Center (CCBHC) model to enhance flexibility within children’s services in partnership with the Children’s Mental Health Consortium;
- Identify the appropriate role of telehealth in children’s mental health services to maximize access to care and service efficacy;
- Broaden the availability of child and family crisis services, including those that can serve children with co-occurring disabilities, to help families avoid disruptive systems, such as child welfare, juvenile justice, and residential treatment; and
- Following the model established by the Inter-Agency Deputy Director of Early Childhood, provide agency funding to support cross-agency leaders focused on key issues to intentionally foster and support collaboration and alignment across agencies.

Expansion Community Activities

Each of the four system of care expansion communities were responsible for facilitating one or more local governance structures to oversee grant activities and collaborate on the strengthening of community systems and supports. Communities were asked to conduct initial needs assessments, with support from the state team, and collaboratively develop local strategic plans. Key accomplishments within community activities are described in the following sections.

Governance and Strategic Plans

Local system of care team members worked to engage community leaders in local governance boards, which were intended to bring together local leaders across different child-serving systems, families, and young people. Collin County, Coastal Plains, and Project CHANGE each facilitated one governance board, while the East Texas System of Care hosted seven boards, due to the more rural nature of the region and the distance between communities. Meetings in the first two years of the grant were held in person, but had to be held virtually in the later years of the grant. While membership varied over time, Table 7 provides a snapshot of the attendees at each governance board during the third year of the grant. 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. The urban community had the largest number of board participants, with other communities averaging eighteen attendees.

Table 7. Snapshot of Role of Governance Board Attendees (Third Grant Year)

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

Selected activities and accomplishments of each community are summarized in the following sections.

Collin County System of Care meets monthly as a board and has an active strategic plan for addressing community needs and gaps. The board worked on plans to enhance social marketing, identified strategies to recognize Children’s Mental Health Awareness Day, planned for a training in CLAS standards, and conducted youth and family listening sessions to gather additional input. The board had an outreach subcommittee that hosts a “Share and Care” learn at lunch series to provide information about local resources. Two areas in which the board identified as significant gaps were housing for transition-age youth and crisis respite. Active board participation resulted in a variety of memoranda of understanding with local community agencies to strengthen partnerships and access to wraparound services.

The **East Texas System of Care** maintains seven governance boards, due to the large geographic region. Over the course of the grant, the boards generally met quarterly, with some additional meetings to coordinate at the CRCG or other inter-agency boards. but met twice over the reporting period due to the pandemic. Within the East Texas System of Care, governance board meetings were primarily used to develop relationships among local organizations and educate members about available resources. The community shared several successes, including increasing the number of agencies participating in Mental Health First Aid or Youth Mental Health First Aid trainings, eliminating barriers to agency-to-agency referral processes, and repairing relationships among agencies through clearer understanding of strengths and limitations of each partner. When board members noted an increase in depression and suicidal ideation among young people, members collaborated to plan mental health programming within summer school activities.

Coastal Plains System of Care initiated their governance board 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, development of the board was delayed due to the timing of the pandemic, but the community was able to establish virtual board meetings in the fall of 2020. The board met quarterly to provide oversight to the grant activities and share community resources. Some board achievements include strengthening partnerships between the LMHA and school districts, shortening time periods to access services, and coordinating community awareness events. The LMHA cited the importance of the board in developing relationships that allowed the agency to become a Certified Community Behavioral Health Center.

Harris County System of Care. Project CHANGE partnered with Harris County and Baylor College of Medicine, who had recently received a system of care grant, to host a shared 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 working toward goals. Subcommittee chairs also met together quarterly to enhance coordination of activities. During the third grant year, a new subcommittee was established to focus on social justice issues. Some identified accomplishments

within the Harris County governance structures included several collaborative social marketing events, identification and awareness of local training and service resources, shared training resources to enhance the skills of child-serving staff. The Harris County committees also developed a policy white paper entitled, “Houston, We Have a Solution: Opportunities to Improve Children’s Mental Health through Coordinated Core.

Local Stakeholder Interviews

To understand the impact of the system of care grant on local communities, the evaluation team also conducted semi-structured interviews with local System of Care Project Directors from the four communities. Respondents included local Project Directors from the East Texas System of Care, Collin County System of Care, Project Change in Harris County, and the Coastal Plains System of Care. Interviews were conducted through an online platform and consisted of the following three questions:

1. What changes has the community or agency made, as a result of the grant, to strengthen services to children and families with mental health challenges?
2. What do you think are the greatest barriers or challenges to becoming a strong, successful system of care community?
3. What do you feel are future priorities or needs related to improving child-serving systems in Texas?

Changes and Impacts of the Grant. Community leaders highlighted an increase in collaboration with other agencies and organizations in the community as a result of the grant. This increase in collaboration led to formal relationships across systems, which in turn helped connect families and youth to the most appropriate services. Furthermore, referral processes were expanded, leading to greater access to services for youth and families. In alignment with system of care values, community leaders also highlighted a shift in how agencies viewed or approached youth and family voice. Project leads expressed the importance of having both family and youth voice in the decision-making process and shared some of their successes in this area.

When asked to reflect on changes since the beginning of the grant period, the Collin County System of Care highlighted how much more structure there is now in their agency (LifePath Systems), allowing them to have the right personnel in the appropriate roles in order to provide the best services for families. Harris County System of Care shared how their relationships with physicians has changed and they have been able to expedite access to services by linking families to more intensive care management options and private hospitals, when warranted.

Project leads noted that changes within and between agencies were sometimes met with reluctance. In East Texas System of Care, they found that they needed to have internal discussions to come up with consistent, shared language that would build buy-in with staff and facilitate better communication with families. Collin County System of Care also noted some initial discomfort and

hesitancy with the changes, while Harris County System of Care reported that their changes were well-received and just required making the right connections with partners within their agency and across systems.

Barriers and Challenges. Project Leads reported some similar barriers within their communities related to a lack of resources (e.g., transportation) and inadequate funding, which in turn led to staff turnover as team members sought out higher salary positions. As a result of staff turnover, communities experienced problems with competitively marketing and filling in open positions. This, in turn, led to higher caseloads and greater staff burden. Additionally, some communities reported difficulty with community and organizational buy-in, which led to some “push-back” when trying to make organizational or community changes.

In order to overcome barriers, the system of care communities reported that they had to find common ground by navigating agency dynamics, work within organizational structures, and create more opportunities to discuss objectives with internal and external leadership. The identification of more community leaders to involve in the work (e.g., governance board) also helped to overcome challenges, as well as including greater youth and family involvement in the community decision-making process.

Recommendations for Future Priorities. Communities shared a range of needs and priorities, including crisis respite services, telehealth services, psychiatric services, further expansion of youth peer support, and access to transportation. Participants also noted the need for better infrastructure around adoption of new practices or services. Additionally, community leaders highlight the need for further investment in funding positions in order to hire and retain qualified employees. All four communities reflected that they would like to sustain the family and youth peer providers following the grant. Each also expressed the hope that they can sustain local governance boards and continue to build community partnerships.

Community Lessons Learned

During final system of care site visits, local teams were asked to share lessons that they have learned over the course of the grant period. A summary of these lessons is provided below and will be shared with future expansion communities.

- It was important to recognize that some team roles were not clinical and shouldn't be pushed to engage with youth and families in that way. This meant changing the way that supervision was provided.
- The team lead identified it was important to change the way that supervision was provided, shifting away from reviewing each youth's case, to mentoring facilitators in the wraparound process.
- The team wished that the youth peer provider would have been hired from the beginning in order to grow the full team together.

- The team identified creative strategies to find youth peer providers, including using social media, reaching out to former clients, recruiting young adult children of staff members, and offering practicums and internships. They also spoke about the importance of educating the community about what youth peer support is, speaking about it at high schools, community colleges and universities.
- The team also discussed the importance of building a diverse and expanded provider array, including non-traditional services such as summer camp and respite.
- Peers have been a “game changer” within the unit. The youth peers have had an “amazing connection” with some of the harder to reach youth. It is helpful to have multiple peers with different experiences because they connect with different youth and the team has been able to identify who may be the best fit for particular young people.
- It was challenging to figure out how to integrate the youth peers into the team. Initially, peers were attending staff meetings, but the information seemed most relevant for wraparound facilitators, and so the team lead tried separate meetings. However, they returned to shared meetings because it strengthened communication and helped the peers feel more a part of the team.
- Building relationships with families, youth, agencies, and facilities has allowed the community to know what the different partners do, but also allow them to put their heads together to see what can be done better.
- Spending time building up team bonds and leadership skills has been an important part of the process. One team engaged with the equine therapist for team building and a chance to experience that service.
- Creating a procedure to expedite referrals from community partners has strengthen relationships in one community. While the agency’s same-day access procedures can get backlogged, they created a “side door” referral process that allows families to get access in two or three days.
- Transition-age youth have unique needs; many young people feel “stuck” in their lives and have minimal support. The youth peer is able to support developmental accomplishments, such as getting driver’s license or job, which helps them have hope for the future. The young people have significant case management needs, with some needing wraparound plans but others do not. It would be helpful to have utilization guidelines that align with the needs of this population.
- Youth voice on the governance board was new, but critically important. The two young people involved have had important opportunities connected to this service. One youth is co-chairing a committee; they have had opportunities for volunteer roles; one youth one an award through their community college; and there may be a job opportunity related to the service.
- Having flexibility within the organization to implement in the way that they wanted was helpful and became more challenging when trying to navigate different rules in other programs.

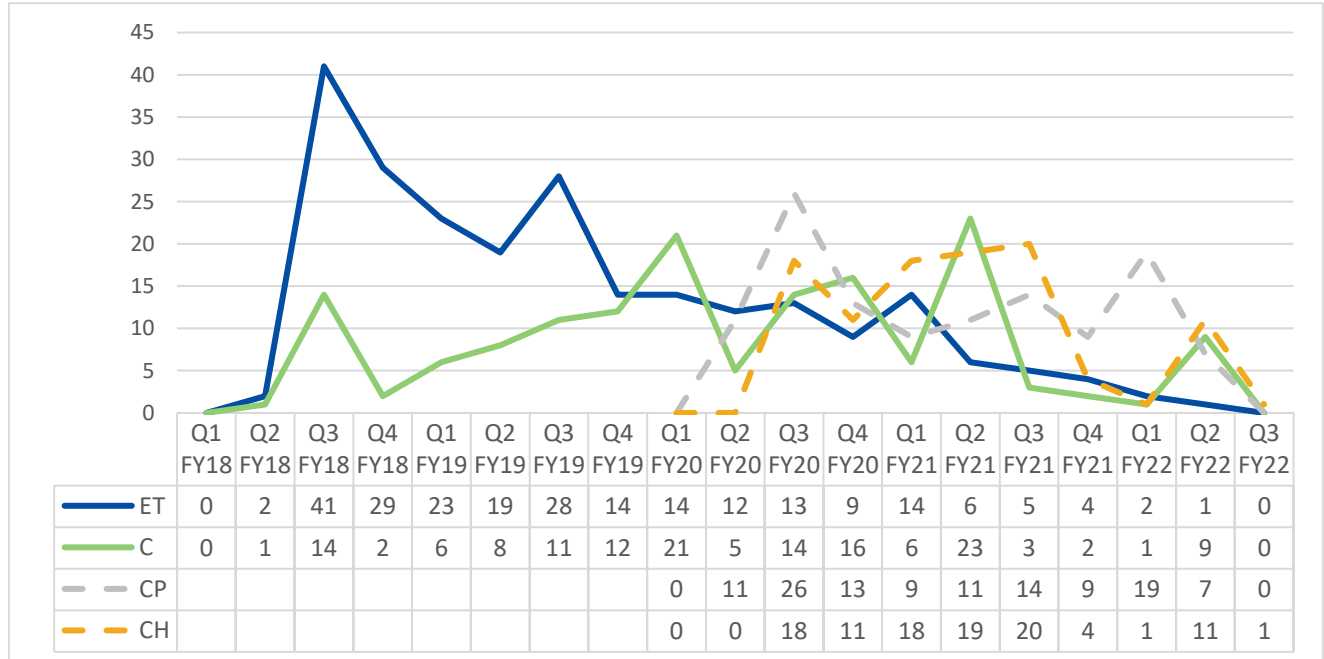
- One program developed a handout that introduced the peer providers, told a little of their story, and had pictures. The wraparound teams used these tools to introduce families to peer support, using the sports metaphor of drafting your team.
- Several leaders shared the recommendation to “get creative and don’t be afraid to voice your ideas for change.” They reflected that the funding allows communities to address system gaps and use creative solutions, including adding creative services and supports to the available array. They also advised new sites to “take in as much knowledge, training and support as possible.”

Child and Family Services and Supports

This section of the report describes the children, youth, and families served through the system of care grant through wraparound and transition-age youth services. The section highlights the outcomes experienced by families as a result of services and provides some stories of families impacted by care.

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. The communities stopped enrolling in the fifth (no cost extension) year, as funds remained available. All communities had finished enrolling new participants by May 2022. Figure 7 illustrates enrollment across the five years of the grant, with the initial two communities represented with solid lines and the two new communities represented with dashed lines. Over the five-year period, a total of 612 unique children have been enrolled, with 236 children from East Texas System of Care, 154 from Collin County System of Care, 119 from Coastal Plains System of Care, and 103 from Project CHANGE. Enrollment rates were fairly consistent across the grant period and sites, declining in the final months of the last year, while awaiting word of an extension period, and then lower in the final year as programs began to close out their evaluation activities.

Figure 7. Enrollment in System of Care Communities



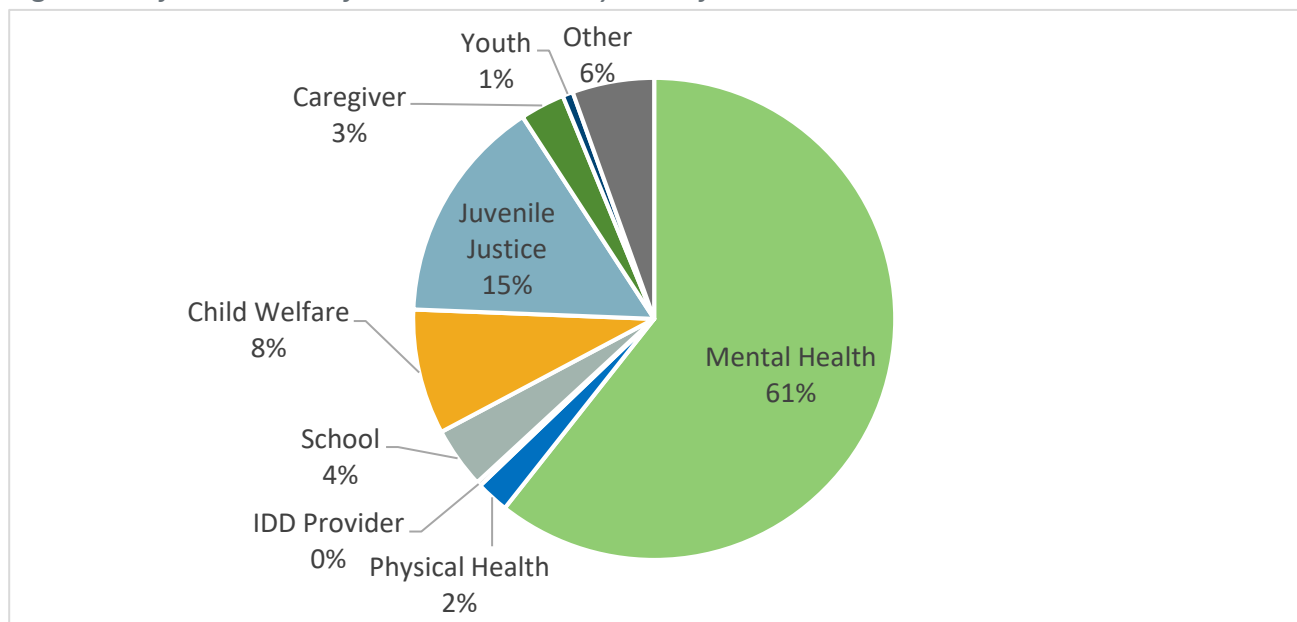
Note: ET=East Texas SOC, C=Collin County SOC; CP=Coastal Plains SOC; CH=Project CHANGE

The source of the referrals to Texas System of Care services are presented in Figure 8. Over half of all children were referred from the mental health system. The second largest referral was from the juvenile justice system (15.2%), followed by the child welfare system (8.4%). While the system of

care communities have shown some diversity in the source of service referrals, this data suggests there is still limited reach to more universal child-serving systems, such as primary health and schools, and limited referrals from other families through word of mouth.

The source of referrals varied across communities. East Texas SOC had the greatest diversity of referral systems, with 28.1 percent from juvenile justice, 13.2 percent from child welfare, and 6.0 percent from schools. Project CHANGE also had a diverse referral network, with 54.0 percent from mental health, 13.0 percent from juvenile justice, 10.0 percent from child welfare, 8.0 percent from schools, and 7.0 percent from healthcare. Collin County SOC had a significant majority of referrals from the mental health system (64.7%), with a more limited number from juvenile justice (8.5%), child welfare (5.9%), healthcare (3.3%) and school (2.0%). Within Coastal Plains SOC, almost all children were referred directly from the mental health system (98.3%).

Figure 8. Referral Sources for Youth in Texas System of Care Services



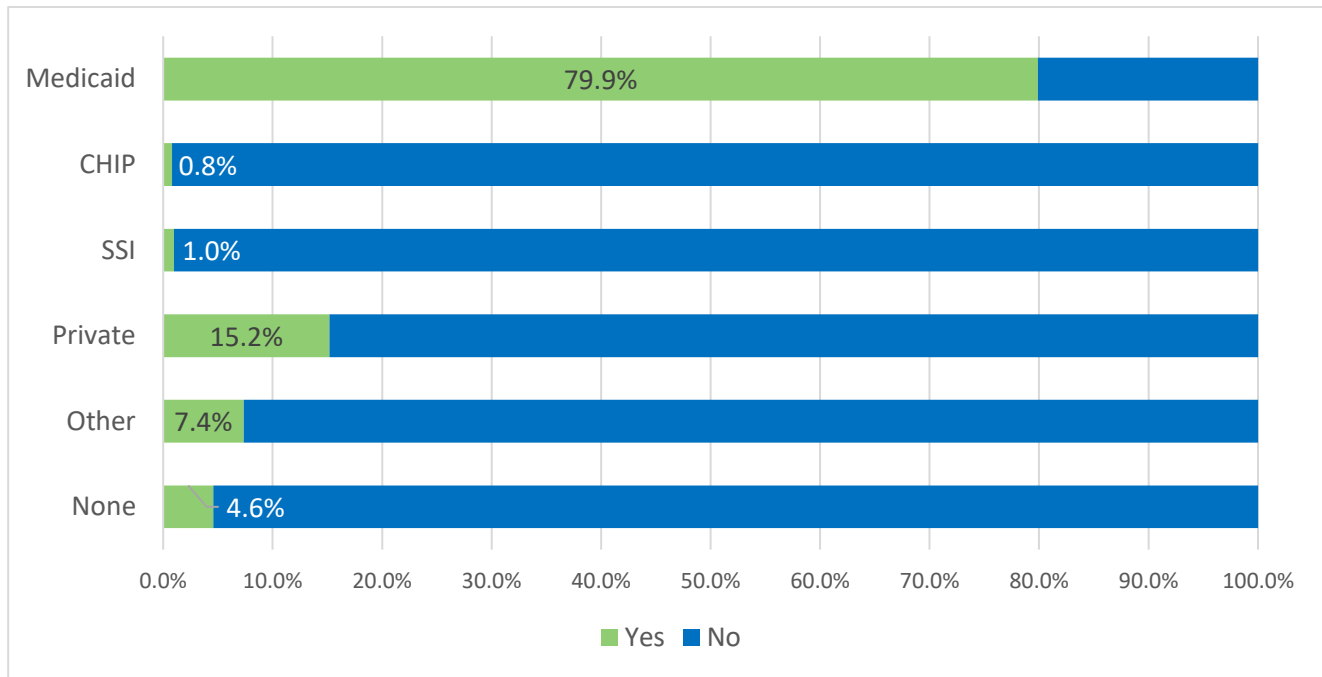
Characteristics of Children Served. The demographic characteristics of the children served in the system of care communities are described in Table 8. Children served in the communities ranged in age from 4 to 20 years old, with the average age at 13.5 years old. There were fewer young children enrolled, with 16.2 percent between 4 and 10 years old. Twenty-nine percent were between the ages of 11 and 13, and 54.2 percent were between the ages of 14 and 20. Overall, the sample was majority male (55.2%), with Coastal Plains System of Care trending towards a greater proportion of female participants and Project CHANGE evenly distributed. 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 (40.7%), followed by White, Hispanic/Latinx (28.8%) and Black, non-Hispanic (21.2%). 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 8. *Demographics of Participants by Community*

	Collin County (n=154)	East Texas (n=236)	Coastal Plains (n=119)	Project CHANGE (n=103)	Total (n=612)
Mean Age	12.8 years (SD=3.1)	13.0 years (SD=2.8)	14.9 years (SD=3.3)	14.1 years (SD=2.9)	13.5 years (SD=3.1)
Female	60 (39.0%)	84 (35.6%)	65 (54.6%)	52 (50.5%)	261 (42.6%)
Male	87 (56.5%)	148 (62.7%)	53 (44.5%)	50 (48.5%)	338 (55.2%)
Transgender / Other	4 (2.6%)	3 (1.3%)	0 (0%)	0 (0%)	7 (1.2%)
Gender Missing	3 (1.9%)	1 (0.4%)	1 (0.9%)	1 (0.9%)	6 (1.0%)
Black (non-Hispanic)	35 (22.7%)	57 (24.2%)	1 (0.8%)	37 (35.9%)	130 (21.2%)
Black (Hispanic)	1 (0.7%)	3 (1.3%)	0 (0%)	0 (0%)	4 (0.6%)
White (non-Hispanic)	82 (53.2%)	129 (54.7%)	19 (16.0%)	19 (18.4%)	249 (40.7%)
White (Hispanic)	22 (14.3%)	27 (11.4%)	89 (74.8%)	38 (36.9%)	176 (28.8%)
American Indian	1 (0.7%)	0 (0%)	1 (0.8%)	0 (0%)	2 (0.3%)
Asian	1 (0.6%)	0 (0%)	0 (0%)	0 (0%)	1 (0.2%)
Alaskan Native	0 (0%)	0 (0%)	2 (1.7%)	0 (0%)	2 (0.3%)
Native Hawaiian	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Two or More Races	10 (6.5%)	19 (8.1%)	3 (2.5%)	4 (3.9%)	36 (5.9%)
Race/Ethnicity Missing	2 (1.3%)	1 (0.4%)	4 (3.4%)	5 (4.9%)	12 (2.0%)

The types of health insurance held by the children enrolled in system of care are presented in Figure 9. The majority of youth enrolled in the communities were insured by Medicaid (79.9%). Fifteen percent had private health insurance. Only 4.6 percent had no source of insurance at enrollment, which is low given the uninsured rate of 11.8% of children in Texas. This may indicate inequitable access to care for uninsured children. Another explanation may be that 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 9. Health Insurance Status for Children Enrolled in System of Care



Behavioral Health Diagnoses. The diagnoses present at entry into the program were collected and categorized for each child. Table 9 presents selected diagnoses for participating youth. Each child can have up to three diagnostic categories, therefore percentages will sum to more than 100 percent. Co-occurring disorders were common, with 25.3 percent of youth having two diagnoses and 55.3 percent having three or more 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. Anxiety disorders were more common (or more commonly diagnosed) in Collin County SOC and Coastal Plains SOC.

Table 9. Diagnoses of Children Enrolled in the Texas System of Care Expansion Communities

Diagnostic Category	Collin (n=154)	East Texas (n=236)	Coastal Plains (n=119)	Project CHANGE (n=103)	Total (n=612)
Attention Deficit Hyperactivity Disorder	92 (59.7%)	134 (56.8%)	53 (44.5%)	38 (36.9%)	317 (51.8%)
Bipolar Disorder	19 (12.3%)	35 (14.8%)	10 (8.4%)	3 (2.9%)	67 (11.0%)
Depressive Disorder	45 (29.2%)	65 (27.5%)	54 (45.4%)	34 (33.0%)	198 (32.4%)
Disruptive Mood Dysregulation Disorder	54 (35.1%)	58 (24.6%)	15 (12.6%)	33 (32.0%)	160 (26.1%)

Mood Disorder NOS	0 (0%)	16 (6.9%)	0 (0%)	0 (0%)	16 (2.6%)
Anxiety Disorder	41 (26.6%)	28 (11.9%)	32 (26.9%)	9 (8.7%)	110 (18.0%)
Traumatic Stress	15 (9.7%)	22 (9.4%)	15 (12.6%)	20 (19.4%)	73 (11.9%)
Oppositional Defiant or Conduct Disorder	43 (27.9%)	125 (53.0%)	17 (14.3%)	33 (31.1%)	217 (35.5%)
Schizophrenia or other Psychosis	2 (1.3%)	5 (2.1%)	1 (0.8%)	3 (2.9%)	11 (1.8%)
Substance Use Disorder	6 (3.9%)	14 (5.9%)	5 (4.2%)	10 (9.7%)	35 (5.7%)
Other Diagnosis	12 (7.8%)	30 (12.7%)	19 (16.0%)	8 (7.8%)	69 (11.3%)

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. Seventeen percent of adolescents (74 of 442) reported substance use in the evaluation, with only 17.6 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 ($n=74$), the most common was marijuana (60.8%), alcohol (40.5%), sedatives (28.4%), stimulants (25.7%), hallucinogens (9.5%), and cocaine (8.1%). 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 10 shows results on parent-completed measures. Parents reported a mean score of 20.7 ($SD=6.4$) on the PSC Total Score, with 80.5 percent of youth scoring above the clinical cut-off for concern. Parent reports on the CIS resulted in a mean score of 26.6 ($SD=10.4$), with 85.5 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. Children at each site had similar levels of symptomatology and functioning, with children from Project CHANGE demonstrating slightly lower levels of severity than the other three communities.

Table 10. *Parent Report of Symptoms and Functioning*

Measure	Collin County (n=117)		East Texas (n=152)		Coastal Plains (n=75)		Project CHANGE (n=49)	
	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	20.88 (6.27)	82.9%	21.14 (6.48)	82.5%	20.09 (6.46)	78.7%	20.04 (6.74)	72.2%
PSC Internalizing – Parent	5.88 (2.74)	66.7%	5.59 (2.72)	66.9%	6.39 (2.65)	74.7%	5.49 (3.10)	53.7%
PSC Attention Subscale – Parent	6.50 (2.23)	50.4%	6.86 (2.29)	59.7%	6.23 (2.36)	50.7%	6.31 (2.22)	42.6%
PSC Externalizing Subscale – Parent	8.50 (3.65)	66.7%	8.69 (3.46)	72.7%	7.48 (3.37)	61.3%	8.24 (3.56)	59.3%
Columbia Impairment – Parent Report	27.23 (10.27)	89.7%	27.27 (10.26)	87.7%	25.13 (10.43)	84.0%	25.50 (11.18)	72.2%

The results of youth reports on measures of behavioral health needs are summarized in Table 11. The Kessler 6 (K6), which provides a screen for serious mental illness, was completed by 303 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 9.78 ($SD=5.62$) on the K6. Using the adult cut-off of 13 for severe mental illness, 23.9 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 335 youth, with a mean Total score of 15.87 ($SD=6.34$). Total PSC scores reflected 57.3 percent of youth reporting elevated symptoms. Mean scores on the CIS were 19.68 ($SD=9.36$), with 68.1 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 11. *Youth Report of Symptoms and Functioning*

Measure	Collin County (n=84)		East Texas (n=113)		Coastal Plains (n=90)		Project CHANGE (n=48)	
	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	9.2 (5.4)	25.9%	9.2 (5.6)	31.3%	10.7 (5.5)	36.4%	10.0 (6.0)	34.8%
PSC Total Score – Youth	15.1 (6.6)	52.4%	16.3 (6.5)	62.0%	16.3 (6.3)	57.8%	15.5 (5.9)	54.2%
PSC Internalizing – Youth	4.4 (2.9)	52.4%	4.7 (3.0)	54.0%	5.3 (2.7)	65.6%	5.0 (3.2)	52.1%
PSC Attention Subscale – Youth	5.7 (2.5)	41.7%	6.0 (2.5)	43.4%	6.3 (2.3)	51.1%	6.0 (2.0)	47.9%
PSC Externalizing Subscale – Youth	4.9 (2.8)	29.8%	5.6 (3.3)	42.5%	4.6 (3.4)	28.9%	4.4 (2.9)	27.1%
Columbia Impairment – Youth Report	16.7 (8.7)	53.6%	21.9 (9.0)	76.1%	19.4 (10.0)	67.8%	20.1 (8.8)	75.0%

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 12 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 one in every four young people (22.4%) reported only “fair” or “poor” health. Sixteen percent of youth had a psychiatric hospitalization in the past 30 days, and 7.1 percent were in an RTC in the 30 days prior to enrollment. Coastal Plains had the largest proportion of psychiatric hospitalization and RTC placements for children entering the system of care, as well as a higher proportion of youth acknowledging recent substance use.

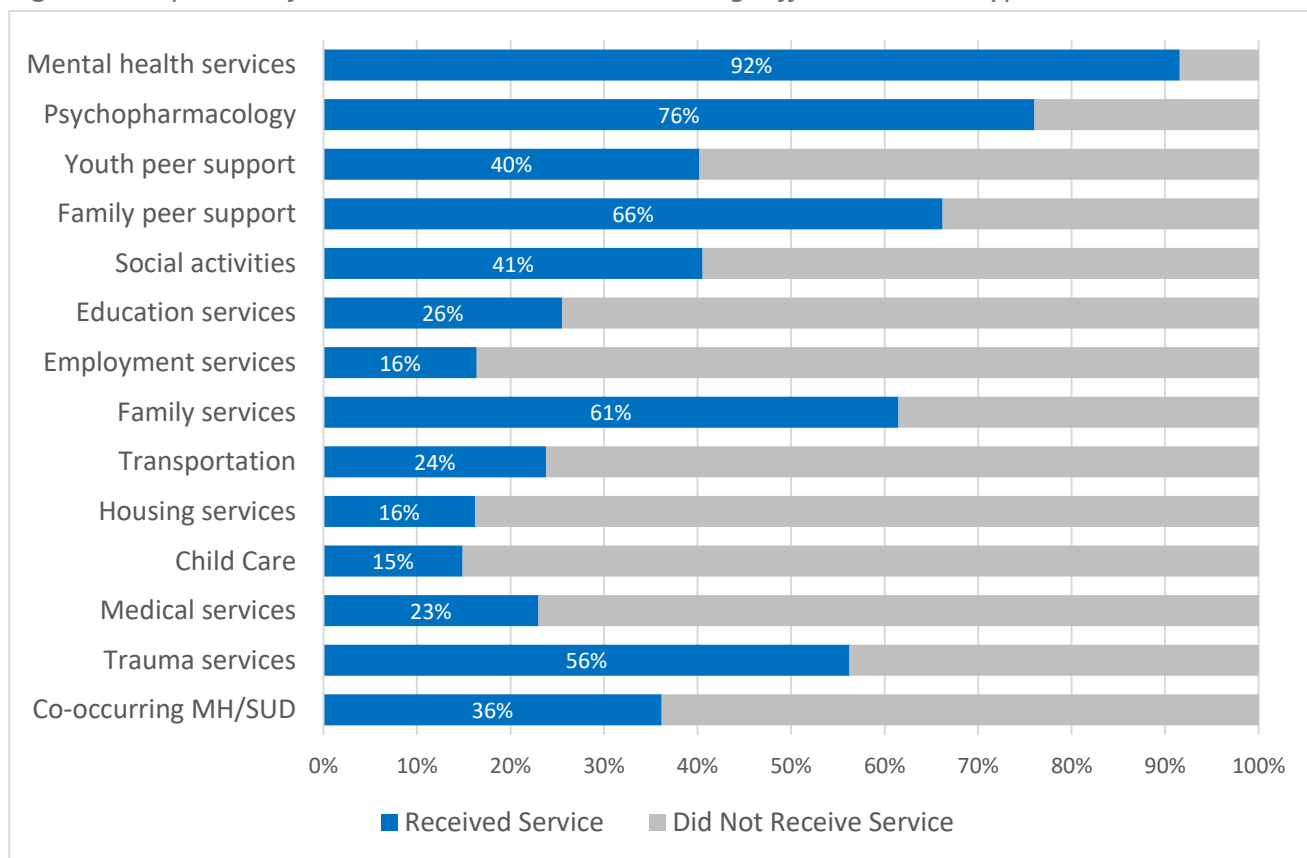
Table 12. *Indicators of Complex Needs*

In Past 30 days...	Collin County (n~111)		East Texas (n~153)		Coastal Plains (n~104)		Project CHANGE (n~54)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Absent from School	38	34.9%	77	51.0%	45	43.7%	25	47.2%
Homeless One or More Nights	0	0%	0	0%	6	5.8%	0	0%
Substance Use	20	16.8%	20	12.7%	23	22.1%	11	17.7%
Poor or Fair Health	25	22.9%	30	19.9%	16	15.5%	22	41.5%
Emergency Room Use	1	0.9%	13	8.5%	10	9.6%	3	5.6%
Psychiatric Hospital Use	9	8.1%	24	15.7%	27	26.0%	6	11.1%
Residential Treatment Center Use	8	7.2%	6	3.9%	14	13.5%	2	3.7%
Detoxification Facility	0	0%	2	1.3%	1	1.0%	0	0%
Detention	6	5.4%	12	7.8%	4	3.8%	1	1.9%
Arrested	3	2.8%	14	9.3%	6	5.8%	5	9.4%

Note: Sample sizes varied slightly by indicator.

Types of Services Received. Information on the types of services provided to the families in care was available for 592 individuals. The vast majority of individuals received an initial assessment (90.2%) and the development of a service or wraparound plan (88.7%) and care management (95.4%), as the core requirements of the grant. The proportion of individuals and families receiving other mental health and support services is provided in Figure 8. The majority of families received mental health services (e.g., counseling or skills training), psychopharmacology, trauma services, family peer support, and family services (e.g., parent skills training). Trauma services and services for co-occurring disorders were noted for a significant proportion of youth, perhaps suggesting that services were offered despite a lack of formal recognition through a diagnosis. All services assessed in the interview were offered to at least ten percent of the families served through the grant. Additionally, communities provided non-traditional services not measured, such as recreational therapy, animal-assisted therapy, respite, and specialized camps.

Figure 8. *Proportion of Individuals and Families Receiving Different Service Types*



Outcomes for Participants in Care. A total of 293 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 13. 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, especially on externalizing problems, and lessor impairment than parents, as well as smaller rates of improvement.

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

	Parent Ratings (n=237)			Youth Ratings (n=190)		
	Baseline	Follow-up	Difference	Baseline	Follow-up	Difference
Pediatric Symptom Checklist						
Total Scale	20.95 (6.35)	17.53 (6.92)	3.41 <i>t</i> =8.17****	15.60 (6.65)	13.10 (6.66)	2.50 <i>t</i> =5.29****

Attention	6.69 (2.24)	5.90 (2.57)	0.79 <i>t</i> =5.55****	5.91 (2.46)	5.22 (2.66)	0.69 <i>t</i> =3.86***
Internalizing	5.83 (2.74)	4.58 (2.55)	1.27 <i>t</i> =7.20****	4.83 (2.99)	3.80 (2.79)	1.03 <i>t</i> =4.94****
Externalizing	8.42 (3.50)	7.05 (3.69)	1.37 <i>t</i> =6.50****	4.87 (3.19)	4.08 (2.85)	0.78 <i>t</i> =3.44***
Columbia Impairment Scale	26.86 (10.44)	21.25 (10.93)	5.61 <i>t</i> =7.63****	19.58 (9.31)	15.55 (9.45)	4.03 <i>t</i> =5.78****

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 9 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 or better rates of improvement than those seen in the national evaluation.

Figure 9. Mean Symptom Scores from Baseline to Follow-up on Pediatric Symptom Checklist (Parent)

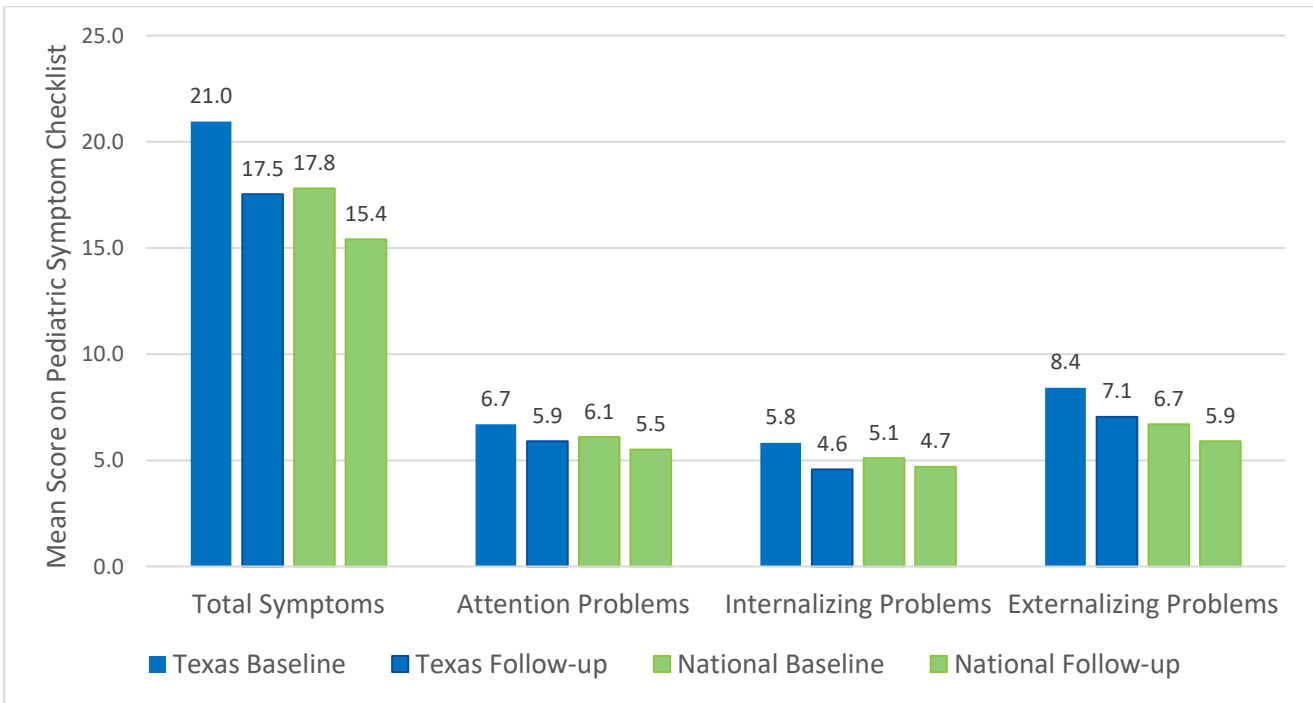


Figure 10. Mean Functioning Change on Columbia Impairment Scale (Parent)

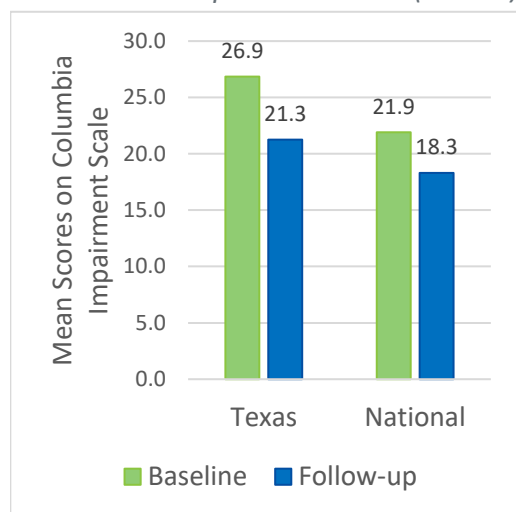


Figure 10 illustrates the changes in functioning from intake to the last available follow-up on the CIS. The youth served in Texas demonstrated higher levels of impairment at intake than the national sample and demonstrated a greater improvement at follow-up (5.6-point change versus 3.6-point change).

Equity in Mental Health Outcomes. Outcomes were examined for subpopulations representing youth who identified as White non-Hispanic, Black/African American, or White Hispanic to determine if similar outcomes were found. The results of these analyses are presented in Table 14. The change in symptom scores was not significantly different between youth identifying as White, Hispanic; White, non-Hispanic; or

Black/African-American. There were also no significant differences in functioning outcomes for youth identifying as White, Hispanic; White, non-Hispanic; or Black/African-American. Analyses of youth report symptom and functioning scales also showed no statistically significant differences in outcomes.

Table 14. Mental Health Outcomes by Racial or Ethnic Subpopulations

Measure	Sub-population	Baseline Mean	Follow-up Mean	Mean Change	Statistic
Pediatric Symptom Checklist Total Score (Parent)	White, non-Hispanic (n=93)	22.16	18.17	3.99	F=0.73, df=2, p=.48
	White, Hispanic (n=68)	20.51	17.15	3.37	
	Black/African American (n=50)	19.32	16.72	2.60	
Columbia Impairment Scale (Parent)	White, non-Hispanic (n=91)	28.56	21.95	9.14	F=0.25, df=2, p=.78
	White, Hispanic (n=69)	25.77	20.23	5.54	
	Black/African American (n=50)	25.36	20.20	5.16	
Pediatric Symptom Checklist Total Score (Youth)	White, non-Hispanic (n=64)	15.94	13.14	2.80	F=0.50, df=2, p=0.60
	White, Hispanic (n=68)	15.93	12.96	2.97	
	Black/African American (n=32)	13.25	11.66	1.59	
Columbia Impairment Scale (Youth)	White, non-Hispanic (n=63)	20.89	16.37	4.52	F=0.02, df=2, p=.98
	White, Hispanic (n=65)	19.46	15.15	4.31	
	Black/African American (n=31)	17.63	13.45	4.16	

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 15. Both Collin County and East Texas Systems of Care had statistically significant improvements in overall symptom scores, all subscales, and functional impairment. Coastal Plains System of Care showed significant improvement on symptom total score, internalizing problems, and functioning. Attention and externalizing problem scores did not show significant improvement. Project CHANGE in Harris County had significant improvement on total symptoms, externalizing problems, and functional impairment. Sample sizes remained fairly small in both Coastal Plains SOC and Project CHANGE, which impact statistical significance tests.

Table 15. *Change in Symptom and Functioning from Baseline to Follow-up on Parent Measures*

		Collin County (n=79)		East Texas (n=101)		Coastal Plains (n=31)		Project CHANGE (n=26)	
		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	21.25	2.96,	21.50	3.96,	20.32	2.84,	18.62	3.35,
	FU	17.53	t=5.23***	17.53	t=5.73***	17.48	t=2.44*	15.27	t=2.11*
Attention	BL	6.68	0.81,	6.98	0.86,	6.32	0.65,	6.03	0.65,
	FU	5.87	t=3.94***	6.12	t=3.56***	5.68	t=1.71	5.38	t=1.33
Internalizing	BL	6.00	1.10,	5.70	1.36,	6.68	1.61,	4.81	0.88,
	FU	4.90	t=4.52***	4.35	t=4.98***	5.06	t=3.28**	3.92	t=1.21
Externalizing	BL	8.57	1.05,	8.81	1.74,	7.32	0.58,	7.77	1.81,
	FU	7.52	t=3.58***	7.07	t=5.00***	6.74	t=0.92	5.96	t=2.67*
Columbia Impairment Scale									
Total Score	BL	26.2	4.01,	27.9	6.52,	25.9	6.00,	25.8	6.50,
	FU	22.2	t=3.92***	21.4	t=5.58***	19.9	t=2.41*	19.3	t=2.64*

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 16. Collin County and East Texas Systems of Care had scores reflecting significant improvement on all measures. Coastal Plains System of Care youth ratings suggested improvement on total symptom scores, internalizing problems, and externalizing problems. Project CHANGE had a small sample, and mean scores reflected significant improvement only on the functional impairment scale.

Table 16. *Change in Symptom and Functioning from Baseline to Follow-up on Youth Measures*

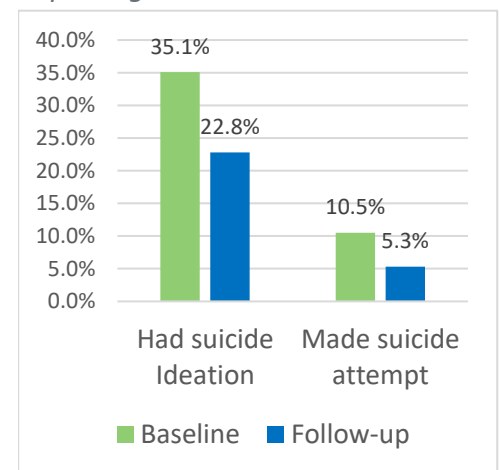
		Collin County (n=46)		East Texas (n=73)		Coastal Plains (n=44)		Project CHANGE (n=23)	
		Youth Scores	Difference, t score	Youth Scores	Difference, t score	Youth Scores	Difference, t score	Youth Scores	Difference, t score

Pediatric Symptom Checklist									
Total Scale	BL	14.13	3.10,	16.62	2.63,	16.57	2.50,	13.52	0.83,
	FU	11.02	t=3.14**	13.99	t=3.56***	14.07	t=2.60*	12.70	t=0.60
Attention	BL	5.46	1.08,	6.04	0.75,	6.24	0.41,	5.74	0.22,
	FU	4.38	t=2.75**	5.29	t=2.75**	5.83	t=1.07	5.52	t=0.57
Internalizing	BL	4.25	1.13,	4.90	1.07,	5.85	1.15,	3.74	0.43,
	FU	3.13	t=2.63*	3.84	t=3.16**	4.70	t=2.84**	3.30	t=0.71
Externalizing	BL	4.42	0.90,	5.67	0.81,	4.48	0.93,	4.04	0.17,
	FU	3.52	t=2.10*	4.86	t=2.12*	3.54	t=2.06*	3.87	t=0.24
Columbia Impairment Scale									
Total Score	BL	15.30	2.61,	22.63	5.63,	20.20	2.68,	17.43	4.48,
	FU	12.70	t=2.16*	17.00	t=4.63***	17.52	t=1.38	12.96	t=2.22*

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

Suicide Risk. In addition to changes in mental health symptoms and functioning, youth were asked about their experience of suicidal ideation and behaviors. For youth with both a baseline and follow-up interview, 32.3 percent reported suicidal ideation during the 30 days prior to entering services. Additionally, 12.9 percent of youth reported one or more suicide attempts in the last 30 days. At the last follow-up interview, 26.2 percent of youth reported suicidal ideation during the 30 days prior to entering services, with 3.3 percent reporting suicidal behavior in the last 30 days, representing a 18.9 percent reduction in ideation and 74.4 percent reduction in suicide behaviors (see Figure 11).

Figure 11. *Proportion of Youth Reporting Suicide Risk*



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 17. Average scores on the Caregiver Strain scales were consistently lower at the follow-up assessment at all sites, suggesting a reduction

in burden over time. This reduction in burden was statistically significant for caregivers served in East Texas and Collin County. Coastal Plains and Harris County had statistically significant reductions in Global Strain and Objective Strain, with Coastal Plains also having reductions in Internalized Strain.

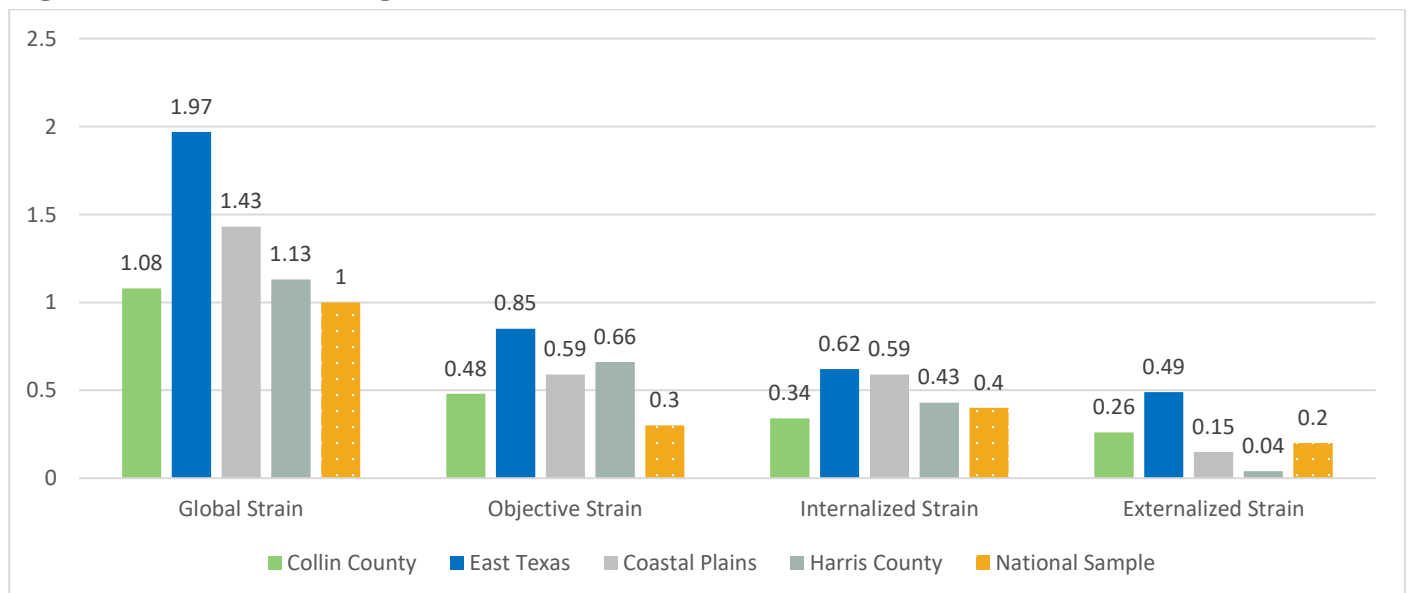
Table 17. Change in Caregiver Strain from Baseline to Follow-up

		Collin County (n=63)		East Texas (n=87)		Coastal Plains (n=25)		Project CHANGE (n=19)	
		Parent Scores	Difference, t score	Parent Scores	Difference, t score	Parent Scores	Difference, t score	Parent Scores	Difference, t score
Global Strain	BL	8.51	1.08,	9.49	1.97,	8.35	1.43,	8.42	1.13,
	FU	7.43	t=3.94***	7.53	t=5.85***	6.92	t=2.97**	7.29	t=2.50*
Objective Strain	BL	3.15	0.48,	3.36	0.85,	2.91	0.59,	3.35	0.66,
	FU	2.67	t=3.38**	2.51	t=6.49***	2.32	t=2.41*	2.69	t=2.60*
Externalized Strain	BL	2.12	0.26,	2.39	0.49,	1.83	0.15,	1.70	0.04,
	FU	1.86	t=2.40*	1.90	t=3.76***	1.68	t=0.92	1.67	t=0.16
Internalized Strain	BL	3.24	0.34,	3.74	0.62,	3.61	0.69,	3.37	0.43,
	FU	2.90	t=3.32**	3.12	t=4.70***	2.92	t=3.43**	2.93	t=2.03

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

Comparison of the changes observed in the four system of care communities to those identified in the national evaluation (see Figure 12) shows that caregivers in East Texas System of Care demonstrated greater improvement than seen in the national sample on all subscales of caregiver strain. Harris County had greater reductions in Global Strain, Objective Strain and Externalized Strain. Coastal Plains had greater reductions on Objective Strain. Collin County’s reductions were similar to national benchmarks.

Figure 12. Reduction in Caregiver Strain – SOC Communities and National Benchmarks



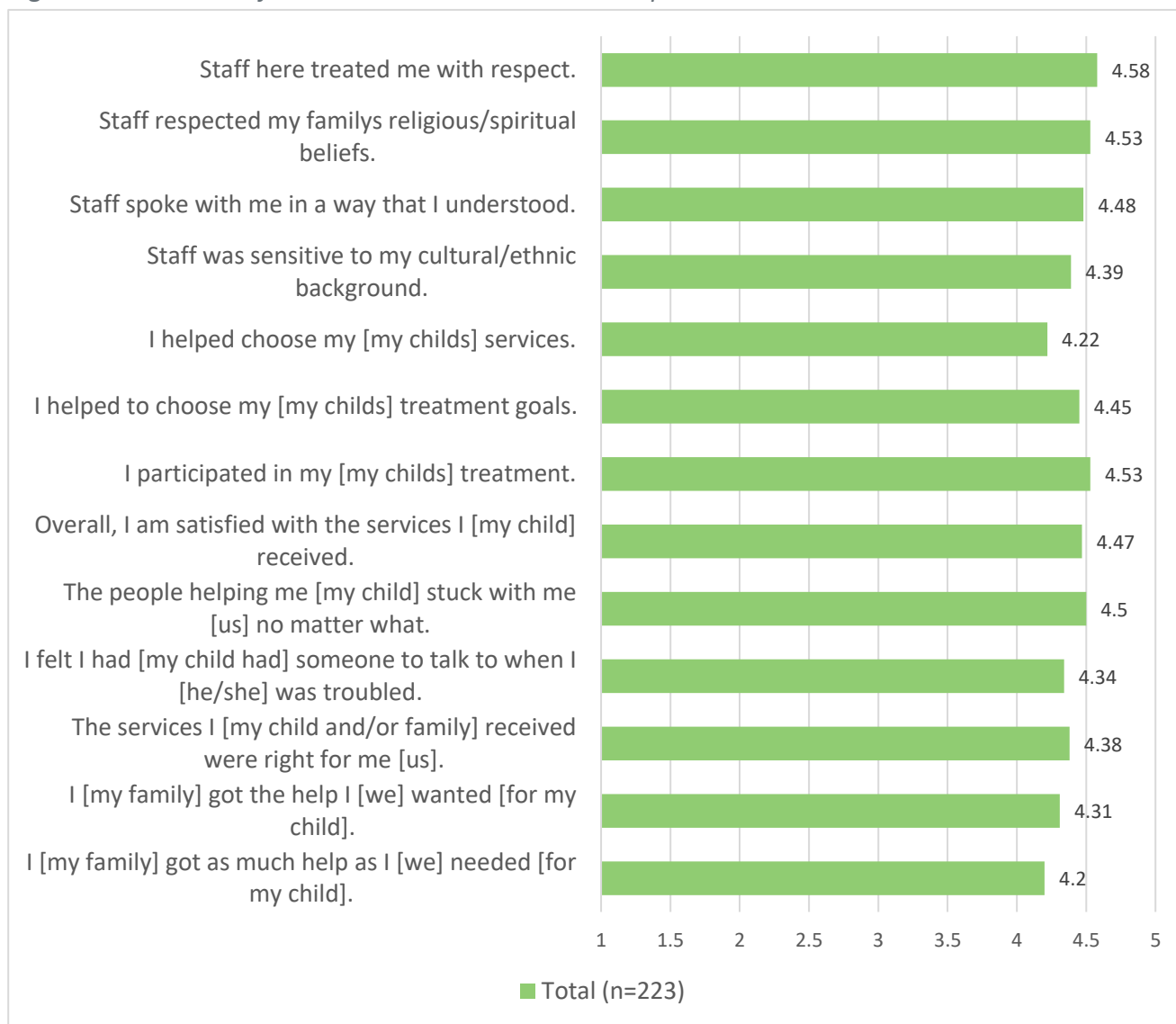
Positive Life Outcomes. The evaluation examined a variety of positive outcomes to identify any change in status from the intake assessment to the last available follow-up. The proportion of participants identifying with positive outcomes at each assessment and the percent change is reflected in Table 18. At the last follow-up, a greater proportion of youth were described as doing well in school or work, getting along with family members, and getting along with other adults and friends at follow-up. Additionally, an additional 9.0 percent of participants, representing an estimated 55 youth, were retained in the community outside of psychiatric hospitals or residential treatment. With Texas psychiatric hospital rates estimated at \$530.00 per day ([HHSC, 2022](#)) and youth residential rates at \$400.72 per day ([DFPS, 2022](#)), reductions in the use of these services offers an opportunity for cost savings.

Table 18. *Change in Proportion with Positive Outcomes*

	Positive at Baseline	Positive at Follow-up	Change
Good overall health	81.3%	79.7%	-1.6%
Doing well in school/work	56.8%	62.3%	+5.5%
Gets along with family	54.3%	65.2%	+10.9%
Gets along with peers	57.8%	75.8%	+18.0%
Community retention	75.5%	85.5%	+9.0%
No illegal substance use	85.2%	86.1%	+0.9%
Avoided of arrest	93.8%	96.4%	+2.6%

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 13. 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.

Figure 13. Mean Satisfaction with Care at Last Follow-up



Stories of System of Care Successes

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.

- A youth was on the verge of being placed out of home before the holidays due to school issues. Their skills trainer was able to communicate with school staff in order to update them on the progress of the youth. As a result, both the youth and parent were able to verbalize their concerns and frustrations with the school, which led to an ARD committee making recommendations for an alternative school schedule. Subsequently, there have been many improvements made, with no reports of issues at school or home.
- A family member provided a testimonial on the impact that system of care has had on their child’s life, “My daughter was blessed to benefit from system of care as a YES client. She

started a job, is on track to graduate in May, and hasn't had suicidal ideation in almost a year." The parent cited that there was creativity in how funds were used to provide the support that was needed.

- Providing supports to families and youth can empower them to accomplish things they thought were not possible. One community shared the story of a young adult who was able to start attending college and get their state ID. With the support of the wraparound team, they were able to see that things in life can get better with the right support.
- A 17-year-old youth entered system of care services as a result of a history with suicidal ideation, depression, anxiety, and concerning school behaviors. After receiving services, the youth will now be graduating from high school and has plans to attend college in order to pursue a counseling degree. The youth would like to "help other kids and teens too" in the same way that they were helped.
- One youth shared her story with the community governance board. She explained that her mother died at the age of five and her grandmother took care of her. The youth did not want to go to school due to being bullied for having ADHD and learning disabilities. Having these difficulties also meant she was behind in class, and some people thought she wouldn't graduate. On her 18th birthday, her grandmother got diagnosed with cancer and she dropped out of high school to care for her. One of her grandmother's wishes was for her to graduate high school. With support through the grant services, especially the youth peer provider, she was able to graduate and will go to college this year to pursue her aspirations of being a nurse.
- 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.

Summary & Next Steps

Summary of Key Findings

The evaluation of the System of Care initiative from 2017-2022 included both quantitative and qualitative findings, with selected findings summarized below:

- The Texas System of Care initiative made significant progress on all eight goal areas. Highlights of key accomplishments include the establishment of joint MOUs with all child-serving agencies, successfully launching and sustaining youth peer support in four communities, establishing policies to support continuation of wraparound services during residential care, the establishment of programs for transition-age youth in four communities, and the transition of the family leadership organization to non-profit status.
- Texas System of Care continued strong social marketing, but saw little growth in reach through the primary strategies (i.e. website, social media, email). The creative arts contest did grow significantly over the time period. Children’s mental health awareness activities were impeded by the pandemic, but collaborative activities to support children’s mental health continued across each year of the grant.
- Texas System of Care invested in training the workforce with 7,485 individuals trained. Highlights included two System of Care and Community Resource Coordination Group conferences, several multi-agency collaborative conferences, trainings for youth peer support providers, trainings in CLAS standards and other areas of cultural responsiveness, and trainings to support best practices in mental health care.
- State and local leaders participated in a variety of intensive trainings to support adaptive leadership development. These trainings provided an opportunity for leaders to develop close relationships, improve their own skills, and support others in their development.
- Texas System of Care continued to support best practices in residential care. While significant progress was made during the grant period, the impact of the pandemic on residential facilities was substantial, leading to many facilities shuttering or changing leadership/ownership. The program was sustained through a state non-profit organization with the goal of supporting child-serving organizations.
- Key stakeholders reported significant progress was made during the grant period on multiple state strategies to expand system of care, but reported a reduction in financial support and a reliance on federal grant funding to support system of care expansion.
- Community members value the opportunity to develop community governance boards. While some boards focus primarily on information-sharing and resource-sharing, the most effective boards are able to create a shared vision and work collaboratively to address community needs, leveraging the greater resources and influence that can arise from effective collaboration.

- Over six hundred unique children and families were enrolled and served through wraparound planning during the course of the grant. Children and families received a variety of services and supports, including the development of youth peer support services.
- On average, parents and other caregivers reported statistically significant improvements in the symptoms and functioning of their child or youth over time. Improvements were seen in all areas of symptomatology, as well as functioning in school or work, family relationships, and peer relationships.
- Children in services were less likely to report out-of-home care (e.g., hospitalization or residential services) at follow-up interviews.
- Caregivers reported less caregiving burden or strain after involvement in care that reported at baseline. Reductions in global caregiver strain observed in Texas was greater than that reported in the national evaluation.
- Families and youth reported satisfaction with the services they received. While still positive, results suggested respondents were less likely to report that they were able to choose the services and that they received all the services that they needed.

Challenges and Barriers

While there were few barriers early in the grant, the third year of the project brought a variety of challenges, mostly related to 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. At both the state and local level, team members have become much more adept at engaging stakeholders on virtual platforms. At the state level, the team learned to use a variety of technologies to fully engage stakeholders in discussions, planning, providing input. Team members also learned strategies to engage participants in training activities, which opened up trainings to a larger audience. While training through virtual platforms has drawbacks, there were also many benefits that were realized through these shifts. Local providers also learned quickly how to engage children, youth, and families in services through telehealth, including conducting wraparound planning teams. Staff were creative in ways to celebrate successes, host graduations for youth, and facilitate engaging meetings.

The pandemic represented a significant barrier to the efforts to integrate wraparound planning for children and youth in residential care. The first two communities had made significant progress in developing relationships with regional residential programs and had begun bringing families and other natural supports to planning meetings, incorporating the residential staff into the wraparound planning processes. The pandemic resulted in residential programs prohibiting external visitors and

gradually reducing the number of children in their census. Multiple residential programs shuttered following the pandemic, and wraparound teams struggled to re-engage in this collaboration.

There were also some barriers to advancing policy changes that were sought by the governance board. CYBHS members voted on several policy recommendations that were advanced to the Behavioral Health Advisory Committee (BHAC) and approved for advancement to HHSC and the Texas Legislature. HHSC has since refined this process to include the development of annual reports that highlight recommendations and progress towards implementation. Additionally, CYBHS members representing other child-serving agencies sometimes lacked the authority to oversee progress on the changes aligned with their MOUs.

Next Steps

The Substance Abuse and Mental Health Services Administration has awarded Texas System of Care a four-year cooperative agreement to build further sustainability for the System of Care expansion within the state. The grant will focus on continuing the expansion of community Systems of Care through grants to Travis County, El Paso County, and a six-county region in North Texas. Goals of the grant are to:

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

Texas System of Care will utilize the findings from this evaluation and the lessons learned in previous expansion opportunities to continue to expand and sustain the System of Care framework within Texas. The next four years will focus on filling current gaps within the System of Care efforts, including building awareness and buy-in for the System of Care framework through practical actions, building infrastructure for meaningful family and youth voice, enhancing collaborations with educational systems and creating effective models of school-based mental healthcare, supporting the continued expansion and sustainability of family and youth peer support, and reducing disparities in access, use, and outcomes within state services. Texas System of Care will aim to sustain these advancements through changes to state policies and financing practices and the development of infrastructure to support further community training and technical assistance and peer-to-peer learning opportunities. Evaluation activities will focus on documenting the cross-system impacts of System of Care and the cost-benefits of further investment.

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	154	303,346	236	101,248	119	68,228	103	1,529,199
By Race/Ethnicity (List Sub-Populations individually)								
Black	35 (22.7%)	10.9%	57 (24.2%)	15.4%	1 (0.8%)	1.7%	37 (35.9%)	18.2%
Asian	1 (0.7%)	14.8%	3 (1.3%)	0.8%	0 (0%)	0.6%	0 (0%)	6.5%
White (non-Hispanic)	82 (53.2%)	47.1%	129 (54.7%)	53.9	19 (16.0%)	22.7%	19 (18.4%)	21.4%
Hispanic or Latino	22 (14.3%)	22.1%	27 (11.4%)	26.2%	89 (74.8%)	73.4%	38 (36.9%)	50.8%
American Indian/ Alaskan Native	1 (0.7%)	5.1%	0 (0%)	3.7%	1 (0.8%)	1.5%	0 (0%)	3.1%
American Indian/ Alaskan Native	1 (0.6%)		0 (0%)		0 (0%)			
Native Hawaiian/ Other Pacific Islander	0 (0%)		0 (0%)		2 (1.7%)			
Two or more Races	0 (0%)		0 (0%)		0 (0%)			
Unknown	10 (6.5%)	-	19 (8.1%)	-	3 (2.5%)	-	4 (3.9%)	-
By Gender								
Female	60 (39.0%)	48.9%	84 (35.6%)	48.9%	65 (54.6%)	48.3%	52 (50.5%)	49.0%
Male	87 (56.5%)	51.1%	148 (62.7%)	51.1%	53 (44.5%)	51.7%	50 (48.5%)	51.0%
Transgender/Other	4 (2.6%)	Not reported	3 (1.3%)	Not reported	0 (0%)	Not reported	0 (0%)	Not reported
Unknown	3 (1.9%)		1 (0.4%)		1 (0.9%)		1 (0.9%)	

