FY 2024 EXECUTIVE SUMMARY

External Evaluation of the Texas Child Mental Health Care Consortium

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The External Evaluation, funded in September 2020, assesses three programs created by the 86th Texas Legislature under the Texas Child Mental Health Care Consortium (TCMHCC):

- **Texas Child Psychiatry Access Network (CPAN) –** Consultation support for primary care providers treating pediatric mental health
- **Texas Child Access Through Telemedicine (TCHATT) –** School-based telepsychiatry services for students
- **Child Psychiatry Workforce Expansion (CPWE) –** Training program designed to build capacity for community mental health

These initiatives address Texas's critical shortage of child mental health services through coordinated efforts across 12 higher education health-related institutions (HRIs).

The FY 2024 evaluation engaged over 400 stakeholders through surveys and in-depth interviews:

- 138 enrolled CPAN providers (non-users = never used CPAN; and non-recent users = previously used CPAN but not in the past year)
- 140 TCHATT school staff from enrolled schools (non-users and non-recent users)
- 121 parents/guardians of TCHATT participants
- 21 CPWE medical directors and program staff

Key Findings

Findings are summarized below by program, highlighting both successes and challenges that affect implementation.

CPAN Providers (58.7% Non-Users and 41.3% Non-Recent Users)

Note: Some survey questions were asked of all providers, while others were directed only to non-users or only to non-recent users. Results are presented accordingly.

- **Future intention to use:** Eighty-four percent of providers indicated they plan to use CPAN in the future. This includes 36% who had previously called and intended to call again, and 48% who had not yet called but planned to. These findings suggest strong potential for continued growth in CPAN engagement.
- **Reasons for discontinuing use:** Among non-recent users, the most common reasons were reliance on existing resources (23%) or integrated in-house mental health services (16%). Fewer cited dissatisfaction with CPAN (11%), lack of patient need (9%), or time constraints (9%). This indicates that discontinuation is often due to structural or contextual factors rather than dissatisfaction with CPAN itself.
- **Reasons for never using:** Among non-users, the most common reasons included feeling able to manage patient needs independently (25%), not knowing how to call in (25%), or believing other resources were sufficient (24%). Notably, 17% were unaware they were enrolled, highlighting communication gaps in outreach and onboarding.

- **Perceived benefits:** Most common benefits identified included specialist guidance on medication management (73%), increased confidence in treatment (73%), support for patient diagnosis (69%), and assistance in obtaining appropriate referrals (68%).
- **Barriers to use:** Most common barriers included clinical time constraints (47%), limited awareness of enrollment or access procedures (37%), uncertainty about CPAN's role (23%), and insufficient clinic-wide buy-in (22%).
- **Satisfaction:** Among non-recent users, satisfaction was high with the quality of expertise (81%), response time (71%), and resources provided (71%). Satisfaction was lower for continuing education opportunities (55%) and the referral directory (49%).
- **Readiness assessment (R = MC² framework[1]):** Non-recent users reported greater motivation and capacity to use CPAN than non-users, with the largest gap between the two groups in knowledge, skills, and abilities to use CPAN effectively. Implementation climate was rated lowest across both groups. These findings indicate that prior exposure to CPAN is linked to greater readiness, but additional training and support are needed to facilitate adoption. Compared to active users in FY 2022, current non-users and non-recent users reported lower perceptions of CPAN's relative advantage, compatibility, complexity, knowledge/skills/abilities, and priority. This reinforces that direct experience with CPAN is associated with more favorable views of its value and fit within clinical practice.
- **Implementation activities:** Engagement in CPAN-related implementation support and preparation activities (e.g., participation in training, onboarding, and clinic-wide discussions) was lower among non-users and non-recent users compared to FY 2023 findings among active users. While awareness activities (e.g., brochures, educational content) were consistent across years, gaps in onboarding and clinic integration suggest opportunities to strengthen provider engagement and support for sustained CPAN use.
- **Strategies to support uptake:** Providers endorsed billing support (66%), development of guides and toolkits (65%), and expanded training opportunities (63%) as strategies to increase participation.
- **Qualitative feedback:** Open-ended responses reinforced quantitative findings, with providers emphasizing the need for greater education and training, clearer scope guidance, and stronger referral networks. A new theme also emerged around expanded patient support, including direct services, continuity of care, reduced wait times, and multilingual patient education materials.
- **Overall:** These findings suggest that reducing barriers, improving onboarding and implementation support, reinforcing CPAN's value, and expanding its reach could further strengthen CPAN provider engagement. Drawing on both quantitative and qualitative survey data, and guided by the R = MC² readiness framework, these insights highlight opportunities to ensure CPAN use is optimized more widely by providers.

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[1] R = MC² framework: Readiness = Motivation × Innovation-specific Capacity × General Capacity (Scaccia et al., 2015).

TCHATT School Staff (8.9% Non-Users and 91.1% Non-Recent Users)

Note: Some survey questions were asked of all school staff, while others were directed only to non-users or only to non-recent users. Results are presented accordingly.

- **Future intention to use:** Most school staff expressed an intention to use TCHATT in the future. Eighty-six percent had already referred a child and planned to refer again, while another 8% had not yet referred but expected to in the future. These findings indicate strong potential for continued engagement and program growth.
- **Reasons for discontinuing use:** Among non-recent users, the most common reasons were lack of parental consent (20%) and availability of other mental health services at school (15%). Additional reasons included no children needing referral (11%), limited space (8%), and staffing constraints (7%). These factors point to contextual barriers rather than dissatisfaction with TCHATT services.
- **Reasons for never using:** Among non-users, the most common reasons were reliance on existing resources (35%) and still learning how to use the program (35%). Other reasons included not having students in need (18%), lack of knowledge about referral procedures (12%), and limited school space (12%). These findings highlight opportunities to strengthen onboarding and communication about referral processes.
- **Perceived benefits:** Nearly all school staff recognized TCHATT's value. Ninety-four percent agreed it provides services unavailable through school counselors alone, and 93% agreed it increases access to free mental health care for underserved students. This underscores the importance of TCHATT in expanding school-based mental health care.
- **Barriers to use:** The most commonly reported barriers were program fit and family engagement challenges. More than half agreed the telehealth model does not work for all students, 43% cited lack of parental interest, and 40% cited limited parental internet access. Other barriers included logistical concerns such as space, staffing, stigma, and students missing class. Administrative processes were less often cited, suggesting that external and contextual factors are more significant obstacles.
- **Satisfaction:** Among non-recent users, satisfaction was moderate, with higher ratings for referral training (70%) and quality of services (69%), and lower ratings for referral processing time (63%), HRI support (56%), and communication from HRIs (55%). These findings highlight areas where improved responsiveness and clearer communication could strengthen satisfaction.
- **Readiness assessment (R = MC² framework):** Non-recent users reported higher motivation and capacity than non-users, suggesting that prior exposure builds confidence in TCHATT's value and fit. Priority and observability were rated highest, while complexity was lowest. Knowledge, skills, and abilities remained strong among non-recent users, while implementation climate scored lowest, highlighting potential infrastructure gaps. Compared to schools consistently implementing TCHATT in FY 2022, non-users and non-recent users reported lower perceptions of relative advantage, compatibility, and priority. However, knowledge, skills, and abilities remained strong among non-recent users, aligning with 2022 levels of active program users. This

reinforces that consistent program use is associated with stronger perceptions of TCHATT's feasibility and organizational support, though the direction of this relationship cannot be determined.

- **Implementation activities:** Engagement in TCHATT-related activities was moderate, with most reporting receipt of initial materials and training but fewer noting ongoing support, leadership buy-in, or staff/parent trainings. Compared to FY 2023 active users, non-users and non-recent users reported lower integration into school processes, suggesting the need to strengthen onboarding, leadership communication, and sustained engagement.
- **Strategies to support uptake:** School staff strongly endorsed sharing program outcomes with schools/districts (75%), developing strategies to encourage parent participation (74%), offering more educational sessions for parents (71%), and distributing supporting materials (70%). These priorities point to the importance of strengthening family engagement and providing clear, accessible resources.
- **Qualitative feedback:** Open-ended responses reinforced the survey findings. Staff most often cited difficulties obtaining parental consent, limited provider communication, and paperwork burdens. Recommendations included clearer and more consistent communication, streamlined referral and intake processes, additional training and multilingual support for staff and families, and more flexible service models—including longer-term and hybrid or in-person options.
- **Overall:** These findings suggest that addressing consent barriers, improving communication, reducing administrative burdens, and bolstering readiness support could further strengthen TCHATT's implementation. Drawing on both quantitative and qualitative survey data, and guided by the $R = MC^2$ readiness framework, these insights highlight strategies to extend TCHATT's reach and impact across Texas.

TCHATT Parents/Guardians

- **Program access and understanding:** Parents reported strong understanding of TCHATT services at entry, with over 91% finding information clear regarding referral, expectations, and consent.
- **Barriers to accessing services:** Most did not report major barriers. The most commonly reported moderate or significant concerns were the short-term nature of services (13.8%), children missing class (10.6%), difficulty contacting staff (9.8%), and parents missing work to attend sessions (7.3%). Structural barriers, such as language, internet, or trust, were less often cited.
- **Perceived benefits and value:** Over 88% agreed that TCHATT provides quick, convenient, and no-cost access to quality care. Nearly 70% found it more convenient than other options, and almost half reported they would not have been able to access care outside of school due to cost.
- **Alternatives without TCHATT:** If services were unavailable, parents reported they would have sought private providers (26.8%), delayed care (23.6%), relied on school

counseling (22.0%), or turned to primary care (20.3%). These findings highlight TCHATT's role in reducing barriers and preventing care delays.

- **Cultural competency:** Most parents (81.5%) did not see cultural background as affecting care needs. Providers were generally viewed as respectful and professional, though fewer parents felt their cultural or religious needs were acknowledged, suggesting a possible area for growth.
- **Service quality and satisfaction:** Parents reported high satisfaction overall. Nearly all valued TCHATT being available at school, would recommend the program, and felt comfortable during sessions. The lowest satisfaction (7.5% disagreement) related to support for connecting to long-term care, consistent with the program's short-term model.
- **Family engagement:** Nearly 90% were satisfied with their involvement in care, and most reported staff encouraged participation. Three-quarters felt adequately informed to continue supporting care at home, though about one-quarter described support as only "somewhat" adequate.
- **Child outcomes:** Most parents reported their child was helped "a lot" (two-thirds) or at least "some" (85% overall). Improvements were most often reported in emotional and behavioral health, coping skills, social functioning, and family relationships. Academic performance and attendance showed mixed improvement.
- **Referrals and ongoing care:** Forty percent of parents reported receiving a referral, 39% said they did not, and 21% were unsure. Among those referred, just over 40% were actively engaged in ongoing care. Most found the referral process smooth, but fewer felt new providers had adequate information from TCHATT. Cost and insurance were the most common reasons families did not pursue referrals.
- **Qualitative feedback:** Parents valued convenience (57%), quality of care (43%), strong provider communication (21%), and the program's no-cost access (8%). Nearly all who described changes in their children noted positive outcomes in emotional regulation, social skills, and academic functioning. Areas for improvement included longer-term counseling, flexible scheduling, broader access, more parent supports, and stronger cultural responsiveness.
- **Overall:** Parents overwhelmingly expressed positive experiences with TCHATT, emphasizing accessibility, provider quality, and meaningful improvements in their children's well-being. At the same time, feedback pointed to ongoing needs for sustained services, enhanced family engagement, and improved transition supports for ongoing care.

CPWE Medical Directors

- **Program value and mission:** Medical directors and staff described CPWE positively, emphasizing its mission and impact in expanding services for underserved populations. Many had been involved since the program's inception and highlighted its evolution over time.

- **Engagement with trainees:** Most reported limited direct interaction with trainees, with mentorship occurring primarily through designated clinical supervisors. Direct involvement was typically during clinical supervision, case discussions, and formal feedback sessions.
- **Challenges to implementation:** Systemic and administrative issues were frequently cited, including funding constraints (especially for immigrant populations), limited access in rural areas, workforce shortages, and extensive documentation requirements.
- **Collaboration with LMHAs:** Experiences were mixed. Many directors highlighted strong relationships, open communication, and statewide CPWE meetings as valuable supports for collaboration and problem-solving. Others pointed to barriers such as site readiness, staffing limitations, geographic distance, and in some cases, discontinued partnerships following negative trainee experiences.
- **Building trainee capacity:** CPWE was consistently viewed as preparing trainees to serve diverse populations. Exposure to patients from varied socioeconomic, cultural, and geographic backgrounds was described as critical in shaping awareness of systemic barriers to care and the social determinants of mental health.
- **Clinical experience breadth:** Trainees gained experience across a wide range of psychopathologies (from ADHD and anxiety to schizophrenia and substance use) and settings (outpatient, emergency, and specialized clinics). This was seen as essential for preparing residents and fellows for the realities of community psychiatry.
- **Limitations to training:** Short rotation lengths, scheduling conflicts, and workforce shortages sometimes disrupted continuity and depth of training experiences. These challenges were viewed as structural rather than program-specific.
- **Influence on career trajectories:** CPWE was seen as raising awareness of community psychiatry and influencing some trainees to pursue community-based roles. While many still chose academic or hospital-based careers, directors noted that CPWE reframed community psychiatry as a viable, meaningful career path. Negative site experiences occasionally discouraged interest.
- **Program strengths:** Interviewees highlighted CPWE's ability to strengthen partnerships between academic centers and LMHAs, expand access to underserved populations (including rural communities), and provide hands-on, applied training. FIexibility in structuring rotations was also viewed as a strength.
- **Program challenges:** Persistent bureaucratic barriers, staffing shortages, and administrative inefficiencies were cited as ongoing issues. These challenges, while common in Texas's public mental health system, affected supervision quality and program efficiency.
- **Recommendations for improvement:** Suggested strategies included enhancing collaboration and communication across sites, piloting new LMHA rotations before full rollout, improving operational planning, and offering supports such as housing or transportation stipends for trainees.

- **Overall:** Despite administrative and systemic challenges, medical directors and staff expressed strong support for CPWE. They viewed it as vital for building trainee capacity, strengthening statewide partnerships, and addressing workforce gaps in Texas's public mental health system.

Recommendations

The evaluation provides targeted, actionable recommendations to strengthen implementation and maximize program impact:

CPAN Recommendations

- Strengthen provider awareness through enhanced onboarding, enrollment confirmations, and periodic training refreshers.
- Simplify consultation processes with concise reference guides and quick-access tip sheets.
- Develop multilingual educational materials for families clarifying mental health care needs and CPAN's role.
- Improve accuracy and accessibility of referral directories.
- Establish CPAN champions within clinics to integrate CPAN into routine workflows.
- Provide billing support and guidance to reduce financial and administrative barriers.

TCHATT Recommendations

- Provide clearer, accessible information about TCHATT services, privacy protocols, and consent requirements to strengthen family understanding and engagement.
- Streamline referral and intake processes with clear, family-friendly instructions and direct TCHATT-led intake support.
- Strengthen multilingual and culturally responsive services through multilingual outreach and educational materials, increased bilingual staff availability, and expanded training in culturally responsive care.
- Expand scheduling flexibility, including evening and weekend availability where feasible, to minimize disruptions to school and work schedules.
- Explore opportunities to enhance support for school staff engaging with TCHATT, particularly in schools with limited personnel capacity, including targeted refresher training.
- Strengthen family engagement by providing parents and guardians with clear resources and tools to support their child's care at home.
- Improve transitions to ongoing care through stronger referral follow-up, communication and information-sharing with new providers, and support addressing financial and insurance barriers.

- Explore opportunities to extend service availability to better address longer-term care needs.

CPWE Recommendations

- Standardize onboarding across sites, clearly defining expectations, site readiness, and supports for both LMHAs and trainees.
- Improve administrative efficiency and inter-institutional communication, including reducing documentation burdens.
- Enhance workforce development through stipends, advanced training, and certification, while continuing to support flexible, hands-on training experiences.
- Implement longer, consistent training rotations for improved continuity and depth of experience.
- Strengthen mechanisms to ensure site quality (e.g., structured feedback loops, proactive monitoring, and alignment with trainee learning needs) to reduce negative trainee experiences.