TCHATT Logic Model

TCHATT GOAL: TO PROVIDE SHORT TERM, SCHOOL BASED, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES FOR HIGH-RISK STUDENTS WITH BEHAVIORAL HEALTH NEEDS, ENSURING ACCESS IS EQUITABLE AND REFLECTS SOCIAL, ECONOMIC AND DEMOGRAPHIC VARIATIONS WITHIN COMMUNITIES AND ACROSS THE STATE OF TEXAS.

Inputs	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Stakeholders: • Students • Guardians • School personnel • Texas legislators Infrastructure: • HRI clinicians (CAPs, therapists, etc.) and staff • Campus liaisons • Trayt data management system • Welnity • Tele-mental health equipment • Marketing & outreach materials • Materials for training HRI (program implementation) • Mental health resources and educational material	Implementation Support HRI participates in TCHATT leadership calls •Conduct outreach to school districts •Implement recruitment strategies to enroll school districts •Train district leads and school liaisons on TCHATT processes •Establish technological capabilities within schools for TCHATT •Develop and maintain up-to-date mental health resources and referral network Service Delivery School Level •School laisons identify students with mental health needs and refer to TCHATT •School laisons identify students with mental health needs and refer to TCHATT •School laisons attend HRI educational sessions HRI Level •Manage student referrals and obtain guardian consent •Conduct intake and deliver TCHATT sessions •Provide educational sessions on behavioral health topics to school staff and families •Refer students with ongoing needs to longer-term mental health services •Establish and maintain referral pathways with local CMH providers and systems Family Level •Guardians attend HRI educational sessions on behavioral health topics •Guardians attend HRI educational sessions on behavioral health topics •Guardians attend HRI educational sessions on behavioral health topics •Guardians attend HRI educational sessions on behavioral health topics	Implementation Support HRI Level Policies and protocols established at both the HRI and statewide levels to support CPAN # TCHATT leadership calls with HRI representatives in full attendance # of outreach activities to recruit school districts # of districts contacted for participation Directory of community-based mental health providers and services for referrals # of school liaison trainings and refresher trainings conducted Service Delivery School/Family Level Protocols established for referral process within schools # sessions # students # of participants (school staff, guardians) attending HRI educational sessions delivered to school staff and families	 ↑ districts enrolled with MOUs (penetration/reach) ↑ enrolled schools actively participating in TCHATT (implementation) ↑ school personnel's confidence/knowledge in identifying students in need ↑ enrolled schools referring students to TCHATT ↑ school personnel satisfaction with TCHATT services (acceptability) ↑ adherence to TCHATT protocols (implementation fidelity) ↑ school feasibility to implement TCHATT ↑ operational efficiency in service delivery ↑ coordination with local CMH systems ↑ ability to secure ongoing funding and policy support for TCHATT implementation (sustainability) 	 ↑ access to quick mental health services at Texas schools ↑ access to services across social, economic, and demographic groups ↑ # of students identified and treated for mental health conditions ↑ % guardians providing consent for TCHATT services among those referred ↓ time from enrollment to first session ↑ # of guardians attending intake session for child (if applicable) ↑ # of students completing TCHATT goals of care % students served by TCHATT demonstrating measurable improvement in functioning following TCHATT ↑ # of students referred to longer-term mental health services when ongoing support is needed ↑ students with ongoing needs who access longer-term mental health services ↑ guardians satisfaction with TCHATT services and child's mental health outcomes 	 ↓ symptom severity and ↑ functioning of students participating in TCHATT (population level) ↑ sustained utilization of longer-term mental health services among students referred through TCHATT ↑ academic performance of students with MH needs ↑ student and staff safety at school, reflected by reduction in suspension, expulsion, and disciplinary incident rates ↓ mental health-related ER visits and suicide-related crises among children and adolescents (population level

ASSUMPTIONS:

Workforce Shortages: There is an insufficient number of child and adolescent mental health specialists in Texas to meet the mental health needs of all children. Early Identification: Many behavioral health issues are identified in the school setting.

Rapid Access to MH Services: Quick access to a mental health assessment and intervention can reduce risk and improve outcomes.

Barriers to Access to MH Care: Provision of care through telehealth can reduce the barriers families experience to accessing mental health care.