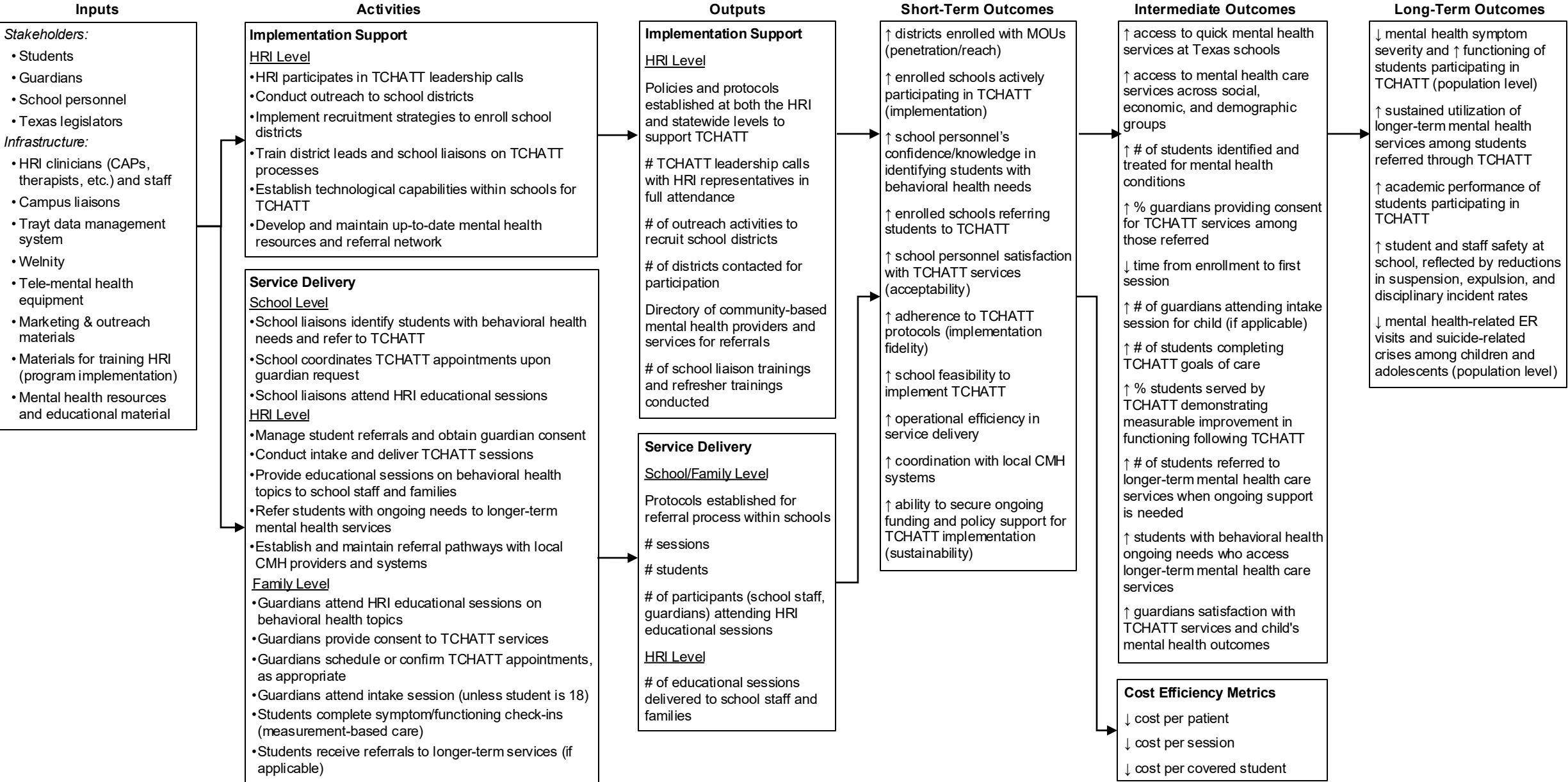# TCHATT Logic Model

TCHATT GOAL: TO IDENTIFY AND ASSESS BEHAVIORAL HEALTH NEEDS AND DELIVER SHORT-TERM, SCHOOL-BASED MENTAL HEALTH CARE SERVICES VIA TELEHEALTH FOR CHILDREN AND ADOLESCENTS ACROSS TEXAS.

Inputs

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

Activities

Implementation Support
HRI Level
- 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 liaisons identify students with behavioral health needs and refer to TCHATT
- School coordinates TCHATT appointments upon guardian request
- School liaisons 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 provide consent to TCHATT services
- Guardians schedule or confirm TCHATT appointments, as appropriate
- Guardians attend intake session (unless student is 18)
- Students complete symptom/functioning check-ins (measurement-based care)
- Students receive referrals to longer-term services (if applicable)

Outputs

Implementation Support
HRI Level

Policies and protocols established at both the HRI and statewide levels to support TCHATT

\# 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

HRI Level

\# of educational sessions delivered to school staff and families

Short-Term Outcomes

↑ districts enrolled with MOUs (penetration/reach)

↑ enrolled schools actively participating in TCHATT (implementation)

↑ school personnel's confidence/knowledge in identifying students with behavioral health needs

↑ 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)

Intermediate Outcomes

↑ access to quick mental health services at Texas schools

↑ access to mental health care 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 care services when ongoing support is needed

↑ students with behavioral health ongoing needs who access longer-term mental health care services

↑ guardians satisfaction with TCHATT services and child's mental health outcomes

Cost Efficiency Metrics
↓ cost per patient
↓ cost per session
↓ cost per covered student

Long-Term Outcomes

↓ mental health 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 participating in TCHATT

↑ student and staff safety at school, reflected by reductions 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 behavioral 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.