FY18 Annual Report

NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19.
MCH Adolescent Health (AH) staff continued promoting Positive Youth Development (PYD) as the Adolescent Health foundational infrastructure to address the well-being of the whole adolescent and not solely their health concerns or daily struggles. According to Youth.gov (www.youth.gov), PYD is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a productive, constructive manner; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. Current literature supports PYD as a strategy to increase resilience related to risky behaviors and injury, both intentional and unintentional. For example, the CDC (www.cdc.gov), Substance Abuse and Mental Health Services’ (www.samhsa.gov) Center for Mental Health Services, and The Community Guide (www.thecommunityguide.org), and Youth.gov (www.youth.gov) all promote PYD.

Objective #1: By 2020, increase the proportion of adolescents participating in Title V-funded Positive Youth Development (PYD) by five % points (baseline FY15 - 39 in Youth-Adult Councils (YACs), FY16 - 2634 in programs)
MCH developed a Positive Youth Development (PYD) project called the Texas Healthy Adolescent Initiative (THAI). THAI program contracts included requirements for community education on Positive Youth Development (PYD) model and promotion of PYD strategies. There is widespread agreement among Adolescent Health PYD experts on five key outcomes for youth that are vital for their transition to adulthood. These are known as the “Five Cs”:
1. **Competence:** Positive view of one’s actions in specific areas, including social, academic, cognitive, and vocational.
2. **Confidence:** The internal sense of overall positive self-worth and self-efficacy; positive identity; and belief in the future.
3. **Connection:** Positive bonds with people and institutions—peers, family, school, and community—in which both parties contribute to the relationship.
4. **Character:** Respect for societal and cultural rules, possession of standards for correct behaviors, a sense of right and wrong (morality), spirituality, integrity.
5. **Caring or Compassion:** A sense of sympathy and empathy for others. (adapted from Lerner, Fisher, and Weinberg, 2000.) A sixth “C” is also considered by many as a key outcome: **Contribution.** Contribution means
being involved as an active participant and decision maker in services, organizations, and community. Additionally, a March 2015 brief by Harvard’s Center on the Developing Child stated, “No matter the source of hardship, the single most common factor for children who end up doing well is having the support of at least one stable and committed relationship with a parent, caregiver, or other adult.” (https://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience/). This research identified a common set of factors that predispose children (adolescents) to positive outcomes in the face of significant adversity. Individuals who demonstrate resilience in response to one form of adversity may not necessarily do so in response to another. Yet when these positive influences are operating effectively, they “stack the scale” with positive weight and optimize resilience across multiple contexts. These counterbalancing factors include:

1. facilitating supportive adult-child (adolescent) relationships;
2. building a sense of self-efficacy and perceived control;
3. providing opportunities to strengthen adaptive skills and self-regulatory capacities; and
4. mobilizing sources of faith, hope, and cultural traditions.

Based on this research, Title V required THAI grantees to establish and facilitate Youth-Adult Councils (YACs) to increase positive adult-influencer connections for youth, build a young person’s self-efficacy, and provide adolescents with opportunities to safely experiment with adaptive skills and self-regulation. The YAC component also addressed the ‘family engagement’ strategy for this domain as it elevated youth voice to ensure meaningful youth engagement into the process.

THAI Project Youth-Adult Council Meetings and Overall Satisfaction
While each program and clinic’s overall mission was distinct, each site created a Youth-Adult Council (YAC) with similar objectives. Survey analysis showed no significant differences in operating processes or youth outcomes between community YACs and clinic YACs. For that reason, THAI evaluators looked at the final fiscal year data as a stand-alone as well as a combined dataset from the community and clinic YACs in a 4-year analysis. This allowed for a more holistic and meaningful analysis of the YAC model.

Success of the Youth-Adult Council (YAC) was measured, in part, through the number of youth who were members of their local YAC. In FY18, a total of 295 youth belonged to the YACs which represented a 22% increase from FY17. A total of 229 adults were members in FY18 reflecting a 13% increase from FY17. Throughout the 4-year grant period, most sites were successful in recruiting both youth and adults to participate in YAC meetings. However, the grant requirement of parental involvement was difficult for many sites to
maintain on a consistent basis. Only half of the sites were able to have all three groups (i.e. youth, parents, and professionals) attend the majority of meetings and only two sites were successful in having at least one from each group at every meeting. The sites reported that youth attendance was affected by transportation difficulties, shifts in meeting locations, and staff turnover. Despite these challenges, YAC members across most sites reported high levels of satisfaction with their Council throughout the grant period. As reported by youth participant surveys, staff at many sites successfully created inviting, youth-friendly atmospheres at their meetings. Opportunities to build leadership skills incentivized and supported consistent youth attendance. Active youth involvement led to improved adult understanding of the importance of the youth voice and unique contributions of young people. Welcoming environments and leadership skill-building opportunities allowed youth and adults to work together as peers, a core tenet of positive youth development.

To measure project success, youth and adult members completed a Youth Engagement Tool (YET) survey each year. The YET assessed the youth’s perception of their role and voice in the YAC, specifically examining opportunities for involvement and leadership. The YET also measured how adults felt they influenced youth engagement. Findings of the FY18 YET survey showed, across all sites, that the average youth engagement score was 89.4 out of a possible 100. This was similar to previous report findings with no significant difference in scores between adolescents and adults.

Beginning in Year 2, all sites were required to conduct an independent review of YAC members’ satisfaction and summarize the results in a report. To meet the requirement, an independent evaluator conducted youth-led focus groups or administered a survey of all YAC members. The findings helped provide reasons for consistent attendance and highlighted specific strengths and weaknesses of each site’s approach to YAC meetings. Additional evidence identified by the external evaluator indicated that having a consistent meeting location, dedicated staff, and an adequate group size were essential factors for a Council to flourish.

Evidence for Theorized YAC Outcomes
The Theory of Change methodology underlying the THAI program anticipated that youth would develop or improve leadership skills, communication skills, and PYD-based resiliency through learning opportunities and by building relationships with adults in the YAC. It was theorized that adult members would also benefit by building and honing skills to nurture youth development. By working together, it was anticipated that youth and adults would positively impact their communities by encouraging youth
engagement, developing effective youth programs, reducing risky behavior in youth, and increasing youth leadership opportunities.

The THAI evaluation assessed growth in YAC members’ PYD-based risk avoidance and resiliency skills. As in previous years, youth members were given a standard battery of survey questions at enrollment or annually if the youth had been involved since inception. The survey tool, administered in each year of the project, was adapted from The Colorado Trust and National Research Center, Inc.’s After-School Initiative’s Toolkit for Evaluating Positive Youth Development. The toolkit can be found here: http://www.coloradotrust.org/sites/default/files/ASIToolkitJun04.pdf.

The 15-question PYD survey measured the extent to which desired change is achieved. The questions reflected three PYD competencies: ‘Positive Core Values’, ‘Positive Life Choices’, and ‘Sense of Self’. On average, PYD scores increased 12.5% for youth after they joined their YAC. Respondent scores for “Sense of Self” competency increased the most (13.9%) while the Positive Life Choices competency increased the least (9.5%). Items comprising the ‘Sense of Self’ competency scale measured self-esteem and self-efficacy based on a youth’s agreement on six statements: 1) I feel good about myself, 2) I feel that I have control over the things that happen to me, 3) I feel that I can make a difference, 4) I am good at learning new things, 5) I feel good about my future, and 6) I am good at handling whatever comes my way. The three competency scales ‘Positive Core Values’, ‘Positive Life Choices’, and ‘Sense of Self’ improved at every site.

A review of the 4-year PYD evaluation results showed that over 46% of youth members were more interested in community and world problems after joining the YAC than before they joined. Slightly over 42% felt that they could make a difference in their community – more so now than before joining. Just over 40% of youth members felt they were more empowered to speak up for those who are treated unfairly. The THAI data findings affirm that young people, given the opportunity to participate in a Youth-Adult Council, gain confidence in their ability to control events in their lives and impact the world they live in – an outlook that promotes self-efficacy and resiliency.

An additional THAI project goal articulated in the Adolescent Health YAC logic model was to increase youth leadership skills including planning, goal-setting, problem-solving, organizing, and communication. A subset of YET survey questions were used to create a scale to measure both leadership development within YAC youth members and adult member opinions of their ability to positively guide youth on the Councils.
Generally, results were positive for both groups. Across all sites, the average leadership skill score at youth members’ first survey was 86.0, increasing to 89.1 in the most recent survey. The average youth experienced a 3.6% increase in their self-assessment of leadership ability. Among adults, initial self-ratings suggested most adults believed they had the appropriate skillset to assist youth at the time of YAC enrollment (average score of 89.8). Surprisingly, many adults’ confidence in their abilities declined slightly over time. Though scores remained high, as adults became more aware of the complexity and intricacies of successfully guiding youth or learned more about mentoring, they felt less confident in their ability to develop and encourage youth (average score of 88.1).

Four years of THAI project data from the Organizational Functioning Assessment revealed that YAC administration and implementation was effective. While meeting attendance was variable, youth and adult members felt the group was successful at achieving its goals and fostering youth engagement. Adults in both community- and clinic-based settings reported YACs were instrumental in developing youth leadership and PYD skills through co-leadership of meetings, encouraging and supporting youth to present to adults on PYD, engaging youth to develop media messages, and participating in recruitment of peers to support youth-focused activities.

Four items in the Organizational Functioning Assessment formed a scale to gauge member perceptions of the organizations’ community impact across all sites. The results consistently demonstrated YAC members felt they were making a difference; scores ranged from 84.7 to 88.2 (out of a possible 100 points) throughout each of the four project years. YAC members felt they were part of a group impacting the community. Qualitatively, respondents at every site viewed the youth-adult collaboration as successful. Throughout the grant cycle, site staff provided details on how youth leadership developed and increased in their YACs. Some examples included giving youth significant responsibility for leading YAC meetings, planning PYD program components, organizing community events, coordinating community outreach and participating in those events, and designing media campaigns.

PYD Community Program Implementation
In addition to facilitating YACs, the nine community-based THAI contractors were required to implement programming to enhance PYD and reduce at least one risk factor among young people in the local population. Although participation in YAC-planned PYD programs was expected to strengthen the resiliency skills of program participants, during the 4-year grant, only three of the nine sites met or surpassed their goal. In some instances, youth were not able to complete all program sessions, or they completed them but were
unable or unwilling to take the exit survey. In other instances, staff vacancies impeded program implementation. Overall, 3,507 youth were served showing an 81% attainment in the FY18 goal of serving 4,304 participants. Reasons stated above impacted the sites’ ability to reach their set goal. Looking at the data for the 4-year project, over 10,700 youth took part in programming.

Program success was measured through the same 15-question standardized PYD and resiliency survey administered to YAC members. Scales assessed growth in ‘Positive Core Values’, ‘Positive Life Choices’, and ‘Sense of Self’. Average PYD scores from baseline to exit surveys increased by 7.5% for all sites over the three program years. (Note: sites took the first year to plan for programming with input from YAC members.) However, the effect was greatest for participants who had the most room to improve. Program participants with a low baseline score had a 12.6% increase, while those who began with a higher baseline score had only an average 4.0% increase in PYD skills. These findings showed that participants who had room to develop PYD skills did, in fact, gain such in their PYD programs. There were also differences in the specific areas of development between these two groups. Low baseline scorers showed the most growth in the ‘Positive Life Choices’ competency while the high baseline scorers improved most in the ‘Positive Core Values’ competency.

Differences from pre- to post-program completion were also highly consistent within sites over time, suggesting that programs remained effective even as larger numbers of participants were added as the grant cycle progressed.

**Clinic Implementation**

Requirements for clinic-based sites mirrored the community-based YAC framework, making it possible to integrate evaluation results relating to YACs. However, measures of project performance that were unique to clinic-based THAI focusing on increasing Adolescent Well Visits (AWVs), improving the quality of each visit through comprehensive screening, and ensuring necessary referrals were made for identified services. The three clinic sites looked at numerous screening tools to determine the best ‘fit’ for their individual clinics. Tools reviewed included the CRAFFT (a 9-item tool to identify substance-related risks that stands for Car, Relax, Alone, Forget, Friends, Trouble), the HEEADSS (a psychosocial assessment tool to identify mental health, alcohol, or other drug-related issues that stands for Home, Education, Employment, Activities, Drugs, Sexuality, Suicide), SBIRT (a substance abuse tool that stands for Screening, Brief Intervention, and Referral to Treatment), and PHQ9 (a 9-item Patient Health Questionnaire).
Collectively, the three clinic-based THAI sites were able to screen 4,259 adolescents over an 18-month period, a 35.7% increase from baseline data. They also performed 1,234 AWVs within an 18-month period. This was a 10% increase from baseline data. Building on a strategy recommended by the AYAH CoIIN to determine why adolescents and young adults might seek out a physician, the evaluators found that over 160 of those visits were originally for a different purpose; sickness, injury, or something else. However, the providers were able to ‘convert’ them to well visits by conducting a broader health discussion with the young people. Clinics made 496 referrals which was similar to the number at baseline. Of the referrals made, 128 (26%) were completed. When youth did not complete their referral, reasons included scheduling conflicts (35%), not wanting to go (10%), problems getting there (3%), and no reason (17%). Multiple reasons (8%), and ‘other’ reasons (27%) were also named. This information about why youth were failing to complete referrals was used to improve the referral system in collaboration with partner organizations in the community. Each clinic adolescent patient was also asked, “Is there an adult in your life who gives help and support when you need it?” Of the 1,202 patients who responded, 92% answered “yes”. These evaluation findings supported the THAI Theory of Change. At the end of FY18, a total of 12 community- and clinic-based organizations concluded their THAI projects.

Within the Public Health Region (PHR) offices, MCH staff worked on activities to increase the proportion of adolescents impacted by PYD as well. PHR 1 facilitated PYD trainings with 2518 individuals at junior high schools, high schools and parent meetings. PHR 1 staff also shared “Teens, Sex, and the Law,” developed in-house. There were nine presentations to over 550 students, parents, and professionals. This presentation was approved for 1.5 DSHS-certified CHW continuing education hours. “Stand Up – Speak Out” was another evidence-based anti-bullying program led by regional staff. It teaches positive performance, conflict resolution, internet safety, and decision-making skills to adolescents. There were six presentations to 720 students on this topic. In PHR 4/5N, staff implemented the evidence-based program “Coaching Boys Into Men” (CBIM) among three Independent School Districts (ISDs), and provided training to a total of 49 coaches and approximately 200 athletes as well as 42 participants at the East Texas Community Health Conference. CBIM is a Futures Without Violence evidence-based program that promotes respect, leadership, and personal responsibility for young athletes. The program conducts training among athletes, is delivered by their coach over a 12-week sport season, and covers progressively more difficult conversations including personal responsibility, consent, aggression and self-control, and sexual reputation. According to an email received by staff, one of the coaches reported that, for the first time since he has been coaching at his current high school, all of his
athletes passed both grading cycles, no athlete was in trouble for behavior requiring in-school suspension, and attendance was up from 88% to 99.2%. In PHR 8, 176 public health, social, and judicial services providers; law enforcement; and child advocates attended a child abuse summit called “Be the One, Be the Difference” organized by the Uvalde area CFRT and a related coalition led by a DSHS nurse. Coalition members included DSHS, Methodist Healthcare Ministries, AgriLife, and the 38th Judicial District. PHR 8 also has 3 staff who are certified instructors in the RadKids bullying prevention program. The two instructors in Del Rio implemented the RadKids curriculum over a 2-week period at a community summer camp. Staff partnered with scouting groups, schools, and a group called the Quad County Council that looks to improve health and quality of life in border counties.

**Objective #2: By 2020, increase the number of programs utilizing youth voice in their family-professional partnerships by one percentage point (Baseline 9 THAI community-based contracts)**

In order to assess and monitor the utilization of PYD across the state and outside of the MCH purview, MCH has continued to participate in state and community program planning to incorporate PYD as a best practice. Strategies included additional funding to support adult groups’ desire to incorporate youth engagement into decision-making, provision of subject matter expertise on program components impacting adolescents, MCH staff involvement in work groups focused on adolescent health, and MCH participation on planning committees and presentation reviews.

MCH continued funding for the Youth Engagement Project (YEP). The goals of YEP are to:

- Raise awareness and knowledge of PYD and authentic youth engagement;
- Provide opportunities for youth to inform community efforts to reduce risky behaviors and prevent injury;
- Support adolescents interested in providing input on state or local health efforts; and,
- Track expansion of youth engagement activities across the state.

In FY18, the Youth Engagement Specialist refined and tested a Positive Youth Development (PYD) training with 124 professionals over the course of two months. The training aimed to increase awareness of the PYD model and educate interested stakeholders on strategies to increase youth participation in systems development. Additionally, the Specialist coordinated a Providing Opportunities for Partnership – Alliance for Adolescent Recovery and Treatment in Texas (POP-AART) to collect youth input on initiatives focusing on adolescent recovery and treatment as well as participating in the annual
mental health youth gathering called Artify conference planning. The YEP staff supported three youth in a presentation about youth engagement to approximately 30 youth-serving professionals.

Initial tracking of youth engagement for organizations that serve youth showed that 75% (n of 12) had youth on a board or council and 75% provide training to youth on leadership. As the year progressed, the YEP staff was connected to new efforts on the Texas Youth Action Network (TYAN) project for FY19. YEP contributed to the development of a web-based youth engagement readiness assessment. This assessment is broken down into seven sections:

1. Youth Friendliness within Environmental Settings (Physical and Social Environment)
2. Youth Decision Making, Leadership and Voice
3. Organizational Culture-Policies, Structures, Administrative
4. Evaluation and Quality Management
5. Diversity of Youth and Staff
6. Caring Adults and Mentors-Supervision, Support
7. Community Connectedness, Partnerships

The assessment will be used in FY19 as a joint tool between YEP and TYAN to create consistency in assessing youth engagement efforts across the state.

Additionally, one PHR supported activities to increase youth voice at the local level. Seguin staff from PHR 8 participated in the Youth Advisory Council for Guadalupe and Comal counties, a THAI-funded grant project. PHR 8 staff also assisted a local ISD in Seguin to apply for the federal 21st Century Community Learning Centers Texas Afterschool Centers on Education (ACE) program, titled the Texas ACE grant, to create an after-school program for at-risk students. State and regional staff encouraged the ISD to include youth in the planning, have youth serve as mentors in the program, and include activities utilizing the PYD framework.

Texas’ Rape Prevention and Education (RPE) grant is another example of MCH efforts to increase the number of programs utilizing youth voice and approaching youth education with a PYD lens. As the Principal Investigator on this CDC grant in FY18, MCH worked with Texas’ Office of the Attorney General (OAG), Texas Association Against Sexual Assault (TAASA), and a select number of contracted local Rape Crisis Centers to implement primary prevention strategies to reduce sexual violence. The previously-developed two-tier approach intended to change youths’ social norms, attitudes, and behaviors related to sexual assault was difficult to put into action. According to frontline implementers, Phase 1, designed to increase youth participants’ knowledge, was difficult to administer within a school semester. Due to the
intense nature of the topic, it was often difficult to complete the material in a single session. Delays made it difficult to implement Phase 2 activities focusing on Youth Development. Additionally, many implementers struggled with obtaining school administration support of the program.

MCH staff helped find viable solutions beginning with assistance in the development of a revised logic model based on the Adolescent Health’s example. Under the re-design, RPE will move to align with MCH goals from a primarily individual-level model to a more community-based approach. Additionally, new evaluation tools created to measure state-level change are expected to be available in FY19. Finally, MCH presented these revisions to RPE Rape Crisis Center Executive Directors for leadership review and buy-in.

A quarterly Adolescent Health Workgroup facilitated by MCH has continued to promote youth voice while keeping stakeholders abreast of adolescent health activities at the state level. Membership levels remained constant at 50 members. Time in this group was spent sharing information and updates about current projects as well as identifying opportunities to collaborate and coordinate activities. Through the meetings and follow up emails, members shared:

- strategies and resources to address service needs after Hurricane Harvey,
- Statewide data on child fatality,
- Training opportunities like Mental Health First Aid for Youth,
- Community projects like S.T.A.R. (Services To At-Risk youth) and substance abuse prevention coalitions,
- Reports on tobacco usage,
- Regional contacts and activities,
- Transition tools, and
- Data briefs created from the 2017 YRBS survey.

The workgroup also helped improve coordination of conference exhibitions to enable multiple programs to be represented at different conferences.

MCH staff continued to support the Texas Adolescent & Young Adult Health (AYAH) CoIIN team throughout FY18 as the second cohort completed. Staff participated on calls and offered resources and successful model activities to new cohort states that began in FY17. The CoIIN wrapped up its activities towards the end of FY18.

MCH volunteered time and support to other agencies’ conference planning committees as another means to ensure that PYD modeling and youth engagement were considered throughout Texas. On three statewide conference planning committees, MCH provided expertise on PYD, youth engagement, and family engagement. Additionally, for the Strengthening
Youth & Families Conference, MCH secured funding for scholarships so that families and youth could attend the conference. MCH also helped cover youth presenter costs. To assist DFPS’ Partners In Prevention planning committee, MCH reviewed presentations and provided recommendations on workshops. For the Primary Care and Health Home Summit, MCH continued to encourage family participation as presenters and participants.

MCH staff provided guidance to two college interns. The fall intern was charged with creating two presentations on PYD; one for adults and one for youth. The goal of these ‘off-the-shelf’ workshop tools was to help regional staff promote youth engagement and youth voice to their communities. The presentations were shared with regional staff in the spring of FY18. The spring intern focused on a motor vehicle safety project for teens. The goal of this project was to promote knowledge about the Graduated Driver License (GDL) by including youth in the development or programming. A focus group conducted in south Texas revealed that teens understand the GDL, but their parents are often unaware of the laws. This project also led to new contacts within the teen driving world including Texas State’s Teens In the Driver Seat and TxDOT.

MCH participated in other national and state-level activities such as the National Network of State Adolescent Health Coordinators, the Child Safety CoIIN committees focused on suicide prevention and teen driving, the Texas CSHCN Systems Development Group Medical Home Workgroup, and Texas Title V Transition Workgroup to provide subject matter expertise and incorporate successful strategies into the Adolescent Health domain.

MCH continued to partner with agencies and stakeholders at the state and local levels to develop and share adolescent-friendly ideas across the state. These efforts included attendance at the Texas Prevention Priorities Workgroup, the Alliance for Adolescent Recovery Treatment Implementation Group, and the Texas Campaign Against Teen Pregnancy.

**Objective #3: By 2020, increase the number of CFRT, educators and providers that are provided adolescent injury education, support and community resources from baseline by two percentage points (baseline will be established in FY17)**

In order to address injury prevention at the systems level, MCH staff worked to increase the number of professionals that received adolescent injury reduction education, support, and community resources. MCH staff focused on Child Fatality Review Team (CFRT) members and community partners, community and healthcare professionals, and school personnel.
Building on the success of FY17’s Injury Prevention Conference, MCH reached out to the Department of Family and Protective Services (DFPS) Prevention Education and Intervention (PEI) staff to discuss partnering at their annual Partners In Prevention Conference. The project expanded to add a ½ day to the conference specifically for CFRT members, THAI/TYAN Community Partners, and the MedCARES grantee staff such as the doctors and nurses who work on the MedCARES project. The conference will be held in September of 2018. In addition, MCH staff (Adolescent Health, Child Health, and Epi) worked with the Office of Injury Prevention’s CFRT Coordinator to develop a presentation on using data to inform regional priorities.

New for this fiscal year, MCH implemented a topic-specific messaging plan for the DSHS GovDelivery system. GovDelivery is a e-blast mechanism to deliver updates to subscribed viewers. At the start of FY18, the Adolescent Health distribution list had 8372 subscribers. By the end of FY18, the number had increased to 8715, a 4% increase. MCH’s adolescent website saw 6,626 views to multiple pages with 3,374 visits to the Adolescent Health home page and 1,009 visits to the THAI web page. FY18 topics included:

- Human Trafficking Prevention Awareness
- Teen Dating Violence Prevention
- Adolescent Health Week promotion
- Distracted Driving data and tips to reduce
- Physical Fitness resources
- Adolescent Health injury safety tips
- Holiday safety tips
- Adolescent Well Visit

Topics were gathered from monthly observance lists and chosen based on Performance Measure areas of Injury Prevention and Adolescent Well Visits. Content included tips to prevent risks, factors that can lead to a risk, national and state resources available on the topic, data connected to the risk, and reasons to learn more. The GovDelivery message then directed the reader to the MCH Adolescent Health website.

In PHR 1, the curriculum QPR: Ask a Question, Save a Life was presented to 90 junior high and high school students during school or at summer camps sponsored by the Managed Care Center for Addictive/Other Disorders Inc. Staff also hosted 12 presentations in Crosby county at Ralls ISD, Lorenzo ISD, and Crosbyton ISD. The goal of QPR is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training. PHR 2/3 staff supported the Palo Pinto CFRT by providing educational material on Suicide Prevention. PHR2/3 provided ASK Trainings to 46 School Health Advisory Committee members as well as facilitating one for 345 Mineral Wells ISD staff and parents. PHR 4/5N staff provided suicide
awareness training utilizing the evidence-based curriculum “Ask About Suicide To Save A Life” (ASK) to ISDs, Colleges of Nursing, Pregnancy Prevention Centers, and Goodwill Industries sites in 11 counties, reaching a total number of 342 attendees. Participants included administrators, teachers, coaches, caseworkers, counselors, paraprofessional staff, and nursing students at TVCC and UT Tyler. It provided participants who interact with youth an overview of the basic epidemiology of suicide and suicidal behavior including risk and protective factors. The trainings prepared participants to recognize warning signs of someone that may be at risk for suicide or suicidal behavior and equipped them to respond and intervene appropriately by knowing where and how to refer. In partnership with TXDoT, PHR 4/5N staff also participated in a forum to improve road conditions along a risky highway corridor known for its high injury and fatality rates related to motor vehicle accidents. Additionally, four PHR 4/5N staff participated in several Pay Attention East Texas (PAET) Coalition activities to educate teens on speeding, texting and driving, and other risks for fatalities and accidents involving teens. These activities included displays for the 2017 Rusk County Christmas parade, health fairs, and events requested by communities such as Shattered Dreams. Shattered Dreams was presented to 150 students in two ISDs. A Brain Injury Database was created by PHR 4/5N staff in partnership with the North East Texas Brain Injury Coalition (NETBIC) for dissemination among agencies which have injury prevention activities to help eliminate duplication of services and enhance communication. One group, composed of advocates for Traumatic Brain Injury (TBI), has worked to educate and prevent TBI in four major areas: sports-related concussions, falls, motor vehicle accidents, and abusive head trauma. PHR 9/10 worked closely with a diverse group of community partners from public, private, and non-profit sectors to identify evidence-based strategies for preventing the top causes of non-fatal injury. PHR 9/10 identified these stakeholders as a mechanism to increase the number of CFRT, educators, and providers that provided child injury education, support, and community resources. The partnership conducted 56 activities with 582 participants that ranged from teen drowning prevention to bike safety, concussion prevention, teen motor vehicle safety, and suicide prevention.

MCH provided feedback on Texas Health Steps adolescent-focused Online Provider Education (OPE) modules including Motivational Interviewing, Interpersonal Youth Violence, and Substance Use. MCH continued to distribute flyers promoting the OPE modules related to injury prevention. Topics included Adverse Childhood Experiences, Adolescent Substance Abuse, Behavioral Health screening, Adolescent depression, Concussions, identifying and treating High Risk behaviors, interpersonal Youth Violence, Screening and Brief intervention (SBIRT), Motivational Interviewing, Head
Injuries, Preventing Unintentional Injuries, Promoting Adolescent Health, Teen Consent and Confidentiality, and Reporting Child Abuse. The Injury Prevention modules were completed by 25,025 providers. This was a 35% increase from FY17.

MCH also required THAI clinic-based contractors to complete Texas Health Steps OPE modules focused on Adolescent Health including Promoting Adolescent Health; Teen Consent and Confidentiality; Motivational Interviewing; Identifying and Treating Young People with High-Risk Behaviors; Transition Services for Children and Youth with Special Health Care Needs; Behavioral Health: Screening and Intervention; Adolescent Substance Use; Interpersonal Youth Violence; Preventing Unintentional Injury: 13-18 years; Nutrition; Introduction to Screening, Brief Intervention & Referral to Treatment Tutorial; Management of Overweight and Obesity in Children and Adolescents; and Effective Asthma Management at School. In FY18, 100% of all staff – doctors, nurses, medical assistants, front office staff - completed all of the modules. A total of 40 providers received training. Attempts were made to gather feedback from providers on the modules to determine if the modules were helpful with limited success.

In FY18, DSHS released 48 issues of “The Friday Beat”, an e-newsletter geared for school nurses and other professionals, to disseminate information about nutrition, physical activity, obesity, and other health related topics. School Health staff continued to use CDC’s Whole School, Whole Community, Whole Child approach during this fiscal year. The Whole School, Whole Community, Whole Child model expands on the eight elements of CDC’s coordinated school health and is combined with the Association for Supervision and Curriculum Development’s (ASCD) Whole Child framework focused on ensuring every child is healthy, safe, engaged, supported, and challenged. The elements are:

- Health Education
- Nutrition Environment and Services
- Employee Wellness
- Social and Emotional School Climate
- Physical Environment
- Health Services
- Counseling, Psychological, and Social Services
- Community Involvement
- Family Engagement
- Physical Education and Physical Activity

CDC and ASCD developed this expanded model in collaboration with key leaders from the fields of health, public health, education, and school health to strengthen a unified and collaborative approach designed to improve learning and health in schools. Editors of the Friday Beat used the elements
to guide their selection of articles, webinars, and other resources. The Friday Beat provided 118 unique articles, resources, and educational opportunities related to Injury Prevention to 5,838 weekly users by the end of FY18, almost a 22% increase from FY17. The articles provided school stakeholders with resources on student safety, emerging best practices, and programs to implement within a school setting. Examples of resources included flood-related health information, disaster distress helpline contacts, community change grants, addressing opioid overdoses tips, access to care grants, keeping children safe as motor vehicle occupants, youth engagement, how alcohol affects the brain articles, suicide screening toolkits, ways to create positive school culture tips, open water drowning risks for kids, safety plans, bullying prevention webinars, and wellness assessment tools.

MCH participated in the National Child Safety (CS) CoIIN Cohort II as well as continuing to lead the Texas CS CoIIN team. The overarching goal of the CS CoIIN is to reduce fatal and serious injuries among infants, children, and youth in participating states and jurisdictions over the course of one year by improving partnerships; and expand the implementation and spread of best practices, especially among the most vulnerable populations. Office of Injury Prevention’s (OIP) CFRT Coordinator served as the primary lead for Texas’ CS CoIIN. MCH Adolescent Health staff continued to participate on the CS CoIIN through membership on the Teen Driving Safety, and Teen Suicide and Self Harm Committees. MCH continued to utilize one THAI community-based contractor’s data to show impact on suicide prevention. The site was able to present Signs of Suicide to 6585 middle and high school students as well as school faculty; an increase of 453%. Of those who viewed the presentation, 961 (14.6%) self-identified as having concerns. After a brief screening, 369 youth were recommended for counseling and 127 actually received therapy through the program. The State CFRT coordinator and MCH adolescent health staff participated in the newly rejuvenated Teen Driving Safety Coalition. Staff met with the Teen Driving Safety Coalition Leadership and stakeholders to determine the direction of coalition and to provide information on evidence-based teen driving safety programs. The State CFRT coordinator was trained in the evidence-based Impact Teen Driving program. The State CFRT coordinator applied for the newly created Child Safety Collaborative for FY19, previously the Child Safety CoIIN.

MCH continued to partner with the OIP on injury prevention initiatives. OIP’s State CFRT Coordinator, MCH State Child Health Coordinator, and MCH State Adolescent Health Coordinator were in discussions with the Global Safe Kids Coordinator to learn more about state facilitation of a Safe Kids Coalition. Initial investigation highlighted some possible barriers to a state-level coalition including the potential territorial issues that might arise with the already-existing coalitions in Texas and the capacity of MCH staff to take
on additional responsibilities. Future injury prevention programming though the Children’s Safety Network Collaborative in FY19 will include piloting the Impact Teen Driving program and continuation of the Signs of Suicide Program. DSHS will also continue to improve the statewide car seat distribution program.

**Objective #4: By 2020, increase the percentage of child deaths reviewed by CFRTs by two percentage points (baseline: CFRT report, 2013 – 37%)**

Child Fatality Review (CFR) is a public health strategy to understand child deaths through multidisciplinary review at the local level. The Texas CFR process was created in 1995 by the Texas Legislature and is a statutorily-defined multidisciplinary group of professional disciplines with unique perspectives on child safety. State Child Fatality Review Team (SCFRT) members are subject matter experts from law enforcement, the medical community, Child Protective Services, child advocacy organizations, the court system, the behavioral health community, and other interested stakeholders.

In FY18, the State CFRT Coordinator moved into the newly-created Office of Injury Prevention (OIP). Even though the CFRT program moved, MCH staff continued to work together on Injury Prevention projects. In FY18, the 2018 biennial CFRT report was published. Accidental death rates increased in 10-14 year olds and declined among youth aged 15-17 years from 2013 to 2015. Although the rate of motor vehicle deaths among 15-17 year olds reached an all-time low, teens are still more likely than other age groups to die in motor vehicle accidents than children of all other ages. Assault (not including child abuse) was the primary leading contributing cause to child homicides in 2014 (40%) and the second leading cause in 2015 (26%). In 2015, suicide was the leading cause of death for youth 15-17 years of age. The trend in child suicide rate slightly increased to 2 per 100,000 children in 2013 and has remained constant. Two of the top psychosocial factors CFRTs identified that contributed to child suicides are family and peer relationships. The report included recommendations to legislators that could impact adolescent health and injury prevention, including a recommendation regarding a statewide Safe Storage Campaign for Gun Safety and repeal of the law which allows a parent or guardian to provide driver education course to eligible minors 16-18 years of age. Additionally, in January 2018, the State CFRT Coordinator was able to provide death data to local teams electronically in accordance with HB1549. The system change will allow for more timely local death reviews and provide DSHS with current data.
In FY18, planning began for local CFRT members to receive training about standardized collection and reporting of data through the partnership with DFPS. Local CFRTs were provided details regarding a ½ day training at the Partners In Prevention conference to occur in FY19. In FY17, the Texas legislature passed HB1549 that required DSHS to provide trainings for Justice of the Peace and Medical Examiners regarding inquests in child death cases. A national training was located and will be updated and vetted to meet this training requirement in FY19. HB1549 also required that DSHS provide review teams with electronic access to the preliminary death certificate for a deceased child. The process to provide death certificates from 2016, 2017 and the beginning of 2018 to local child fatality review teams electronically through the national case report system was developed. Case information was auto-populated into the case report system, providing teams with data entry support that they have not received in the past. Death certificates were previously provided to local CFRTs 18 months after the death. This timeframe was reduced to approximately 8 months after the death in FY18. DSHS will continue to improve the distribution process with the goal of providing cases to teams on a monthly basis.

The State CFRT coordinator participated in the national data quality workgroup with the National Center for Fatality Review and Prevention on the implementation of the list of priority variables for child fatality review teams to use throughout Texas and the US that was created in FY17. The State CFRT coordinator participated in the national Southeast Coalition meetings. The Southeast Coalition is a group of state child fatality review coordinators from 14 states that meet bimonthly to discuss updates and current issues related to child fatality review. The State CFRT coordinator attended the yearly Southeastern and Southwestern Injury Prevention Network (SE&SW IPN) meetings. The SE&SW IPN is made up of 13 state injury and violence prevention programs, university-based injury research centers, national injury prevention resource centers, and hospital-based injury prevention centers. This yearly meeting serves to gather state leaders in injury prevention. In FY18, the State CFRT Coordinator was elected to the SE&SW IPN leadership board. The leadership board serves to coordinate the yearly meeting and the activities of the SE&SW IPN.

Local CFRTs are volunteer-based and organized by county or multi-county geographic areas. Team members collect information that corresponds to their disciplines and specific questions in the National Center for Fatality Review and Prevention database. Local CFRTs meet to share what each member knows about the specific child deaths being reviewed and identify risk factors specific to their communities. Reviews conclude with the question: “Was this death preventable?” Multiple Public Health Regions (PHRs) are in the process of adding counties to existing local CFRTs.
Texas was awarded a Children’s Justice Act grant in FY16. The State CFRT Coordinator developed this project to support the hiring of two local CFRT coordinators in one urban and one rural pilot community. The goal of the project is to determine the benefit of paid staff in the quality and quantity of CFRT data collected and reported as well as implementation of injury prevention initiatives in the local pilot communities. In FY18, the supported CFRT coordinator in the rural pilot community held multiple meetings with stakeholders to review deaths in the community and entered case data into the national online case report system. An example of the success of the pilot was the report that as a result of one meeting, child protective service policy was altered to start using justices of the peace as collaterals on child fatalities. The CFRT coordinator also started working with the State Adolescent Health Coordinator to help build positive youth development as an approach to prevention steps in the local community. In FY18, Bexar County hired a local CFRT Coordinator. The Bexar County Coordinator started to improve the quality and quantity of data being collected as well as the timeliness in which cases were completed and entered. The Coordinator retrospectively entered 76 completed cases for 2015; 101 completed cases for 2016; 31 completed cases for 2017 and as of September 30, 2018, 21 cases have been completed. There were a total of 229 case entries marked “completed” in FY18, enabling the state to include the data in the biennial report. The Bexar County CFRT partnered with the Alamo Area Teen Suicide Prevention Coalition, the National Alliance on Mental Illness – San Antonio, and Education Service Center Region 20 to provide regional school districts with information regarding the increase in suicide deaths among teens and suicide prevention resources at the Fall School Counselors conference.

PHR 6/5S staff facilitated 15 CFRT meetings in which 24 death cases were reviewed. Among adolescent deaths reviewed, one was attributed to drowning, two cases were related to teen driver safety, two were related to pedestrian safety, one was a homicide, and two were suicides. In PHR 9/10, the local CFRT covers all 36 counties in the region. The CFRT reviewed 100% of the fatalities in children residing in a county where child deaths are reviewed. PHR 9/10 actively participated in five CFRT meetings and discussed three adolescent death cases during this period. Recommendations on mortality reduction strategies were made by the group such as installing traffic lights and speed bumps in busy pedestrian intersections.

Additional activities involving MCH staff included the RPE Grant from the CDC to address sexual assault, one of the main causes of intentional injury as well as a causational relationship to suicide. RPE continued to identify
common data points for sites to aid in a state-level evaluation and analysis process.

**Performance Analysis:**
Several conclusions were drawn from the final year of the THAI project regarding the impact of the Texas Healthy Adolescent Initiative.
- The pairing of a caring adult and a youth can have beneficial impacts for both parties.
- PYD skills are bolstered within youth that are involved in Youth-Adult Councils, PYD programs and clinic development.
- The experience allowed youth to cultivate additional leadership behaviors that can be used in work and life.

However, there were challenges.
- First, the requirement to address specific risks became a hurdle in forming Youth-Adult Councils and selecting programs.
- Relatedly, parental recruitment remained difficult throughout the grant period.
- Lastly, site staff needed training in positive youth development recruitment and programming. This was exacerbated by staff turnover which required re-orientation.

MCH staff utilized multiple platforms, including OPE, GovDelivery, websites, and workgroups, to share Injury Prevention programs, strategies, and resources. Through Texas’ Transformation process, a designated Office of Injury Prevention (OIP) was created and will allow injury prevention strategies to expand.

Although the goal of increasing the percentage of child deaths reviewed by Child Fatality Review Teams has not yet been met, the activities performed in FY18 continued to be steps forward towards meeting the objective.

Regional efforts became more integrated into Adolescent Health injury prevention activities. Communication between regional staff and MCH’s Adolescent Health Coordinator continued to be more focused and intentional in FY18.

**Challenges / Opportunities:**
The contractual requirement to focus on a specific risk factor negatively affected recruitment and resulted in programs that had negligible positive effects. It may be more beneficial to have youth and adults decide together which risk factor or topic affecting youth to address. This should aid in greater buy-in from youth both at the Council and program-levels. Youth, intuitively, would understand the importance of a youth-selected issue.
Most sites believed the requirement of parents to be involved was more of a burden than benefit. As with the risk factor requirement, sites should involve parents if they believe that it will ultimately benefit their program’s mission.

Lastly, any future project would benefit from more hands-on, technical assistance covering positive youth development programming. By partnering staff with experts in the field, communities can overcome many of the recruitment, sustainability, and programmatic challenges found in THAI. A more elastic approach of customized, site-specific technical assistance may have long-lasting benefit for youth and adults in Texas.

In FY19, death certificates will continue to be provided to local Child Fatality Review teams electronically through a national case report system. Death certificates were previously provided to local CFRTs 18 months after the death. This timeline improved to approximately 8 months after the death in FY18. DSHS will continue to work on the distribution process with the goal of providing cases to teams on a monthly basis. MCH/OIP hypothesizes that this will allow teams to review more cases given the timely manner of death certificate receipt and the ease of access to death certificate information.
Plan for FY20

Based on direction from the Five-Year NA where adolescent programming needs to contain consistent peer feedback, stakeholder input, integration of best practice, and ongoing quality improvement, Texas will continue to focus on injury prevention and quality components of the adolescent well visit. Maternal and Child Health (MCH) will continue to monitor emerging issues for the adolescent health population. Specifically, staff will keep informed of developments in the opioid crisis, substance misuse, e-cigarette usage, and violence prevalence as well as other developing concerns.

Positive Youth Development (PYD) remains a cornerstone of Texas Adolescent Health (AH) strategies and initiatives. PYD focuses on the development of relationships with caring adults, supportive relationships with parents, supportive peer networks, promoting positive connections to school, and supportive communities. Additionally, in FY20, Youth-Adult Partnerships will become a major focus of effort.

MCH will maintain state-level partnerships to ensure there is coordination and complementary adolescent health programming to infuse projects with PYD as it addresses specific needs. MCH will continue to facilitate the Adolescent Health Workgroup. This quarterly meeting allows state-level programs that work with youth to share strategies, information, and resources.

The GovDelivery Adolescent Health email list will continue to deliver pertinent monthly messages on adolescent health topics to the over 8,900 subscribers. Topics sent to subscribers will continue to focus on injury prevention or adolescent health-related topics relevant to providers and parents of youth as well as adolescents themselves. MCH will craft targeted monthly messaging through the email list, as well as updated information to the Adolescent Health website to make it a valued resource for adolescent health information. The website will provide resources regarding injury prevention, obesity, and adolescent well visits. All pages will be written in plain language and at a sixth through ninth grade reading level. As time allows, FY20 messaging will be reviewed by young people for relevancy and appropriate topics.

**NPM 7.2: Rate of injury-related hospital admissions per population ages 10 through 19.**

PYD is a proven strategy to reduce risk factors and increase protective factors in youth. Promotion of ‘connectedness’ and healthy development for youth within their community is important in establishing life-long health and reducing injuries that result in hospitalization. Supportive relationships with caring, trained adults can help prevent risky behavior and provide
opportunities for early detection and intervention when problems emerge. These relationships will also provide mentoring opportunities for young people to experience ‘adult’ activities while in a supportive environment.

The new Texas Youth Action Network (TYAN), formerly known as the Texas Healthy Adolescent Initiative (THAI), began September, 2018 and builds upon past THAI successes. The new model was developed using reports from the external evaluator, MCH staff observations, and contractor feedback that showed Youth-Adult Partnerships to be effective in improving youth-serving systems.

Through program evaluation and stakeholder input, TYAN builds upon past successes while addressing program gaps and sustainability concerns identified in previous iterations. MCH will continue to fund one ‘lead’ agency (Texas A&M University/TAMU) to administer TYAN. The goal of TYAN is to provide technical assistance and support to interested communities looking to engage youth in their decision-making process. TYAN will assist stakeholders in improving their activities with and for youth using the PYD model. TAMU will provide evaluation of the TYAN model as well.

Community Partners, selected through a process of solicitation by TAMU, will be trained and supported to engage youth in decision-making activities, leadership opportunities, and programming mirroring the ‘family engagement’ direction that HRSA put in the Block Grant guidance documents. TAMU will support the Community Partners through small start-up grants in strategic planning, surveillance of youth capacity, and training on all aspects of youth engagement including PYD with the ultimate goal of enhancing existing community youth programs by including youth at the decision-making table. Each Community Partner will gradually assume more responsibility based on the training they received and, over time, will require less support from TYAN. A 12-month cycle of intensive start-up guidance is followed by an additional year of assistance focusing on sustainability. During the last months of active involvement with each cohort of current Community Partners, TYAN will identify another cohort of Community Partners in other areas and begin the process anew.

Planned activities for the FY20 TYAN project include community gatherings to increase networking opportunities, selection of Community Partners, training on PYD and youth engagement for general audiences and Community Partners, technical support for Community Partners, and 16 Community Partners initiating or improving their Youth-Adult Partnership, along with evaluation of all components. Similar to successes from the THAI Youth-Adult Councils, the Youth-Adult Partnership (YAP) will infuse youth into the decision-making process of the organization’s structure. The
difference in the TYAN model versus the old THAI model is that youth are invited into existing community groups that impact youth programming. Theoretically this should provide more sustainability for youth voice. The goal will be to work with at least one Community Partner in all Public Health Regions (PHRs) by FY22.

Using this approach, MCH staff anticipate that TYAN will reach 64 Community Partners engaging and supporting youth at the decision-making table by 8/31/2023. Assuming at least two youth at every Youth-Adult partnership, there would be a minimum of 128 youth involved at the intense Youth-Adult Partnership level. One new component of the TYAN project is to attempt to gather ‘reach’ with the theory that having youth engaged in the development and improvement of youth programming will positively impact the youth that attend the programming. TYAN will maintain connections with each of the Community Partners throughout the project to gauge ongoing success of their youth involvement efforts and evaluate effectiveness of the expansion model over time.

TYAN will increase the number of youth authentically engaged in community youth projects. Authentically engaging youth is defined as involving youth in responsible, challenging action that meets genuine needs, with the opportunity for planning and decision-making that affects others. There is mutuality in teaching and learning between youth and adults. Each group sees itself as a resource for the other and offers what it uniquely can provide. Power and control are shared. Youth who have a healthy, positive outlet are less likely to take unhealthy risks, which will reduce the likelihood of experiencing, intentional or unintentional, injury or death.

By engaging youth as involved participants and partners, TYAN Community Partners will encourage acquisition of the strengths, skills, and supports also known as developmental assets to succeed (also known as Developmental Assets by the Search Institute) and provide alternatives to participation in risky behaviors. Developmental assets refer to positive supports and strengths that young people need to succeed. The supportive, caring adults within each Community Partner group will receive training to help them build the supports and identify the strengths of the youth in their community. Research has shown that one supportive, caring adult in a young person’s life can be one of the biggest factors contributing to healthy choices.

TYAN will also be able to measure the ‘reach’ of PYD. Assuming that youth voice informed and influenced change of a program or practice, then youth voice and PYD would spread to the Community Partner agency’s programming. By offering training, technical support, evaluation, and continued communication, TAMU can more accurately track the impact of PYD on youth in the communities they are working in.
An even broader aspect of TYAN is to provide easy access to trainings and resources as it relates to PYD and youth engagement for anyone seeking information. TAMU will continue to support the TYAN website (https://tyan.tamu.edu/). TAMU staff, utilizing in-house experts and resources at a national level, developed online modules that provide basic, intermediate, and advanced training on PYD and youth engagement. Due to the project being housed at TAMU, all online modules will have CEUs for a variety of organizations and associations attached. Analytics from the website will inform future improvement efforts.

Through TAMU’s evaluation, TYAN will continue to incorporate many of the previous THAI evaluation tools that are proven measurements of youth engagement and connectedness. The evaluation will continue to track changes in three PYD domains including Positive Core Values, Positive Life Choices, and Sense of Self. Additionally, TAMU, in partnership with other state experts, has developed a readiness assessment called the Organizational Readiness Assessment for Youth-Adult Partnerships (ORAYAP) for organizations to measure their capacity to incorporate youth voice in their organizational structure. This assessment will be used with Community Partners to provide baseline data and annual re-assessments will track growth. Additionally, the ORAYAP is available to any interested stakeholder looking to gauge their readiness for youth engagement though data will not be tracked on agencies outside of Community Partners to show change.

MCH will continue to fund the Youth Engagement Specialist project through University of Texas’ Institute for Excellence in Mental Health. The Youth Engagement Specialist provides expertise on youth-related issues and promotes the value of youth as ‘family’ partners at the decision-making table. This project will continue to expand youth voice representation at multiple levels – state, regional, and local.

The project will offer education to state and community stakeholders and agencies interested in engaging and retaining authentic youth voice in planning and programming. It will enhance state-level and adolescent-focused projects across the state. It will support youth interested in leadership opportunities, promote PYD principles, and ensure strategies are in place to engage youth as leaders. It is an FY20 goal to have the Youth Engagement Specialist train DSHS regional staff to introduce PYD and youth engagement across the state thereby expanding the project and enhancing regional staff knowledge of Adolescent Health within their region. Participants in either the Youth Engagement Specialist or regional MCH staff initial PYD / youth engagement training may go on to become Community Partners within TYAN. The Youth Engagement Specialist will be available to provide subject matter expertise to both regional staff and participants on a
limited basis. Should either need more support, referrals will be made to TYAN.

In Public Health Region (PHR) 4/5N, staff will continue to expand Coaching Boys Into Men among high school athletic programs and initiate training-of-trainers to accelerate the spread of the program in the regions. PHR 11 will coordinate training by Healthy Futures of Texas on the “Big Decisions Program” to School Health Advisory Committees (SHACs) in Education Service Center (ESC) Region 1 and ESC Region 2 to provide positive youth development education through a webinar. Big Decisions is an eight-week abstinence-plus sexuality education curriculum that is suitable for grades 8 to 12. Big Decisions is designed to vigorously and effectively encourage young people to postpone sexual involvement, and also to provide the guidance and information young people need to reduce their risks when they do become sexually active. Training will be provided to educators who indicate an interest in the program after the webinar. It is anticipated staff will train ten educators in four middle or high schools with the goal to reach 200 students and 200 parents.

MCH will provide question recommendations to future Texas Youth Risk Behavior Surveillance System (YRBSS) for monitoring, coordination, and assessment of PYD as it relates to connectedness to adult influencers. MCH will also provide subject matter expertise to the YRBSS workgroup to ensure that pertinent adolescent health questions remain a priority. MCH will continue to promote youth-focused programming and appropriate screening and referral, develop resources for state and local partners, and gather youth input to provide ongoing feedback and opportunities to improve adolescent programming.

MCH will continue to develop and promote educational materials, including THSteps’ OPE modules specific to Adolescent Injury Prevention and components of an adolescent well visit. Modules will be promoted through GovDelivery, partner contractors, TYAN Community Partners, AH website resources, and event activities. Articles and resources related to injury prevention will be featured in each issue of the Friday Beat, an e-newsletter for school administrators, teachers, nurses, health educators, and other interested school health partners.

MCH Adolescent Health, along with the MCH Child Health Coordinator and the Office of Injury Prevention Coordinator, will continue to participate in a multidisciplinary interagency group focused on injury prevention. The Injury Prevention workgroup continues to identify opportunities for ongoing collaboration. Past successes with other state partners like DFPS (through their annual Partners In Prevention Conference) will be identified for FY20 to educate stakeholders and identify new partners. MCH will look for ways to utilize existing conferences and symposiums to bring CFRT members, TYAN
Community Partners, and MedCARES providers together for topic-specific training.

MCH will continue to partner with the Office of Injury Prevention (OIP) which includes the Safe Riders program, the EMS and Trauma Registries, the Child Fatality Review program, and the National Violent Death Reporting System to ensure that MCH and OIP activities are aligned to prevent adolescent injuries and fatalities. In FY19, the Child Fatality Review program implemented HB1549 changes to child fatality review legislation. This included distribution of death certificates to teams on a real-time basis. While initial implementation faced some challenges, overall program enhancements and adjustments will continue to ensure more timely reporting of child fatalities.

In addition to approaching Adolescent Health with a primary prevention lens through PYD and youth engagement, there are a number of specific areas of concern both across the state and at a region level as it relates to injury and fatality. Specifically, these include motor vehicle crashes, suicide prevention, human trafficking, and drownings.

MCH has been a foundational partner on the Children’s Safety Network’s Child Safety (CS) CoIIN since December 2015. Although the Children’s Safety Network’s updated version of this project is a Learning Collaborative, MCH will continue to work on the CS Learning Collaborative objectives for the ‘Suicide and Self-Harm Prevention’ and ‘Motor Vehicle Traffic Safety’ topic areas. Through a community partner, Communities In Schools, MCH will continue to support implementation of the Signs Of Suicide evidence-based curriculum to 18 middle and high schools in the central Texas area. Plans in FY20 include exploration into expanding this program into one or two other regions. The CFRT Coordinator, within the OIP, as well as the Adolescent Health Coordinator and a community partner became certified trainers of Impact Teen Driving in FY19 in order to provide easier access and opportunities for interested stakeholders to implement this Motor Vehicle Safety program. Offers to provide the program training will be made to regional staff and interested community agencies at least three times throughout FY20.

Activities at the regional level will focus on interventions to prevent injuries and fatalities caused by motor vehicles and all-terrain vehicles (ATVs). Based on staff expertise and roles, PHRs approach motor vehicle injury prevention through a wide range of strategies.

PHR 4/5N will continue to lead monthly meetings of Northeast Texas Brain Injury Coalition (NETBIC) to address traumatic brain injury related to sports-related activities, falls, and motor vehicle crashes, including off-road vehicles. Staff will also continue to lead monthly meetings of ATeamV to
address injuries related to all-terrain and other off-road vehicles and will lead the Pay Attention East Texas (PAET) coalition to address brain injuries due to motor vehicle crashes. Staff will expand number of counties participating in ATV-related injury prevention activities. PHR 4/5N will also collaborate with Texas Association of Sports Officials to provide training to sports officials in the recognition of signs and symptoms of potential traumatic brain injury in adolescents and related concussion management protocols. Staff will create and distribute a regional injury-prevention newsletter to members of NETBIC, database partners, and interested stakeholders. PHR 4/5N also plans to develop a plan of action for motor vehicle accident prevention based on focus group findings and site assessments initiated by the PAET Coalition. The goal for FY20 is to form a task force to identify stakeholders, consolidate existing efforts in Longview and propose specific goals, objectives and resources to reduce the incidence of DWI crashes in the affected area. Pay Attention East Texas will be the vehicle to initiate and coordinate this effort. Staff will maintain and expand a regional database for brain injury-related partners and resources. PHR 7 will partner with Texas Trails, Education And Motorized Management (TXTEAMM) to conduct train the trainer sessions in the five counties with the highest ATV death rates on proper ATV usage and state laws. These staff will then train other agencies so that they can provide training to their communities. Staff will also provide presentations at schools and health fairs or where requested by the community, to educate the public on proper ATV usage. Staff will partner with Teens in the Driver Seat to educate teens on how to drive safely and responsibly. Staff will reach out to nurses and counselors in middle schools and high schools to promote and implement Teens in the Driver Seat.

In addition to the central office staff work that is done with the Children’s Safety Learning Collaborative on suicide and self-harm, PHR 1 staff will continue to offer education to healthcare providers or agencies who provide services to adolescents on suicide awareness and prevention. PHR 2/3 staff will assist stakeholders to obtain resources and training on evidence-based suicide prevention programs through the local mental health authority or other sources. Community stakeholders include schools, School Health Advisory Committees (SHACs), health coalitions, and faith-based organizations. These community stakeholders will train their staff and/or educate their clients on suicide prevention. PHR 4/5N staff will provide guidance to the Save a Life Today (SALT) Coalition for suicide prevention outreach which may include sharing of conference proceedings, research data, or prevention-related news and updates, with the intent that core group members will disseminate the information in their own counties. PHR 9/10 will promote culturally congruent suicide prevention best practices by providing education, resources, and technical assistance to schools and
community partners for the promotion of environmental change to practices and policies.

According to Youth.gov, human trafficking, even in the Adolescent Health population, happens to every social, ethnic, and racial group. Young people, especially those with risk factors, are particularly vulnerable to trafficking. Risk factors include:

- A history of abuse or neglect
- Family conflict
- Peer pressure
- Social isolation
- Under-resourced communities

Regionally, PHR 1 staff plan to make educational resources available in the lobby or patient rooms to increase awareness of domestic minor sex trafficking prevention to those who access services at DSHS field offices. They also plan to train healthcare providers or agencies who provide services to adolescents to recognize, refer and report potential victims of trafficking. At a systems level, staff plan to assist providers to establish guidelines to handle suspected human trafficking cases. They also plan to increase awareness among service providers by offering ongoing educational opportunities during staff breaks. PHR 4/5N staff will monitor the number of presentations, trainings, and outreach events conducted regarding human sex trafficking prevention and awareness in the region, including location of events, number of participants, key partners, and the number of participants who can accurately identify grooming techniques used by human traffickers and characteristics of at-risk populations. Efforts to educate communities in PHR 7 to recognize, report, and prevent human trafficking will continue through the use of the Shared Hope Presentation. Education is planned for county judges, community centers, tattoo parlors, churches, libraries, schools and hospital staff in five counties. DSHS staff in these counties will continue to attend the Central Texas roundtable meetings and will provide a train the trainer class for the rest of DSHS nursing staff. PHR 9/10 staff are working to develop a clinic process in FY20 to identify and refer identified human trafficking victims and individuals at risk of becoming victims to appropriate services going forward.

MCH’s continued goal is to improve knowledge with Injury Prevention stakeholders and CFRT teams in order to build capacity and foster networking opportunities around injury prevention. MCH will update appropriate AH and CFRT websites, support regional activities, and develop education and resources for interested stakeholders. MCH will also promote webinars and technical assistance tools for Injury Prevention stakeholders and interested CFRT team members.
MCH, in partnership with OIP, will continue to provide technical assistance to local CFRT teams in order to increase quality and quantity of deaths reviewed and increase the number of counties covered by local CFRTs. The State CFRT will continue to focus on all Texas’ 254 counties being covered by review teams and increasing the percentage of deaths reviewed. According to Texas’ 2018 CFRT Report, local and regional CFRTs cover 211 of the 254 Texas counties resulting in 94% of Texas children residing in a county where child deaths are reviewed. The 211 counties detailed in the 2018 report was an increase of 17 counties from the 2016 report. The goal for FY19 to get five more counties involved in CFRT activities was met. In FY20, the goal will be to add or re-instate 5 more counties involved in CFRT activities.

In FY18 and FY19, CFRT staff was able to streamline some of the steps in death review facilitation. Electronic death certificates are delivered within 6 months. Teams will continue to be trained to utilize an expedited review process for natural deaths. These process changes allow teams to gain timely access to data. Continuing education opportunities for local CFRTs will focus on improving the CFRT process in communities and address preventable deaths in Texas. This will require ongoing assessment of data needs, gaps, and opportunities; continuous refinement of review tools, data systems, and training to aid in the reviews; and review of pilot funding strategies to help in completion of data entry. Resources will also include information on best practices in injury prevention programming. Based on House Bill 1549, OIP will ensure a training for medical examiners and justices of the peace regarding child death inquests will be available via the internet.

Through a Children’s Justice Act grant, MCH funded two full-time local CFRT coordinators in one urban and one rural area for a 12-month period. The grant ended in FY19. The coordinators’ successes and challenges on monitoring activities to increase meeting consistency and improve data quality and quantity will be utilized to improve the CFRT process. Coordinators identified policy and training needs, and initiated injury prevention initiatives in their community. The Local CFRT Coordinators planned, scheduled, and coordinated local CFRT meetings to receive death certificates from DSHS vital statistics unit as well as processed death certificates and sent out case notifications to local CFRT members. DSHS will continue to support the local CFRT coordinators with technical assistance and training.

PHR 4/5N will implement the Life Jacket Loaner Program. This program promotes water and boating safety through the distribution of water/boating safety presentations and equipping participants like boating marinas with life jackets. Through this water safety program, staff will educate youth on the importance of wearing life jackets near and in water. Teaching adolescents
to use a life jacket properly may save that young person from unintentional drowning. Partners will include marina management and camp management.

Staff in PHR 6/5S will collaborate with local CFRTs to identify prevention events/activities related to local adolescent injury and deaths with the goal of implementing evidence-based best practice strategies to reduce injuries in FY21/FY22.

MCH will continue to represent Texas as the Principal Investigator for CDC’s Rape Prevention and Education (RPE) grant. RPE-funded organizations utilize the public health model and primary prevention activities to promote PYD and healthy relationships. The focus in FY20 will be to expand the impact of the program from an individual-based focus to a community-based focus. Results from an external evaluation showed that Texas continues to need ongoing resources to implement a state-level evaluation process. The external evaluation also did a preliminary review of current curricula utilized in Texas. This review showed that local Rape Crisis Centers are well-poised to implement community-level change. MCH, the Office of the Attorney General, and Texas Association Against Sexual Assault will continue to improve technical assistance and training to local RPE-funded sites based on the new CDC direction and evaluation results.

The opioid epidemic continues to be a primary concern for adolescents and young adults within Texas. The Health & Human Services Commission has two projects dedicated to the crisis. One is the Strategic Prevention Framework for Prescription Drugs (SPF-RX) Opioid Prevention Project and the other is the Alliance for Adolescent Recovery and Treatment in Texas implementation group. Both are funded through the federal Substance Abuse and Mental Health Services Administration (SAMHSA). MCH participates on their planning committees. Staff has reached out to specific programs within HHSC and OAG to offer assistance in identifying community agencies who are full-time ‘take back’ locations as well as requesting assistance via GovDelivery for agencies to become locations. Tentative plans include connecting HHSC and OAG to regional staff to introduce “Dose Of Reality” website (http://doseofreality.texas.gov/) to staff in order for them to promote this resource in their area. Regional staff in PHR 2/3 will support these efforts in FY20 by identifying law enforcement agencies and fire departments to host Take Back Drug Days in their communities during which people can take their expired and unused medications to the location and dispose of medication using Dispose Rx packages.

**SPM 4: Percent of adolescents and young adults (ages 18-24) who visited a doctor for a routine checkup in the past year.**

One central theme that emerged from the NA stakeholder meetings was the need to improve coordination and quality of care for adolescents and young
adults. Additionally, many parents voiced concerns regarding teenagers’ exposure to drugs, gangs, and sexual activity. Efforts by the Adolescent & Young Adult Health (AYAH) CoIIN reinforced this need. Data showed that, while youth under 18 years of age had a strong percentage (over 80%) that received well visits, the numbers dropped dramatically once the youth turned 18 (approximately 50%). MCH will continue to address these concerns by providing education and resources specific to healthcare professionals on the MCH Adolescent Health website and through technical assistance to appropriate TYAN Community Partners. MCH staff will look for strategies and activities related to medical home, transition, and community integration which will be incorporated into current projects as appropriate. Adolescent Health will explore resources and connections within the unit to capitalize on other domain projects, like the Healthy Mothers and Babies Coalitions, to ensure messaging remains consistent across domains as well as offer assistance to engage young adults in preconception discussions. Additionally, MCH staff will continue to identify other organizations interested in becoming ‘youth friendly’ in order to provide support and expertise to reach that goal.

The work that THAI clinic-based contracts did to enhance the quality of adolescent well visits and increase the number of youth that access services will inform TYAN activities going forward. This includes the use of screening tools to assure early detection of emerging issues such as substance use or mental health issues, and improvement of the clinic environment to make it more adolescent-friendly. Within Texas, there are risk-specific programs to address some of these issues. Staff will explore collaboration opportunities with DSHS’ Chronic Disease, Asthma Management, and Tobacco Cessation to promote prevention and early intervention while incorporating youth voice and engagement options. MCH will use the DSHS GovDelivery and MCH Adolescent Health website to share lessons learned and intervention strategies from other programs with healthcare professionals. Through TYAN, MCH will continue to work with healthcare professionals to become adolescent-friendly while supporting involvement of youth and parents as family partners. Regional MCH staff will participate in and support TYAN’s community activities. Tools and resources that will be provided to healthcare professionals include a self-assessment, ideas to improve the physical environment to make it more adolescent-friendly, strategies to enhance the referral system, and opportunities to connect with local adolescent populations through the local Youth-Adult Partnerships. FY20 TYAN will support clinic-based Community Partners’ strategies to engage youth and improve youth outcomes through media campaigns, adolescent-friendly protocols, and practice examples.

MCH will continue to update the MCH Adolescent Health website to include information and strategies for young adults ages 18-24. This will include
education strategies for providers, parents, and young adults. The materials will be created and modified based on current MCH and other Texas-specific resources. Examples of resources will include references to Texas Health Steps modules as well as MCH’s life planning tools.

Regionally, nursing staff in PHR 2/3 will collaborate with the DSHS Dental program to extend their reach by providing education among elementary students and school nurses on proper dental hygiene in four rural communities.

MCH will continue to partner with stakeholders at the state and community levels to develop and share adolescent-friendly strategies with healthcare providers across the state. Utilizing successes gained from AMCHP’s AYAH CoIIN – Cohort II, Texas will continue to promote uniform screening recommendations and tools, provide examples of written procedures, update referral resources, share written policy examples, and ensure consistent messaging targeted at youth and their families.