## **Evaluation Report Brief**

## Methodist Healthcare Ministries of South Texas, Inc.: Sí Texas: Social Innovation for a Healthy South Texas



## What is the community challenge?

The South Texas border area experiences disproportionate social, economic, and health challenges. Texas ranks 48th in state per capita mental health funding, and access to mental health treatment and services remains one of the most pressing issues facing the state. In low-income areas, where residents are poor and uninsured, the needs are compounded by a lack of access to health care. The South Texas area suffers from high rates of chronic disease, such as obesity and diabetes, and mental health concerns, but the number of primary care physicians and mental health providers is less than half the number in the rest of the state.

## What is the promising solution?

Eight Sí Texas portfolio subgrantees implemented different approaches to integrated behavioral health (IBH) to improve the physical and mental health of the low-income, Hispanic populations served by their organizations. IBH is team-based, coordinated clinical care for patients' physical and behavioral health needs and it incorporates the management and delivery of health services so that individuals receive a continuum of preventive and restorative mental health services, according to their needs over time, and across

#### **Program At-a-Glance**

**CNCS Program: Social Innovation Fund** 

Intervention: Sí Texas: Social Innovation for a Healthy South Texas

Subgrantees: Hope Family Health Center, Mercy Ministries of Laredo, Nuestra Clinica del Valle, Rural Economic Assistance League, Inc., Texas A&M International University, Tropical Texas Behavioral Health, The University of Texas Health- Brownsville Campus, University of Texas Rio Grande Valley

Intermediary: Methodist Healthcare Ministries of South Texas, Inc.

Focus Area(s): Healthy Futures

Focus Population(s): Low-income, Hispanic adults

Community(ies) Served: 12 medically underserved counties in the Rio Grande Valley, Laredo, and Coastal Plains areas in South Texas (Hidalgo, Cameron, Webb, Starr, Zapata, Jim Hogg, Bee, Brooks, Jim Wells, Kleberg, San Patricio, Willacy)

different levels of the health system. Sí Texas focused on unique models that combined evidence-based IBH practices with innovations adapted for the South Texas population, including incorporation of non-clinical components, such as transportation. The eight subgrantees are from 12 medically underserved counties in the Rio Grande Valley, Laredo, and Coastal Plains areas in South Texas. The Sí Texas grantees represented a diverse group of organizations from health clinics to academic institutions to a local mental health authority, among others.

## What was the purpose of evaluation?

The evaluation of Methodist Healthcare Ministries of South Texas, Inc.'s Sí Texas: Social Innovation for a Healthy South Texas by Health Resources in Action, Inc. began in 2015 and finished reporting in 2019. This evaluation of a portfolio of eight subgrantees aimed to examine the effectiveness of enhanced IBH on improving patient health outcomes on measures of depressive symptoms, quality of life, weight, blood sugar, and blood pressure compared to participants receiving the subgrantee's standard of care or similar services. The primary research question was *Did intervention participants who participanted in a Sí Texas intervention significantly reduce their depressive symptoms after 12 months compared to participants who receive the standard of care?* The overarching evaluation used a research synthesis approach to 1) conduct a pooled quasi-experimental design (QED) to assess individual-level differences among 2,254 participants and 2) conduct a meta-analysis to examine study-level effects across the portfolio from the randomized control trials (four subgrantees) or quasi-experimental designs (four subgrantees) among the subgrantee-level studies.

## What did the evaluation find?

As a grantee of CNCS's Social Innovation Fund, Methodist Healthcare Ministries of South Texas, Inc. engaged an independent evaluator to evaluate Sí Texas: Social Innovation for a Healthy South Texas.

The impact evaluation, which used a QED to assess individual-level differences, combined data from 2,254 participants across all eight subgrantees and found the following:

- After 12 months of care, Sí Texas participants showed significantly lower depressive symptoms and blood sugar levels
  than did participants who received each subgrantee's standard of care (as measured by PHQ-9 and HbA1c,
  respectively).
  - In stratified analyses, the intervention had a particularly strong effect on HbA1c among those with chronic
    conditions, specifically among diabetics, those with higher PHQ-9 scores, and participants with an SPMI diagnosis
    compared to similar control participants.
- After 12 months of care, Sí Texas participants had a significantly higher body-mass-index than did participants who received each subgrantee's standard of care.
- After 12 months of care, Sí Texas participants' blood pressure and quality of life did not significantly differ from participants who received each subgrantee's standard of care.

The meta-analysis did not yield significant findings.

#### Notes on the evaluation

Sí Texas was designed to allow subgrantees to identify and adapt evidence-based IBH models to their setting, context, and population group resulting in different intervention models that comprise the "intervention group" of the overarching analysis. Therefore, impact findings do not point to one specific IBH intervention model or set of components that is most effective with this population, but instead are model-agnostic and provide evidence that enhanced integrated care overall in the region has an impact on individuals' mental and physical health outcomes, especially for those who face severe health challenges (diabetes, depression, diagnosis of severe and persistent mental illness).

# How is Methodist Healthcare Ministries of South Texas, Inc. using the evaluation findings to improve?

The grantee identified key challenges in implementing IBH, regardless of model, setting, or context: communication and buy-in were two important issues that facilitated success when done well and challenged implementation if limited.

## **Evaluation At-a-Glance**

Evaluation Design(s): Impact evaluation using a quasi-experimental design (QED) pooling individual-level data, and a meta-analysis of study-level effects across a portfolio of 8 subgrantee evaluations

Implementation evaluation to identify facilitators and barriers to IBH implementation

Study Population: Adult, low-income, Hispanic patients who have a severe mental illness, depression, diabetes, high blood pressure, high cholesterol levels, or who are obese.

Independent Evaluator(s): Health Resources in Action, Inc.

This Evaluation's Level of Evidence\*: Moderate

- At the beginning of the project, engagement of staff across offices, leadership, and partners was critical and was
  coupled with the importance of explaining roles and responsibilities clearly, especially as workflows and positions
  changed. Subgrantees without that buy-in and communication early on experienced more difficulties with roll-out and
  implementation.
- Another lesson learned is the need to invest in a data system that is appropriate for the setting and to provide training and technical support on that system across positions.

The content of this brief was drawn from the full evaluation report submitted to CNCS by the grantee. The section of the brief that discusses evaluation use includes contribution of the grantee. All original content from the report is attributable to its authors.

To access the full evaluation report and learn more about CNCS, please visit nationalservice.gov/research.

The Social Innovation Fund (SIF), a program of the Corporation for National and Community Service (CNCS), combines public and private resources to grow the impact of innovative, community-based solutions that have compelling evidence of improving the lives of people in low-income communities throughout the U.S. The SIF invests in three priority areas: economic opportunity, healthy futures, and youth development.