

Texas Children's Mental Health Forum

Convened by Texans Care for Children and the Texas Health Institute

DISCUSSION NOTES

Tuesday, February 16, 2010

TOPIC:

Addressing the Issue of Parental Relinquishment: *Keeping Families Intact by Helping Them Access Services*

PRESENTATION – How CPS Works with Families with Children with Mental Health Issues
Presented by Carrie Lopez and DeShaun Ealoms, Department of Family and Protective Services (DFPS), Child Protective Services (CPS) (No presentation materials)

Notes from presentation:

By law in Texas, parents may not voluntarily place children in DFPS care. Poverty and inability to access resources does not constitute abuse or neglect.

Comment: Other states allow voluntary relinquishment.

Refusal to Assume Parental Responsibility: State will take custody due to parents' Refusal to Assume Parental Responsibility (RAPR), which is viewed as a form of neglect.

- Most RAPR cases have co-occurring reasons for removal (abuse and/or neglect)
- Legal rights of parents remain intact in RAPR cases
- Children coming into state custody under RAPR can be returned to the family.

State uses "parental relinquishment" as legal term for when all parental rights are severed.

The only way a parent loses parental rights is if they relinquish their rights or the court ends their rights. Parents do not automatically lose their rights when children go into foster care.

A parent who is now an employee of DFPS testified she relinquished custody of her child in order for him to get services. She had exhausted all insurance and other resources. Her son now lives in San Antonio, has graduated from high school, obtained the services he needed, and is living in the community in a group home and doing well. This is a community resource issue – some communities are better able to provide the services and supports than others.

Comment: It is difficult to determine how many children are in DFPS custody as a direct result of an inability to access needed mental health services and supports. Even in RAPR cases, other incidences of abuse and/or neglect are often present.

Comment: RAPR is a symptom of a broken system. It is heartbreaking for parents, particularly with other children who may be in danger in the home.

Comment: This is often a community resource issue. Mental health services are not available in the local community. Children must be separated from parents in order to receive the services they need.

Comment: This is a funding issue. It's difficult to find ways to fund intensive residential or community-based services. A proposal ([Wraparound Services and Residential Options: Phase II of the Texas Children's Mental Health Plan](#)) was developed in the mid-1990s to address the issue of parental relinquishment, but the price tag was too large (\$22 million) for the Texas Legislature to fund. Find out more about this proposal here.

There are three phases in a Child Protective Services investigation:

1. Intake, Investigation, and Assessment Phase
2. Family-based Safety Services (FBSS) – the goal is to provide the necessary services and supports to maintain custody of the child with the parents.
3. Substitute Care – As a last resort, a child is removed from his or her home and placed in DFPS conservatorship until the child returns home safely or is placed in another living arrangement that does not require DFPS supervision. Parents retain legal rights until parental relinquishment or courts remove rights.

CPS works to prevent the child with mental health issues from entering substitute care by working with family to access available resources, making effective use of available resources.

- This requires field staff to know about community resources, think outside of the box, and work with family's strengths
- Comment: This is not necessarily standard or uniform practice – not all communities have resources available; CPS workers aren't always aware of resources available in the community; resources not always offered to each family

Some occurrences of courts granting joint conservatorship between parents & state:

- Depends upon specific case, situation; whether other abuse or crime exists in the home
- CPS may make recommendation to court (comment: doesn't appear to happen often)
- Court makes decision (comment: doesn't appear to happen often)
- In joint conservatorship, parents still will need to pay for the support of their child.

Parents can have legal representation in court, but doesn't always occur.

Comment: Typically, parents are not appointed attorneys by the court unless they are unable to afford one or DFPS is pursuing termination of parental rights.

Comment: Crisis services should be seen as strategy to help keep kids out of the system. However, only 3 of the 14 programs that were awarded crisis funding from 2007 legislative session targeted children. Of crisis funding appropriated in 2009 session, no funds have yet been awarded to support child-targeted programs.

- The state has not specifically solicited proposals to serve children and youth using crisis funds - proposals would need to be community driven.

PRESENTATION – Youth Empowerment Services (YES) Program

Presented by Jodi Christianson, Department of State Health Services

Materials:

[Presentation](#)

[YES Waiver Brief: Updated January 2010](#)

[List of YES Waiver Services](#)

[Referral Source Screening Tool](#)

Notes from Presentation:

The Youth Empowerment Services (YES) Medicaid waiver pilot program for Children with Severe Emotional Disturbance is to provide community based services delivered in a wraparound model to youth at risk of being removed from their homes into inpatient care or state custody. This pilot project, targeted to begin April 1, 2010, will have an initial 150 slots in Travis and Bexar Counties. Plans are to expand to Tarrant and Harris Counties if waiver program proves to be cost-neutral.

There has been difficulty recruiting providers, since the waiver mandates that the provider must provide all of the following 10 services:

- Respite
- Community Living Supports
- Family Supports
- Transitional Services
- Adaptive Aids & Supports
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Professional Services (non-traditional – art therapy,
- Supportive Family-based Alternatives

DSHS will disseminate a referral tool community groups can use to see if clients may be eligible.

FIND OUT MORE: [Youth Empowerment Services Medicaid Waiver – Preventing Custody Relinquishment](#)

Comment: Concerns if the Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG) is used to determine eligibility, since it doesn't take into account child's functionality (child would have to be grossly psychotic, etc.).

- YES waiver would allow functionality to be considered.

Recommendation: Increase provider rates for YES Waiver services

Group Discussion

Recommendation: Look at public-private partnerships working at community level, see how they can be replicated, such as the Williamson County Lone Star Circle of Care

Recommendation: Invite Federally Qualified Health Centers (FQHCs) to participate in the Children's Mental Health Forum.

Recommendation: School services need to be revamped.

- Need to have school counselors actually be able to do counseling with kids and families rather than just administering tests!!!
- Positive Behavioral Supports (PBS) implemented across all classrooms.
- Family Liaisons in schools to provide care coordination
- Have specialized criteria or qualifications for teachers working with specific populations
- Utilize Response to Intervention initiative in TEA (linking schools to resources?)
- Look at school based efforts in FW & Dallas; Family Resource Centers

Recommendation: There is a need to do a better job of educating school staff regarding community-based services. Results of [Texas School-Based Behavioral Health Survey Report](#) indicate that counselors and nurses are unaware of services available in the communities.

Recommendation: Require health coverage parity for children with serious emotional disturbance to increase access to mental health services

Comment: Mental health facilities are unseasonably full; it seems that stress and trauma from home seem to be more prevalent than biologically based problems.

Recommendation: Expand DFPS's Strengthening Families Program, a program specifically designed to address abuse and neglect related to poverty.

Comment: We need a holistic approach to addressing family needs (address economic, literacy, transportation barriers)

Recommendation: Expand and strengthen Wraparound Communities. These programs include an integrated funding pool and family liaisons as patient navigators to work with targeted case managers for intensive services.

Recommendation: Need better data to document how many of the RAPR kids are actually or likely to be due to lack of community resources. Systems of Care sites have some of this data. DFPS can drill down on some of the data to get better projections of these cases.

Recommendation: Base Medicaid eligibility on child's income instead of family income – can be done via state Medicaid plan (done in Kansas, Arizona)

Recommendation: Need to balance individualized services with standardization to ensure same information is shared with families; staff training

Recommendation: Utilize [Texas Supreme Court Commission on Children and Families](#) as another avenue to getting policies passed related to CPS and Juvenile Justice issues. High level multidisciplinary entity created by the Supreme Court of Texas to coordinate and implement comprehensive efforts to improve child protection courts.

Comment: Infant Mental Health Courts in Ft. Bend County deal with children zero to three through a holistic coordinated approach.

Comment: There are many things that are being done well in pockets around the state. We just need to figure out how to bring to these programs and projects to scale statewide.

ANNOUNCEMENTS

The Senate Health and Human Services Committee will have a public hearing at: 10:00 AM, Wednesday, March 10, 2010, in the Senate Chamber, chaired by Senator Jane Nelson to take up the Charge #14 -- Monitor Department of Family and Protective Services' implementation of the U.S. Fostering Connections Act, including the new Kinship Care program. Include recommendations on how to optimize the use of monetary assistance to qualified relative caregivers.

The Senate Health and Human Services Committee will have a public hearing at: 9:00 AM, Thursday, March 11, 2010, in the Senate Chamber, chaired by Senator Jane Nelson to take up the Charge #13 - Study the type, duration, frequency and effectiveness of mental health services available to and accessed by abused and neglected Texas children. Recommend strategies to address the impact of the trauma, and enhance therapeutic services available to this population in an effort to eliminate the cycle of abuse and neglect.

The next Texas Children's Mental Health Forum will be held on Tuesday, March 23, 2010 to accommodate Spring Break.