

The Texas Children's Mental Health Forum

81st Legislative Session Priorities

The Texas Children's Mental Health Forum brings together a wide range of organizations with an interest in children's mental health in our state. Based on recommendations provided through the forum process and stakeholder dialogue, Forum members have identified key legislative priorities for the 81st Legislative Session:

I. **Coordinate an Inter-agency Strategic Plan on Children's Mental Health**

Issues to be addressed:

- Developing an inter-agency Legislative Appropriations Request on children's mental health
- Investigating opportunities to increase flexible funding
- Removing barriers to local coordination of mental health services and supports
- Ensuring all children and youth receive appropriate assessment, diagnoses, and intervention services
- Preventing unnecessary parental relinquishment of custody
- Keeping children in family settings, when possible, rather than in restrictive institutional settings
- Support the Family Partners or Liaison model

II. **Support Increased Public Funding for Children's Mental Health Services**

- Reduce waitlists for Child and Adolescent Community Mental Health Services
- Community Resource Coordination Groups (CRCGs)
- Texas Integrated Funding Initiative (TIFI)
- Crisis Services for Children and Youth

III. **Improve Mental Health Services for Youth in the Juvenile Justice System**

- Flexible funding to Community Resource Coordination Groups (CRCGs)
- Ensuring continuous access to health coverage for youth entering and leaving juvenile facilities
- Adequately funding mental health, substance abuse, and special education services for youth in secure county and state facilities
- Ensuring access to services through the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)
- Requiring DFPS to maintain an active caseload for foster youth dually served in the juvenile justice system

Legislative Priorities:

I. Coordinate an Inter-agency Strategic Plan on Children’s Mental Health

Best practice in children’s mental health is to provide services using a systems of care model, with a wraparound planning process that coordinates the delivery of an array of services from multiple agencies.ⁱ Wraparound teams, consisting of service professionals, youth and family, and other members who the family identifies as being important in the youth’s life, develop an individualized service plan that is youth-and family driven, strengths-based and culturally competent, prioritizing the youth and family perspectives and needs. This youth and family focus has been shown to both improve child and family outcomes as well as reduce the service costs to the state. The Legislative Budget Board estimates a costs savings to the state of as much as \$35.7 million by reducing psychiatric hospitalizations of children, with additional cost-savings to be realized by reducing residential treatment center stays and decreasing involvement with the juvenile justice system.ⁱⁱ

Coordination of services and flexible funding are key components of the system of care approach, and both are necessary if optimal child outcomes and public return on investments are to be realized. Yet, there is no single lead agency or oversight body in the state to coordinate the work of the nine state agencies and various local entities that provide mental health services and funding to children and youth in Texas. This lack of coordination and accountability produces significant challenges to statewide tracking of spending on mental health services and increases the possibility of unnecessary duplication of efforts in areas such as billing processes. It also leaves a vacuum in agency leadership to establish priorities, assess potential gaps and duplications in services, and coordinate policies specific to children’s mental health services.

For children and families, the lack of coordination leads to having to access services from multiple, disconnected programs. It also results in an increased risk of gaps in service to children and families. The President’s New Freedom Commission on Mental Health reported that consumers often feel overwhelmed when they must access and integrate mental health care and support services across multiple, disconnected programs, especially for children involved in multiple public systems, such as education, juvenile justice, and mental health.ⁱⁱⁱ

To address the current lack of statewide coordination in the provision of children’s mental health services, the need for increased flexible funding to provide wraparound services, and to address key issues related to children’s mental health in the state, the Legislature should direct the Office of Program Coordination for Children and Youth within the Health and Human Services Commission (HHSC) to lead a coordinated strategic planning process for state agencies that serve children and youth to develop an inter-agency action plan to be submitted to the 82nd Legislature in 2011 to address the following issues:^{iv}

- **Developing an inter-agency Legislative Appropriations Request (LAR) on children’s mental health.** An inter-agency LAR that includes all child-serving agencies, both within and outside of HHSC’s purview, would provide greater transparency in tracking spending on children’s mental

health services. It would also assist in identifying gaps and duplication of efforts across agencies and opportunities to increase flexible funding.

- **Investigating opportunities to increase flexible funding.** The integration of federal, state and local funds is a key component in supporting systems of care in local communities. The Texas Integrated Funds Initiative (TIFI) supports a flexible funding collaboration among agencies, community groups and families. However, the funds available under TIFI have been limited, and these limitations may prevent all children with complex needs from having access to the non-clinical community supports that flexible funding provides.^v
- **Removing barriers to local coordination of mental health services and supports to ensure a continuum of care.** Community Resource Coordination Groups (CRCGs) are local interagency groups comprised of public and private agencies that together develop service plans for children, families and individuals whose needs can best be met through interagency coordination and cooperation. The strategic plan should identify what problems local CRCGs face in coordinating services and recommend policy changes necessary to facilitate local planning efforts to meet children’s mental health needs, with a focus on keeping children and youth out of restrictive settings and in their communities, and for those children who must be placed in residential or institutional setting, helping them to successfully re-enter their communities upon their discharge.

In addition, the strategic plan should also examine how the various child-serving agencies can work both individually and collaboratively to:

- **Ensure all children and youth receive appropriate assessment, diagnoses, and intervention services.** To promote optimal outcomes, it is important that mental health issues are properly identified and, diagnosed, and addressed early. Even very young children can exhibit behavioral and relationship problems that cause significant challenges and can develop into long-term antisocial behaviors and mental health problems.^{vi} Some problems are severe, persistent and frequent enough in preschool-aged children to warrant clinical attention or diagnoses.^{vii} By properly identifying and providing appropriate interventions, many early problems can be prevented from developing into more serious conditions.

Unfortunately, too many young children are being labeled as “problem” children and are being removed from educational settings and positive supports, instead of receiving appropriate interventions that could effectively address their issues. Children in child care, pre-kindergarten and early school grades are being pushed out of programs and schools at alarming rates:

- Two-thirds of child care providers in Texas indicate having children in care with suspected or diagnosed behavioral or emotional difficulties, and nearly as many report having asked a parent to remove the child from care.^{viii}
- Pre-kindergarten students in the Texas public education system are expelled at twice the rate of older students (kindergarten through 12th grade), with an estimated 662 children having been expelled from state-funded pre-kindergarten programs during the 2003-2004 school year.^{ix}

- In Texas, 103 school districts have referred about 500 pre-kindergarten and kindergarten students to Disciplinary Alternative Education Programs (DAEPs) between 2000 and 2006; about 2,700 first graders were referred to DAEPs during these same years.^x

The failure to receive appropriate treatment for social, emotional and mental health concerns means that too many of these children will have their problems progress and become more difficult to treat, which can result in academic failure and involvement with the child welfare or juvenile justice system.

A great body of research shows that interventions in early childhood are the most cost-effective investment states can make in promoting healthy child development.^{xi} Front-line workers, such as medical professionals, child care workers, teachers, and counselors need access to training, tools, and experts that can assist them in properly assessing, diagnosing, and treating mental health problems in all children. Primary care physicians need resources to help them recognize and address mental health disorders in children. Best practices such as providing early childhood caregivers with access to mental health consultants and using Positive Behavior Supports in early childhood and school settings have been shown to help caregivers and teachers effectively address challenging behaviors.^{xii, xiii, xiv}

- **Prevent unnecessary parental relinquishment of custody.** Texas has an on-going problem with parents relinquishing their rights or having their child arrested in order to secure mental health services for their child. About 250 children become wards of the state every year because there is no other way for them to get the mental health treatment they need.^{xv} Residential or institutional care may not be the most appropriate intervention for the child, and it is assuredly more costly to the state than non-residential care in the community. The state spends on average \$40,000 per year to care for a child in the foster care system,^{xvi} and the average cost to commit a youth to the Texas Youth Commission is \$96,000.^{xvii} In contrast, providing a child with community-based mental health services costs less than \$1,000 on average across state agencies.^{xviii}

HHSC recently applied for a Medicaid waiver to obtain federal matching funds for community-based services to help children with severe emotional disturbances get treatment while staying with their families, instead of entering more restrictive facilities. Child-serving agencies should research additional opportunities available to individually and collaboratively address the issue of parental relinquishment into the child welfare and juvenile justice systems.

- **Keep children in family settings, when possible, rather than in restrictive institutional settings.** The current lack of coordination amongst state agencies also leads to youth with mental health needs being unnecessarily placed in restrictive institutional settings, instead of being provided mental health services in their community within a family setting – a treatment alternative that is often more appropriate and effective, and less costly to the state.

**Children's Behavioral Health Services
Spending By Service Delivery Setting^{xix}
(FY 2005)^{xx}**

	Cost Per Child/Youth	Children/Youth Served	Annualized Cost
Community Services ^{xxi}	\$885	402,090	\$357 million
Institutional & Residential Services	\$8,759	20,823	\$182 million

Cost to Place Texas Children and Youth in Restrictive Institutional Settings^{xxii}

	Cost Per Child/Youth for Average Length of Stay	Children/Youth Served	Annualized Cost
DFPS Residential Treatment Centers ^{xxiii,xxiv}	\$172,260	1,438	\$76 million
DSHS State Hospitals ^{xxv}	\$20,406	1,613	\$33 million
TJPC Secure Facilities ^{xxvi}	\$8,265	3,148	\$26 million
TYC Secure Facilities ^{xxvii}	\$95,760	2,673	\$185 million
Total:		8,872	\$320 million

- Support a Family Partners or Liaison model.** A cornerstone of the systems of care model is a youth-centered, family-driven service delivery system. Many of Texas' child and youth-serving agencies recognize this and have begun to staff or contract with experienced parents or young adults whom have had life experiences and a personal working knowledge of accessing and utilizing the state's educational, health and human services, and/or juvenile justice system. HHSC is working to bring together agency and family stakeholders to assist in promoting family involvement efforts across agencies. Child-serving agencies should investigate additional ways to create and support family partners and liaisons to help families navigate the often confusing and disconnected maze of service delivery, educate families of their rights, and ensure children and youth are receiving appropriate and necessary services.

II. Support Increased Public Funding for Children's Mental Health Services

Only 18 percent of children who were potentially eligible for public mental health services received them from the state last year.^{xxviii} Yet, the base budget requests submitted by the Health and Human Services Commission (HHSC) and Department of State Health Services (DSHS) for 2010-2011 will not allow the agencies to provide services to more children than they are currently serving. It is imperative that the Legislature grant these state agencies' additional funding requests for Community Resource Coordination Groups (CRCGs), the Texas Integrated Funding Initiative (TIFI), and mental health crisis, transitional, and intensive services that target children and youth.

- **HHSC – Reducing Waitlists for Child and Adolescent Community Mental Health Services**

HHSC has requested funding in Exceptional Item 8 of its budget request to reduce waiting lists within various health and human services agencies, including the Department of State Health Services (DSHS). If appropriated, DSHS would receive \$28.1 million in additional funding for Child and Adolescent Community Mental Health services and Children with Special Health Care Needs services.

- **HHSC – Community Resource Coordination Groups (CRCGs)**

HHSC has requested \$3 million in Exceptional Item 14 of its budget request to increase grant funding for Community Resource Coordination Groups. CRCGs are local interagency groups comprised of public and private agencies that together develop service plans for children, youth and adults whose needs can be met only through interagency coordination and cooperation. These groups are integral in serving children and families with the most complex needs, helping to prevent children from requiring more intensive and costly services, and helping youth released from juvenile justice facilities successfully reintegrate back into their families and communities.

- **HHSC – Texas Integrated Funding Initiative (TIFI)**

Also in Exceptional Item 14 of its budget request, HHSC has requested \$600,000 to fund an additional four TIFI sites. TIFI communities work closely with local Community Resource Coordination Groups (CRCGs) to develop systems of care in local communities for children with serious emotional disturbances through the integration of federal, state, and local funds. TIFI supports a flexible funding collaboration among agencies, families and community groups in order to serve children and youth with severe emotional disturbance, and their families, by developing systems of care that focus on the families' strengths and cultures in order to assist children and families in leading healthy lives within their communities.

Four sites received TIFI funding from 2000-2006 to deliver a child-centered and family-focused continuum of care that involves families as full partners in service planning and decision-making. Two of the original four communities have received federal funding to continue their systems of care work. The addition of four new TIFI sites would expand this currently limited but crucial support effort to other regions of the state and help move the state forward in having systems of care in every community.

- **DSHS - Crisis Services for Children & Youth**

The Forum also supports the DSHS request (Exceptional Item #10) that continues funding for the crisis redesign program begun in 2006, with strong support for provisions that target crisis funding to programs specifically focusing on children and youth. The directing of crisis funds to children and youth is necessary. While the 80th Legislature appropriated \$82 million for crisis services last session, only 3 of the 14 programs that received funding focused on crisis services for children and youth.^{xxix}

- **DSHS - Transitional and Intensive Services**

DSHS's Exceptional Item 10 request would also fund services to help individuals beyond their need for immediate crisis stabilization providing transitional and intensive services. Each year there are approximately 876 children who already have a diagnosis of schizophrenia, bipolar, or major depression and who are not linked with ongoing care once their crisis is stabilized.^{xxx} The amount requested would allow DSHS to fund 630 children with transition services and about 500 children with intensive services by the end of the biennium.^{xxxi} By actively engaging and transitioning children from acute crisis stabilization to on-going services, such as family partner services, wraparound services, and medical services, the state can help break the frequent cycle of crisis-stabilization-waiting list-crisis.

III. Improve Mental Health Services for Youth in the Juvenile Justice System

Too often, youth who fail to receive appropriate mental health services in their communities end up in the juvenile justice system, with their delinquent behaviors frequently stemming from untreated mental health and substance abuse issues. Meeting the mental health needs of at-risk youth can prevent them from entering restrictive and costly institutional settings. For those youth who are incarcerated within correctional facilities, appropriate mental health, behavioral, and educational services can help them successfully reintegrate back into society and prevent them from returning to the criminal justice system.

Improving services to at-risk youth requires a multi-pronged approach, including:

- **Providing flexible funding to local Community Resource Coordination Groups (CRCGs)**

Community Resource Coordination Groups (CRCGs) are provider networks that offer systems of care, incorporating wraparound services for youth and families, working to both help divert youth from entering restrictive juvenile justice settings and assist formerly incarcerated youth in successfully re-integrating into their communities. Despite research that shows appropriate aftercare services reduces recidivism rates and saves the public money in the long term, there is no dedicated state funding for the operation of local CRCGs.^{xxxii} In addition, neither TYC nor TJPC included funding for CRCGs in their Legislative Appropriations Request for the 2010-2011 biennium.

- **Ensuring continuous access to health coverage for youth entering and leaving juvenile facilities.**

The state should temporarily suspend, rather than terminate, public health benefits for youth in detention. Federal Medicaid funds are not allowed to pay for services provided to individuals in public institutions, and Texas, like many states, terminates Medicaid and SCHIP eligibility for youth when they enter a correctional facility, resulting in lost continuity of care. However, in 2004 the federal administration encouraged states to suspend, rather than terminate, Medicaid eligibility during an individual's period of incarceration.^{xxxiii} Suspended youth can stay on the Medicaid rolls. Although an institutional facility cannot receive reimbursements for medical services, states are allowed to fully restore public benefits upon the youth's release without having to repeat the benefit application process, minimizing disruptions in care that can cause a youth to go into crisis.

Federal legislation (H.R. 6621) has recently been filed that would require states to suspend benefits for incarcerated juveniles and would also ensure the reinstatement of Medicaid and CHIP benefits for eligible youth upon release from public institutions to provide necessary medical attention upon dismissal.

TYC and TJPC should also integrate health coverage applications into discharge planning. TJPC and TYC have recently collaborated with HHSC to develop a process to better ensure that eligible youth released from state custody get reenrolled in Medicaid or CHIP, providing youth with the health and mental health coverage that is critical to successful reintegration into their communities. TJPC has engaged in significant outreach and training with counties on how to implement this process. The Texas Youth Commission includes in its reform plan the practice of registering youth for Medicaid or CHIP before youth are released from state custody, as part of their pre-release transition planning process.^{xxxiv} However, this component of comprehensive TYC reform has not yet been implemented system-wide.

- **Adequately funding Mental Health, Substance Abuse, and Special Education Services for youth in secure county and state facilities.** The state cannot expect to successfully rehabilitate youth in the juvenile justice system, improve their re-entry into their communities and society, and reduce recidivism rates until it makes a greater investment in addressing this population's complex needs. TJPC reports that in 2006, 41% of its youth had mental health problems, 46% were chemically dependent, 36% had a history of being abused or neglected, 83% had IQs below the mean score of 100, and 40% were eligible for special education services.^{xxxv} TYC reports that in 2007, 38% of its committed youth had serious mental health problems, 36% were chemically dependent, 37% had a history of being abused or neglected, 83% had IQs below the mean score of 100; and 39% were eligible for special education services.^{xxxvi}
- **Ensuring access to services through the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI).** Youth who leave the juvenile justice system on a mental health release should be assured services through the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI). TYC is required to discharge a child who is mentally ill or mentally retarded from custody if the child has completed the minimum length of stay for the child's committing offense and TYC determines that the child is unable to progress in the commission's rehabilitation programs because of the child's mental illness or mental retardation.^{xxxvii} TCOOMMI operates as part of the Texas Department of Criminal Justice, but it is charged by the Legislature to provide services to youth with mental health disorders who are on probation or parole. It contracts with local mental health authorities for treatment and rehabilitative services for juvenile offenders who have mental health impairments.
- **Requiring DFPS to maintain an active caseload for foster youth dually served in the juvenile justice system.** The Department of Protective and Family Services (DPFS) should provide the same level of services to foster youth committed to a TYC or TJPC facility as they provide to foster children outside of the juvenile justice system. Child Protective Services caseworkers need to work

closely with TYC and TJPC to make sure that needed services are continued while foster youth are incarcerated and work diligently on a permanency plan upon the youths' release. TYC and DFPS have an agreement addressing how the two agencies will coordinate services to these youth; however, at this point, the agreement largely focuses on data sharing. In terms of direct services provided to incarcerated foster youth, there are inconsistent practices across the state in how CPS staff manages youth who are incarcerated.

For incarcerated youth in permanent custody of the state following their parents' termination of legal rights (permanent managing conservatorship status, or PMC), DFPS serves as the youth's legal guardian and sole presumptive advocate for the youth's well-being. It is critical that DPPS maintain regular visits with these youth to prevent the juvenile justice system's goals of rehabilitation and punishment from superseding the child welfare system's goals of safety and permanency. In addition, DFPS should encourage judges to keep a foster case open when a youth in permanent managing conservatorship is sentenced to a juvenile justice facility. Some judges will order the close a child welfare case, potentially leaving the youth without a guardian outside of TYC to focus on the safety, permanency, and well-being of the youth.

References and Notes

- ⁱ Pires, S. 2002. *Building a Systems of Care: A Primer*. National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.
- ⁱⁱ Legislative Budget Board. (LBB) 2007. *Texas State Government Effectiveness and Efficiency Report*.
- ⁱⁱⁱ The President's New Freedom Commission on Mental Health. 2003. *Achieving the Promise: Transforming Mental Health Care in America*.
- ^{iv} Agencies should include, but are not limited to, the Health and Human Services Commission, the Department of Family and Protective Services, the Department of State Health Services, the Department of Assistive and Rehabilitative Services, the Department of Aging and Disability Services, Texas Education Agency, Texas Workforce Commission, Texas Housing Authority, Texas Juvenile Probation Commission, Texas Youth Commission, Texas Department of Criminal Justice, and the Texas Correctional Office on Offenders with Medical or Mental Impairments.
- ^v LBB, 2007.
- ^{vi} Campbell, S.B. 2002. *Behavior Problems in Preschool Children: Clinical and Developmental Issues*. (2nd Ed.) New York: Guilford Press.
- ^{vii} Keenan, K. & Wakschlag, L. (2004). Are oppositional defiant and conduct disorder symptoms normative behaviors in preschoolers? *Journal of Consulting and Clinical Psychology*, 161(2), 356-358.
- ^{viii} Texas Association of Child Care Resource and Referral Agencies. 2007. *Executive Summary Findings of Survey of Behavioral and Emotional Difficulties in Child Care*.
- ^{ix} Gilliam WS. 2005. *Prekindergarteners left behind: Expulsion rates in state prekindergarten programs*. [http://www.fcd-us.org/usr_doc/ExpulsionComplete Report.pdf](http://www.fcd-us.org/usr_doc/ExpulsionComplete%20Report.pdf).
- ^x Texas Appleseed. 2007. *Texas' School-to-Prison Pipeline: Dropout to Incarceration – The Impact of School Discipline and Zero Tolerance*.
- ^{xi} James Heckman. 2007. *Investing in Disadvantaged Young Children is Good Economics and Good Public Policy*. Testimony before the U.S. Congressional Joint Economic Committee, June 23, 2007.
- ^{xii} Gilliam, 2005.
- ^{xiii} Dunlap, G., Conroy, M., Kern, L., DuPaul, G., VanBrakle, J., Strain, P., Joseph, G.E., Hemmeter, M.L., & Ostrosky, M. 2003. *Research Synthesis on Effective Intervention Procedures: Executive Summary*
- ^{xiv} Texas Appleseed, 2007.
- ^{xv} Mental Health Association of Texas 2003 Fact Sheet. <http://mhatexas.org/mhatexasMAIN/FACTSHEETChildren21.pdf>
- ^{xvi} Calculation of cost based on per diem cost of foster care cited in Mental Health Association of Texas 2003 Fact Sheet of \$109.38 multiplied by one year. <http://mhatexas.org/mhatexasMAIN/FACTSHEETChildren21.pdf>
- ^{xvii} Calculation based on information reported in the Texas Youth Commission 2009-2013 Agency Strategic Plan.
- ^{xviii} Calculation based on data reported in LBB 2007 Texas State Government Effectiveness and Efficiency Report, Figure 5
- ^{xix} Data includes HHSC, DSHS, DFPS, DARS, DADS, TDCJ, TJPC, TYC. Does not include data from TEA, which was unavailable.
- ^{xx} LBB, 2007. Figure 5.
- ^{xxi} Total for community services includes Medicaid funded services provided to children placed in institutional settings by DFPS.
- ^{xxii} Calculations based on agency reported data from between FY2007 and FY2008.
- ^{xxiii} Figures calculated using average of moderate, specialized, and intensive facility child care rates and the average length of stay for children in permanent managing conservatorship (PMC).
- ^{xxiv} Department of Family and Protective Services. 2007 Annual Data Book
- ^{xxv} Department of State Health Services. FY 2008. E-mail correspondence with Bill Manlove
- ^{xxvi} Texas Juvenile Probation Commission. 2009-2013 Agency Strategic Plan; and E-mail correspondence with Erin Espinosa
- ^{xxvii} Texas Youth Commission. 2009-2013 Agency Strategic Plan.
- ^{xxviii} Department of State Health Services. 2007. E-mail correspondence with Amanda Broden.
- ^{xxix} The community mental health centers that received funding for crisis funding for children were Betty Hardwick Center, Tropical Texas Behavioral Health Center, and West Texas Centers MHMR.
- ^{xxx} Department of State Health Services. 2008. *Mental Health Exceptional Item: Refocus on Transition and Engagement* document.
- ^{xxxi} Department of State Health Services. 2008. *Mental Health Exceptional Item: Refocus on Transition and Engagement* document.
- ^{xxxii} Texas Youth Commission Blue Ribbon Task Force Report. 2007. Page 52.
- ^{xxxiii} Letter from Donna Shalala, Secretary, Health and Human Services, to Honorable Charles Rangel, House of Representatives, Apr. 5, 2000; Letter from Sue Kelley, Associate Regional Administrator, Division of Medicaid and State Operations, to Kathryn Kuhmerker, Director, Office of Medicaid Management, New York State Department of Health, Sep 14, 2000. State officials can "use administrative measures that include temporarily suspending an eligible individual from payment status during the period of incarceration to help ensure that no Medicaid claims are filed."
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- ^{xxxvii} Section 61.077, Texas Human Resources Code.