

# Texas Children's Mental Health Forum

Tuesday July 21, 2009

Meeting Notes

Topic:

## Children's Mental Health in Texas - Identifying Priorities and Opportunities in the Upcoming Year

### GOALS OF THE TEXAS CHILDREN'S MENTAL HEALTH FORUM:

- To establish regular learning opportunity in community to create new recommendations and move those recommendations forward in the state regarding children's mental health. The Forum seeks to:
  - Identify issues impacting the mental health of children and youth in Texas,
  - Facilitate cross-sharing of knowledge and perspectives from diverse groups,
  - Collaboratively develop statewide policy recommendations, and
  - Cultivate a broad range of voices to help advance a children and youth mental health agenda in Texas.

<b>PRIORITY ISSUES IDENTIFIED</b>
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*Common Themes*

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| • <b>PREVENTION &amp; EARLY INTERVENTION</b> | • <b>COORDINATION OF SERVICES</b>        |
| • <b>ACCESS TO SERVICES</b>                  | • <b>YOUTH and FAMILY INVOLVEMENT</b>    |
| • <b>WORKFORCE DEVELOPMENT</b>               | • <b>BEST PRACTICES/TREATMENT ISSUES</b> |
| • <b>FUNDING/ALLOCATION OF RESOURCES</b>     | • <b>DE-STIGMATIZATION</b>               |

### PREVENTION & EARLY INTERVENTION

*Prenatal Influences*

*Early Childhood Social Emotional Development*

*Roles of Schools*

*Diversionary Efforts*

*Early Screenings*

*Best Practices*

- Focus on *prevention* and *early intervention* to eliminate need for many services; focus on infant mental health, importance of those first few years
- Emphasize emotional and social development
- Frontloading services for the 0-3 yrs population
- Jail diversion pilot in Bexar County – possible expansion across state (focus on prevention)
- Increase significance of emotional intelligence in mental health

- Pre-natal exposure to drugs and alcohol – research
- Establish early assessment and screening process in school system for mental health (similar to screening on immunizations) as a form of early intervention
- Re-vamping Medicaid system for infant mental health (including diet, relationship, attachment)
- Schools should be the central component to coordinated/seamless care in terms of early intervention, assessment, treatment plans, prevention
- Establish behavioral consultation in childcare facilities
- Promote mandate that positive behavior supports are required in every setting
  - General Ed and Special Ed
- Prevention approach must include the fact that knowledge is power
  - Looking to national trends, programs in other states or regions
  - Integrating programs/agencies so that there is better coordination of care
- Broaden the discussion on and vision for mental health at the statewide-level to include prevention, early intervention, and school system role so that accountability is integrated
  - Communities, school systems, providers, teachers, children/youth
  - Reducing marginalization and fragmentation of effort in services
  - Reducing competition, increasing collaboration
  - Ensure that Council on Children & Families adopt this vision

## **ACCESS TO SERVICES**

*Workforce*

*Mental Health Coverage, Parity*

*Affordability*

*Federal Health Care Reform*

*Integrated Health Care*

- Workforce
  - Increase number of Medicaid providers
  - Medicaid reimbursement rates – low rates and low pay does not incentivize providers to work with those on Medicaid
  - Provider shortages and Medicaid provider rates
- Coverage, Parity
  - True parity in mental health; prevention-focused
  - Parity – California has some of the highest rates for care for children’s mental health in terms of parity; can integrate CA’s model for parity for Texas
    - Clearly defining and providing services for children with Serious Emotional Disturbance
    - Encourage and promote the use of the term “psychological risk or harm” as opposed to the term “medical necessity”
- Affordability
  - *Access and affordability* of quality mental health services

- Federal health care reform – what it means for children’s mental health
  - Medicaid reform within that
  - National health care reform – must watch how it will affect mental health
  - National health reform – DC must hear from us! Sens. Cornyn and Hutchison have not given any sign that they are in support of these issues and must hear from constituency
    - The easiest/best way to improve status of “common themes” listed below
    - Mental health is the easiest thing to cut out of overall health care services
    - Make sure the whole person is cared for in health care
    - [www.TexasVoiceforHealthReform.org](http://www.TexasVoiceforHealthReform.org)
- Integrated health care
  - Create infrastructure to increase role of primary care in mental health services
  - Integrated health care using the medical home model

## **WORKFORCE DEVELOPMENT**

### ***Training Initiatives***

### ***Putting what works into practice***

### ***Cultural Competence***

### ***Reimbursement rates***

- Formal training programs for providers
  - Evidence-based practices for providers
- Workforce development in the juvenile justice system; better training for workforce
- Increase number of Medicaid providers
- Doctors following manufacturer guidelines for psychotropic medication; continual monitoring
- Access to child psychiatrists in juvenile justice system for assessments, treatment, etc
  - Example: 5 month wait in juvenile justice system for psychiatric assessment, treatment
- Increasing awareness, education, cultural competency around mental health
- Training for providers in *cultural competency*; increase numbers of bilingual service providers
- Send message to higher education to merge substance abuse and mental health training
- Increase workforce awareness around importance of social and emotional development; better training for childcare providers in their role as a possible link to community resources
- Workforce and capacity building across the board (psychologists, social workers, etc)
- Eliminate lack of understanding and lack of respect for mental health professionals
  - Leads to poorer funding
  - Leads to workforce shortage
  - Leads to stigmatization
- Opportunity in trainings and education for workforce development programs
  - Make communities aware of system of providers
- Can/will coordinate programs, processes, and protocol within UT health systems

- Using telemedicine to increase services across Texas
- Avenue through School-based, MHMR-based, Justice System-based
- Can find a link on the HHSC website under Medicaid Program
- Contact: [Jim.Hammond@utmb.edu](mailto:Jim.Hammond@utmb.edu)
- Workforce development – must increase infrastructure for mental health providers

## **FUNDING/ALLOCATION OF RESOURCES**

### ***Increased investment***

### ***Smarter use of existing resources***

### ***Integrated, holistic approach***

- MONEY \$\$\$ - *need it – follow it*
  - Incentives for collaborative funding (dually managed children/youth)
- Need for increased funding
- More efficient use of existing resources
- Integrating resources
- Change current policy of providing services for children/youth “to the extent that resources are available” (Health & Safety Code)
- Re-vamping Medicaid system for infant mental health (including diet, relationship, attachment)
- Need for increased funding across the board for ALL health and human services
  - Unify advocacy for all health and human services – work together

## **COORDINATION OF SERVICES**

### ***Improved agency communication, coordination across systems***

### ***Collaborative, flexible funding***

### ***Holistic approach that includes prevention, early intervention, treatment and recovery services***

### ***Role of public school system***

- Dual issues – dual diagnosis, dually managed in programs (communication between programs)
- Re-vamping Medicaid system for infant mental health (including diet, relationship, attachment)
- Seamless system for continuity/coordination of care (between schools, JJ system, CPS system)
  - Schools should be the central component to this in terms of early intervention, assessment, treatment plans, prevention
- Watch Council on Children & Families (created in bill from 81<sup>st</sup> Session) and ensure that the dollars follow the families and council fulfills duties/responsibilities
- Incentives for collaborative funding (dually managed children/youth)
- Broaden the discussion on and vision for mental health at the statewide-level to include prevention, early intervention, and school system role so that accountability is integrated
  - Communities, school systems, providers, teachers, children/youth
  - Reducing marginalization and fragmentation of effort in services

- Reducing competition, increasing collaboration
  - Ensure that Council on Children & Families adopt this vision
- Public education school system should be an integral tool for mental health field
- Lack of authorized leadership in state for children's mental health

## **YOUTH and FAMILY INVOLVEMENT**

### ***Family Centered Care***

### ***Youth & Family voice in provision of services***

### ***Youth & Family voice is policymaking process***

### ***Parent/Family training and supports***

- Family engagement in the provision of services
- Family involvement in medical supervision (psychotropic medication) and contribution to medical history
- Parents/family training
- Children/youth above certain age being trained, informed, and empowered to participate in treatment, especially regarding medication
- Building communities that view mental health as importantly as physical health
  - Parent training, community training, provider training
- Promote civil rights for children and families
  - Family-centered care
  - Culture of respect for children and families
- Promote involvement of youth and families in the policy process, to advocate for change
- Keep choice and empowerment central to the provision mental health services; encourage youth and family involvement in treatment plan

## **BEST PRACTICES/TREATMENT ISSUES**

### ***Trauma Informed Care***

### ***Traumatic Brain Injury***

### ***Transitioning Youth within all systems***

### ***Prenatal/Early Childhood***

### ***Pharmacological Treatment***

### ***Public School Supports***

### ***Integrated Health Care***

- Less reliance on medication for the treatment of mental illness; openness to the research on neurological effects on brain of trauma – *trauma-informed care*
  - Disseminating that information to caregivers, family, etc
- Establish TBI registry (traumatic brain injury) to collect data as a reinforcement for guiding policy
  - Assessment and screening for TBI for children/youth
  - Transitioning children/youth from rehabilitation facilities to schools

- Applied for grant so that TYC/TJPC can screen for TBI so that those children/youth may have appropriate services
- Pre-natal exposure to drugs and alcohol – research
- Watch HB 2163, the study on psychotropic medication for children 16 yrs and younger
- Support efforts in Parents as Teachers program; bring people in programs like this to personally advocate at the Legislature
- Establish behavioral consultation in childcare facilities
- Promote mandate that positive behavior supports are required in every setting
  - General Ed and Special Ed
- Need for school social workers in the school guidance counselor position – there are barriers
- Evidence-based strategies for integrating mental health care in overall health care
- Focus on transition-aged youth; whether in Juvenile Justice System, CPS system, or simply transitioning from children services to adult services
- Create infrastructure to increase role of primary care in mental health services

## **DE-STIGMATIZATION**

### ***Education of Individuals, Communities, Providers, and Policymakers***

- De-stigmatizing mental illness; education around this issue
- Increasing awareness, education, cultural competency around mental health
- Increase significance of emotional intelligence in mental health
- *Paradigm shift in Texas in terms of stigma of mental illness*
  - Increasing awareness of public
- Building communities that view mental health as importantly as physical health
  - Parent training, community training, provider training
- Eliminate lack of understanding and lack of respect for mental health professionals
  - Leads to poorer funding
  - Leads to workforce shortage
  - Leads to stigmatization

## **MISCELLANEOUS:**

- Economize efforts around following of certain bills – delegating responsibilities
- Watching the state as various bills are implemented
- Unify advocacy for all health and human services – work together
- Bring businesses to the table, especially in the HR dept, (state and nation run them); educate them to understand the centrality of health and the inseparable nature of the mental health of our children/youth and the future workforce

## **OPPORTUNITIES IDENTIFIED**

*Interim opportunities and construction of legislative agenda for next Session*

### **STATE LEGISLATIVE ACTIVITIES**

- Monitoring various legislation affecting children through implementation
  - Council on Children & Families
  - Task Force for Children with Special Needs
  - Allocation of Funding – following the trail
  - Integrated health care bill
  - Psychotropic medication study
- Interim charges (once released)
  - Recommend interim studies
  - Gathering data on various important issues so that these requests will be heard (including recidivism in juvenile justice system, coordinating care, etc)

### **STATE AGENCY ACTIVITIES**

- Mental Health Transformation Workgroup
  - Child and Adolescent Workgroup
  - School-based action team
  - Prevention and Early Intervention action team
  - \*Public meetings – attend and be involved
- School health advisory committees to address coordinated care
  - 8 arms, one of which is mental health
- TJPC and TYC partners on Macarthur Grant focused on youth and family engagement
- Encourage and promote community, family, youth involvement
  - Continue to build constituency and coordinate resources for their involvement

### **FEDERAL ACTIVITIES**

- Federal Health Care Reform
- Tracking ARRA (American Recovery and Reinvestment Act) in regards to mental health
  - Mental health is not included in those stimulus funds
  - \$\$ is going to physical health, housing, etc – must get creative in drawing down those funds for behavioral health services
  - \*Search for opportunities to coordinate initiatives to creatively access funding
  - \*Call congressional leaders to encourage the inclusion of behavioral health
- 2010 Census
  - Funding formulas for many agencies are based on this
  - \*Encourage participation so data collected is valid and reliable
- Look at data and research collected for Schools for the Future (funded by the Hogg Foundation)

## CONFERENCES AND EVENTS

- Strengthening Youth and Families Conference on November 4-6, 2009 in Austin
  - Registration for the conference goes live on website August 3<sup>rd</sup>
- DFPS conference on Partners in Prevention on October 24-27, 2009
- Fall Texas Children's Mental Health Forum presentation on Telemedicine

<b>Resources, Announcements, and Reminders!</b>
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- **Remember - the Forum's listserve is open for everyone's use!** If you are seeking out others with a shared interest in working on a particular issue, or if you have information you'd like to share or a question to ask the group, just send an e-mail to [childrensMHforum@lists.texanscareforchildren.org](mailto:childrensMHforum@lists.texanscareforchildren.org). The list is moderated, but it is open for all Forum members to communicate and use.
- During the meeting, some people indicated an interest in **forming informal workgroups** to work on various issues or opportunities raised during the meeting, such as identifying ways for organizations to utilize federal stimulus funds for mental health services. **If anyone out there is interested in pursuing this, you are encouraged to utilize the Forum's listserve to facilitate this effort!**
- **Strengthening Youth and Families Conference on November 4-6, 2009 in Austin**
- **DFPS- Partners in Prevention Conference on October 24-27, 2009**
- **There will be no Forum meeting in August!** Next Children's Mental Health Forum Meeting is scheduled for September 15, 2009.