

# Texas Children's Mental Health Forum

*Convened by Texans Care for Children and the Texas Health Institute*

Tuesday March 23, 2010

9:00AM -12:00 PM

Hogg Foundation For Mental Health

3001 Lake Austin Boulevard \* Austin

Topic:

## Mental Health Services for Children and Youth Involved with Child Protective Services

### Meeting Notes

*Notes are provided to share highlights of Forum meetings with those who are interested in the topics being discussed but are unable to attend. Texans Care for Children and the Texas Health Institute strive to capture an accurate outline of the information and discussion shared during each meeting. However, these notes should not be viewed as an official or complete record of the meeting, and some inaccuracies may be contained. Please contact [Josette Saxton](#) at Texans Care for Children to report any significant errors.*

This month's meeting is a combined meeting of [Texas Children's Mental Health Forum](#) and the [Partners in Child Protection Reform](#) Group.

- Partners in Child Protection Reform co-convened by Texans Care for Children and Casey Family Programs.
  - Studies issues related to CPS reform, facilitates communication between child welfare organizations and the Department of Family and Protective Services, and advocates as necessary to ensure that CPS reform is in the best interest of the children it serves.
  - Currently focusing on two areas:
    - Transitional Services
    - Front-end Behavioral Health Assessments

#### **Update on Senate Health and Human Services Committee provided Interim Charge 13,**

provided by Tara Swayzee, Policy Analyst, Senate HHS Committee

- Charge relates to mental health services available to abused and neglected children
- Hearing was held on March 11, 2010
- Issues discussed at hearing:
  - Psychiatric medications
  - Assessments – lack of standardization; repeated assessments; lack of availability and scope of mental health services for children; huge geographic disparities
  - Lack of knowledge among caseworkers and mental health workers regarding trauma-informed care

- Multiple placements
- Reimbursements tied to levels of care
- Committee report due December 2010, to contain recommendations for 2011 legislative session
- Tara invited anyone interested in talking about the charge to.
  - Phone: 512-463-0360
  - [Email](#)
- [Link to archived broadcast of hearing](#)

**Presentation: Mental Health Services for Children in Child Welfare System**

Frank Vega, Lutheran Social Services

- [Link to presentation materials](#)

Highlights from presentation:

January [2009 Study](#) – Journal of Social Work Practice

- 40-60% of children have emotional or behavioral issues
- [2002 UCLA Study](#) showed rates as high as 80%
- Little is known about preexisting mental health issues children may bring with them into foster care.

Identifying mental health concerns:

- Cooperation of primary caregiver isn't often available (perpetrator)
- CPS often must rely on use of assessments to determine child's status
- Little import given to the effect of secondary trauma following removal
- Difficulty teasing out pre-existing MH concerns not related to trauma related to abuse/removal

How well-prepared are the providers/caregivers to serve these children?

- Often we don't take into account the impact of the trauma resulting simply from removal from home and may inadvertently generate more trauma with multiple assessments.
- Professionals may inadvertently classify normal reactions to this trauma as pathological.

Most/near all of MH services to CPS involved children in TX are contracted.

When a child enters psychiatric inpatient care, the child is at significantly greater risk for parent-child separation. Children entering the child-welfare system are more likely to suffer poor outcomes and be left behind in the system.

- [Casey Foundation has studies on these outcomes.](#)

Inpatient psychiatric episodes lead to greater placement disruptions

- Less likely to reunite with family

- Less likely to be adopted
  - 75% increase in placement instability for Anglo children
  - 25% decrease in permanency for African-American children

We medicate kids for compliance and not for competence. Inpatient psychiatric treatment often used as punishment.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) literature suggests that the best treatment options for children are in the community, with inpatient psychiatric treatment as a last resort, in order to get the best outcomes.

Treatment should...

- Move the child towards well being
- When intended outcomes aren't produced, same treatment should be continued for treatment's sake
- Be based on evidence
  - [State of Hawaii website](#) – meta-analysis of best practices for specific diagnoses
  - [National Child Traumatic Stress Network \(NCTSN\)](#)
- Provided by Skilled Providers
- Training Opportunities

Child and Family Services Review (CFSR)

- Federal-State collaborative effort that focuses on outcomes of state child welfare systems.
- Administered by The Children's Bureau, designed to help ensure that quality services are provided to children and families through state child welfare systems.
- [Texas CFSR Final Report](#) (2/2009)

Recommendation: We must take a holistic approach to working with children in the child-welfare system. There is a need for a continuum of care, particularly as children transition from residential environments to foster home settings, that is an individualistic approach that meet the needs of that specific child.

Recommendation: Everyone working with the child should have the skills/knowledge needed to provide a continuum of care.

- Systems need to speak the same language, focus on same issues of child, as the child moves through various systems.

Recommendation: Need to use an individualized approach; one-size fits all does not work with this population.

- Important not to rigidly adhere to one treatment model for all kids.

Residential Treatment Centers (RTCs) are 24 hour facilities, children admitted based on level of care

- Intensive specialized levels of care
- Closed setting for kids to work on their issues
- Receive education and all care in RTC setting
- Literature is mixed on its effectiveness
- Better outcomes when used as part of continuum of care, everyone is on same page, using same language – *this doesn't always happen in RTCs*

Recommendation: Have kids in RTC's meet foster parents before they are placed with them, to begin establishing a relationship; support continuity of care

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**Presentation: Mental health services available to abused and neglected children**

Liz Kromrei, DFPS, CPS Director of Services

- [Link to presentation materials](#) - Presentation from Senate Health and Human Services Committee, March 11, 2010

Highlights from presentation:

CPS provides two types of services

1. Family Based Safety Services – Family preservation services, in-home services
2. Conservatorship – foster care, kinship care

State utilizes, relies on services in the community.

CPS Reform (SB 6)

- Enacted 2005
- Established integrated managed care for children in conservatorship
  - Provided by STAR Health

Children in Foster Care

- A comprehensive general health screening is completed on each child within 30 days of coming into foster care – completed over phone with caregiver
- Based on results of screening, further behavioral assessment may be needed

Addressing Mental Health Concerns

- Historically, CPS relied upon three basic methodologies to address mental health concerns: individual therapy, parenting classes, and drug testing.
- Currently, CPS is moving towards individualized treatment plans that match what the child needs.

“Step-Down Program” following inpatient hospitalization

- Established by 80<sup>th</sup> Legislature, amended in 81<sup>st</sup> Legislature
- Kids with hospitalizations can be gradually “stepped down” less restrictive care settings

DFPS now has a medical director (child psychiatrist)

Psychotropic Medications Parameters Established: Have seen a significant drop in use of poly-pharmacy among Texas foster children.

DFPS Trauma-Informed Training Plan

- Legislatively mandated, no funds provided; STAR Health provides dept. training at no additional cost to state
- Training for caseworkers and supervisors – 8 hrs face-to-face training
- Direct caregivers are receiving 3 hrs of Caregiver Trauma Training
- STAR Health/IMHS services management staff receive 8 hrs. of training
- Some child placing agencies also receive TI training (not necessarily through STAR; some use [National Child Traumatic Stress Network](#) curriculum)

“Fostering Connections”

- Federal legislation enacted in 2008 designed to focus on why children are staying in care so long. Problem with states not collecting the same data points.

Data from the [DFPS 2009 Annual Data Book: CPS Overview](#):

- Average number of months in care for children in temporary managing conservatorship: 6 months
- Average number of months in care for children in permanent managing conservatorship: 42 months
- Youth who age out of the system experience an average of 9 placements

### **Group Discussion – Issues, Recommendations**

*Information and recommendations shared during Texas Children Mental Health Forum meetings will be used to develop a larger body of recommendations, which will be presented to the Texas Children’s Mental Health Forum for input in June 2010. Final recommendations will be used to educate policymakers and advocate for needed changes to improve children’s mental health and well-being in Texas.*

Comment: Important to recognize changes that have been already put in place; need to obtain outcome data to show the impact of these changes. Problem is that these changes are so new (< 2yrs).

Recommendation: Importance of keeping so-called “value added” services that were not available under old, standard Medicaid Services. They are critical to providing continuum of care.

Comment: There are some misperceptions about what the managed care model provides (language). In the upcoming session, there will be greater scrutiny of expensive services – these will be closely evaluated.

Recommendation: Require use of evidence-based practices. Must focus on outcomes, and not provide treatment for the sake of treatment.

Comment: Child-placing agencies are requiring more information on outcomes with providers and families.

Recommendation: Address the issue of judicial decisions for mental health treatment that may not be in-line with evidence-based practices.

- Comment: DFPS’s Family Group Decision Making Process may be avenue to influence judicial decisions, prevent this from happening

Recommendation: hospitalization and medication should be available when needed

- Comment: under-medication also occurs, due to fear of over-medication

Recommendation: Consider stability when moving child/youth to least-restrictive environments, to avoid multiple placements.

- Comment: Sometimes more restrictive environments are better for specific children, they feel safer. Need to allow for individualized needs.

Recommendation: Provide services to strengthen and engage the family

- Comment: Parental mental health issues are big causal factor in child welfare cases

Recommendation: Engage/utilize other state bodies to affect change

- DFPS Public-Private Partnership: Advisory Committee established by agency; website pending; last meeting is December 2010
- The State Supreme Court Commission on Youth and Families – working to educate judges working with children at risk.

Recommendation: We need to move away from the big three treatments (individual therapy, parenting classes, and drug testing) for all diagnoses.

Comment: Foster care is not designed to be a long-term solution.

Recommendation: Address unique barriers of youth involved in the juvenile justice system due to inability to access certain services and supports due to their incarceration.

Recommendation: Training is needed of providers, caseworkers, families, caregivers, and family of origin.

#### **ANNOUNCEMENTS**

[National Association of Counsel for Children](#) will be holding its 33<sup>rd</sup> National Juvenile and Family Law Conference in Austin in October 20-23, 2010. [More information](#).

[Texas Association of Infant Mental Health](#) has recently released its report “Building Better Beginnings”, calling for improved child care standards to promote the mental health of infants and toddlers. [Access Report](#).

- The DFPS Council is holding a public hearing on April 20<sup>th</sup> - those interested in testifying on child care licensing rule review are encouraged to attend/testify.