

Texas Children's Mental Health Forum
DISCUSSION NOTES
Tuesday, November 17, 2009

TOPIC:
Services and Supports to Youth
Transitioning Out of State Systems:
Mental Health, Foster Care, Juvenile Justice

PRESENTATION - Youth Transitioning From Community Mental Health Services

Presented by John Reynolds, Program Manager, Austin Travis County Integral Care; and Ruth Dawson, TCOOMMI Program Manager, Austin Travis County Integral Care.

Notes from presentation:

Two roles of community mental health centers in serving children & youth (ages 3-18).

1. Helping kids coming out of residential treatment centers/secure facilities reintegrate back into their communities
2. Helping youth transition from receiving community MH services

Services Provided:

- Wraparound care; Intensive case management; Cognitive behavioral therapy; Other best practice model interventions
- Linking them to adult community MH services if eligible
- Assisting in applying for Medicaid, other public benefits
- Identifying appropriate resources in the community (providers with sliding scale)
- Community mental health centers may continue serving youth for one year after they are 18
- TCOOMMI Services through Local Community Mental Health Center:
 - More emphasis is now being given to helping youth transition from community mental health services by tapering down services, following intensive services.
 - TCOOMMI is now required to pay for medications (90 days?) but it did not receive any appropriations to support this mandate

Where do referrals to community mental health centers come from?

- State Hospital; Foster Care; Juvenile Justice agencies

Contributing factors to success Austin-Travis County region:

- Collaboration through [The Children's Partnership](#), a coalition of child serving agencies, and the local Community Resource Coordination Group has been key piece of local efforts, success
- Coordination among community partners is critical; Access to schools critical

Comment (Community Mental Health):

Some youth with mental health issues may be stable while receiving services, but “aging out” may push them over the edge

Recommendation (Community Mental Health):

Dire need for child mental health providers, Medicaid providers in the Community MH System

Recommendation (Community Mental Health):

Need for improved communication between referring agency and community mental health center, sharing of information

PRESENTATION - Youth Transitioning from the Foster Care System:

Presented by Elaine Carter, Supervisor of Community Programs, Casey Family Programs; Carol Bellman, LMSW, Community Specialist, Casey Family Programs; & Ashley Gallardo, Consumer Advocate, Foster Care, Star Health

PRESENTATION INCLUDED IN SEPARATE FILE!

Please contact Josette Saxton at jsaxton@texanscareforchildren.org to request a copy.

Comment (Foster Care System): Managed care for foster care children (STAR Health) - progress has been made, services have been increased, but the biggest barrier is lack of providers.

Comment (Foster Care System): Existing transitional “boarding homes” for youth coming out of foster care or TYC do not provide any services

Comment: Youth Empowerment Services Waiver

- Medicaid waiver pilot program getting underway in Travis and Bexar Counties 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
- Goal of preventing custody relinquishment by funding non-traditional community based services not typically covered by Medicaid
- Cost neutral program
- Serve 150 youth each in Travis and Bexar Counties; Pilot will extend to Tarrant County next year
- Program will not serve youth already in foster care
- FIND OUT MORE: [Youth Empowerment Services Medicaid Waiver](#) – Preventing Custody Relinquishment (LINK: <http://www.dshs.state.tx.us/mhsa/yes/default.shtm>)

Comment:

Communities need better data about transitioning youth to help them identify gaps in their services. Potential Resources:

- [DFPS Annual Data Report](http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/default.asp)
(http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/default.asp)
- [TYC Data](http://www.tyc.state.tx.us/research/index.html) (<http://www.tyc.state.tx.us/research/index.html>)
- Community Mental Health (Texas Council of Community Mental Health & Mental Retardation Centers looking into available data).
- Use parent groups/youth specialists as agency contacts to obtain data
- www.texasyouthconnection.org: source for youth aging out of care, has links to other resources

Recommendations (Foster Care):

- Must prioritize youth with identified mental health needs early
- Need more mental health professionals willing to take Transitional Medicaid
- Need safe and supportive housing arrangements
- Need Mental Health Specialists at Child Protective Services
- Need Child Welfare Specialists in Department of Assistive and Rehabilitative Services (DARS) and Mental Health Authorities

Resources (Foster Care):

- [Ready by 21](#): Youth Aging Out Subcommittee
- [Foster Care Alumni of America](#) (FCAA)
- [FCAA Texas Chapter](#)
- Department of Family Protective Services (DFPS) [Transitional Living Services](#)
 - DFPS [Preparation for Adult \(PAL\) Living Program](#)
 - DFPS PAL [Regional Staff Listing](#)

PRESENTATION - Youth Transitioning from the Juvenile Justice System – Continuity of Care:
Presented by April Zamora, Director, Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

PRESENTATION INCLUDED IN SEPARATE FILE!

Please contact Josette Saxton at jsaxton@texanscareforchildren.org to request a copy.

- Provision in Juvenile Justice Sunset Bill (HB 3689) to establish a continuity of care system for juvenile offenders with mental impairments within juvenile justice system (TJPC and TYC) and up to 90 days from discharge.
 - Emphasis on continuity of care for TYC kids is new, but services to kids have been provided for a long time
- Use of Multisystemic Therapy (MST) - TCOOMMI discontinuing use of MST due to difficulties maintaining fidelity to model:

- not enough staff to meet cultural/ethnicity matches;
- issues around appropriateness of intervention related to substance abuse
- agency could serve more youth at same cost with other effective interventions;
- if high clinical need exists for MST, local mental health authorities may be able to provide
- continuing to use Functional Family Therapy

Comment: HB 4451: Legislation passed last session regarding transition planning for youth released from TYC on 1550 mental health release (incarcerated youth unable to complete the rehabilitation program due to mental impairments and released after minimum required 9 month sentence without parole).

- Prior to passage of HB 4451, TCOOMMI was not required to serve these youth because they were released but not placed on parole.
- TCOOMMI required to cover medication needs for 90 days post-release. Legislature did not make additional appropriations for this.
- FIND OUT MORE:
 - [Video](#) about youth released from Texas Youth Commission due to Mental Impairments

<p>Recommendations From Large Group Discussion:</p>
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- Increase diversionary efforts: Get these youth and families at the front door to reduce the number of children coming out the back end.
- Need to continue with prevention in all areas (family preservation, kinship care, disproportionality awareness)
- Begin serving these children and families earlier – at least 5 years earlier than we are currently are.
- Provide transitional services to help youth & families “step down” from intensive services.
- Engage families and communities from the beginning.
- Provide “real” access to services, addressing barriers such as location, transportation
- Provide school based services and assessments
- Move from a “healing” mindset to one that anticipates peaks and valleys that can be weathered with ongoing supports and services that are oftentimes minimal.
- Move away from cookie-cutter services and move towards individualized services that meet youth/families’ needs.
- Availability of someone who follows the child across systems, universal case management across agencies (example – Casey’s reintegration project?)
- Need more foster care Transition Centers in rural areas
- Continue and expand HB 1912 workgroup charged with developing a comprehensive plan based on best practices to improve transitional living services for foster youth.
- Grow the foster system’s Transition Center model to support youth in other systems; like a local workforce board for youth
 - Provide youth with skills training

- Assist with housing, employment services
- Many kids are in or are touching multiple systems; Systems need to “play well together”
- Utilized legislative interim charges related to children’s mental health to advocate & inform legislature
- Look at YES Waiver at future Forum meeting

End of Meeting Announcements:

- Hogg Foundation [Legislative Report](http://www.hogg.utexas.edu/session81.html) (<http://www.hogg.utexas.edu/session81.html>)
- [Mental Health & Juvenile Justice Summit](#) – January 28th, Capitol Auditorium