

# Texas Children's Mental Health Forum

Convened by Texans Care For Children and the Texas Health Institute

Tuesday September 20, 2011

9:30 AM -11:30 AM

Location: Hogg Foundation For Mental Health

## Project Updates: Revising Children's Mental Health Service Packages in RDM; and the Texas Mental Health Code Project

*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.*

### Resiliency & Disease Management (RDM) service delivery model

#### [Copy of Presentation](#)

Presented by Tegan Henke, Department of State Health Services

- Texas public mental health system serves children ages 3-17 with a mental health diagnosis w/ functional impairment (serious emotional disturbance)
- Texas currently uses the [Texas Recommended Assessment Guidelines](#) (TRAG) to assess needs and recommend treatment, done every 90 days
- Feedback from community mental health centers regarding current system:
  - Seems to be more diagnosis driven
  - Too many service packages (7)
  - Packages weren't flexible enough to meet individualized needs
  - Dissatisfaction with TRAG, wasn't providing enough information
- DSHS prioritized redesign of CMH packages, based on certain foundational values:
  - Services would be Child & Family centered
  - Engagement - providers bringing everyone to the table
  - Use of evidence based practices
  - Fidelity to model
  - All these components should lead to recovery & resiliency
- Pending Changes to Reflect these Foundational Values:
  - *New assessment tool* – Child and Adolescent Needs and Strengths (CAN)
    - Assesses whole person, whole family
    - Captures trauma needs
    - Online training for certification to administer CAN
    - Has been positively received
    - Tool can be used in various systems, assessing MH in multiple systems
    - Officially rolling out in Sept 2012

- IT issues need to be worked out
- *New Service Package Design*
  - Seeking to base new packages on system of care principles
    - DSHS staff, center providers have received wraparound training
  - Four service packages, ranging from medication management, up to child with multi system involvement, family therapy
  - Includes young child package (ages 3-5)
  - New packages are designed to allow movement thru packages as needed
  - New evidence based practices will be recommended (not yet finalized), including skill building , parent education, transitions skill training
  - Trauma informed care
- Roll Out of RDM Redesign:
  - Pilot June 2012
  - Statewide implementation Sept 2012
  - DSHS is preparing providers and training staff in moving towards implementation

Questions & Comments:

- Use of Family Partners in the redesign?
  - *Family partners will be allowed to work with most service packages, is a core piece of package 4 (most intensive service package)*
- Have incentives been considered to seek co-funding at local level?
  - *DSHS can explore this*
- As the state explores the use of youth peer services, can they fit into this package?
  - *Not planned, but DSHS can look into it*
- Will nontraditional supports be provided?
  - *Flexible benefits can be used for this, but lack of funding makes it unlikely to be used widely*
- *Comment: The need for protections to prevent a drop in services as system transitions with no additional funding*
- *Comment: The state has a way to go to integrate services for populations who are dually diagnosed – Mental Health/Developmental Disability/Intellectual Disability/Substance Abuse*

**Texas Mental Health Code Project**

[Presentation Handout](#)

Presentation by Dr. Susan Stone, Project Coordinator

- Project to review and recommend updates to the state Mental Health Code
- Emerged from [Continuity of Care Task Force](#) recommendation, following concerns the current code was too confusing, doesn't flow the way the system flows, and doesn't reflect current environment. Examples:
  - Overwhelming majority of code addresses involuntary treatment, even though overwhelming majority of mental health treatment is voluntary

- Increase in number of forensic commitments, possibly because judges find it easier to use criminal code
- The state's Mental Health Code consists of various sections of the state's statutes.
  - *Not many of sections of the mental health code impact/address children/youth directly. Consent to treatment sections probably have the most impact on kids*
- Draft report with recommended changes anticipated for January 2012; draft legislation anticipated for July 2012
- Emerging Themes from Stakeholder Feedback suggest a need for:
  - Standardized forms
  - Manuals on how to use code
  - Updated definitions
  - Enhanced data development
  - Use of involuntary treatment as last resort
  - Improved definition of role of law enforcement, addressing policies related to:
    - Emergency detention
    - Transportation
    - Need for medical clearance before individuals taken to psychiatric facility
    - Confiscation of fire arms
    - Decreased wait times
    - Waiting for parent before being able to transport a child in during crisis
  - Increase use of paraprofessionals, especially in rural areas
  - Shared decision making

### Texas System of Care Expansion Planning Grant

Brief overview by Sherri Hammack, Health and Human Services Commission

- The Texas Health and Human Services Commission was successful in receiving a one year System of Care statewide expansion planning grant from SAMHSA, to begin October 1, 2011.
- Long-range goal is to use system of care practices and values throughout the state to plan and deliver services to children and youth with mental health needs and their families.
  - *A **system of care** is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs. A system of care helps children, youth and families function better at home, in school, in the community and throughout life. [Click here to learn more.](#)*
- The Expansion Planning Grant will inform and drive the development of a comprehensive strategic plan to implement systems of care statewide through two strands of activities:
  1. The development of an inventory of policy, fiscal, regulatory, workforce and

legal barriers to systems of care implementation at the state and local levels and initial activities to address one or more identified barriers.

2. The selection and engagement of several community partner sites at different levels of readiness, with the provision of training and technical assistance aimed at increasing the communities' capacity for implementation of system of care.

### **Mental Health Planning and Advisory Council (MHPAC)**

Brief overview by Gyl Switzer, Mental Health America of Texas and Co-Chair of MHPAC

- The Texas' Mental Health Planning and Advisory Council ([MHPAC](#)) was created as a result of the federal requirement that States and Territories engage in mental health planning in order to receive federal Mental Health Block Grant funds. The laws further require that stakeholders, including mental health consumers, their family members, and parents of children with serious emotional or behavioral disturbances, must be involved in these planning efforts through membership in the planning and advisory council.

#### *PROPOSED CHANGES TO MHPAC:*

- DSHS has proposed addressing the use of substance abuse block grant funds within the MHPAC, as is being encouraged by SAMHSA.
- The state is also looking into the feasibility of folding in membership and projects of the [Texas Mental Health Transformation Workgroup](#), whose federal grant has recently concluded, into MHPAC.
- MHPAC is seeking to expand the diversity of its membership, including geographic diversity, knowledge of the system, and consumer/family member/advocate members. Those interested can visit the [MHPAC webpage](#) to find out more.