

Caring for Kids in their Communities, Not in the Justice System: *Building Systems of Care for Children with Mental Illness*

Any serious childhood illness can disrupt a child's life. When it's a mental illness, a child's symptoms can leave a child behind bars. Compared to children with other disabilities, youth with serious mental disorders are more than twice as likely to end up living in correctional facilities, halfway houses, or drug treatment centers, or to be homeless.ⁱ While our juvenile justice system seeks to address the mental health needs of the children it serves, many of the children who find themselves justice-involved should never have entered the system in the first place. Keeping children in their communities and addressing their mental health needs appropriately has the potential for preventing a slew of negative consequences, while also putting children challenged by mental illness on a path to lifelong success.

While many symptoms of childhood mental disorders look like typical childhood or adolescent behavior - things like having trouble controlling emotions or behavior, having difficulty paying attention, being impulsive, or having mood swings - children with a mental disorders experience them in severe and persistent ways. Traditional behavior management or discipline strategies may not be effective, which puts children with mental disorders at risk of being seen as willfully misbehaving or making poor choices, instead of needing a different set of interventions or treatment to help them manage their underlying disorders.

**37% of youth
committed to the Texas
Juvenile Justice
Department in 2011
had serious mental
health problems.**

With proper treatment, services, and supports, children's mental disorders can be managed. This allows kids to go about the typical business of being kids – learning, playing, having friends, exploring interests and getting ready to be young adults.

Texas System of Care Initiative

The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends communities use a "system of care" approach to deliver the range of services needed by children with serious mental illness and their families, with the goal of keeping them in their homes, schools and community.ⁱⁱ Within this approach, community agencies plan and work together in partnership with families to provide children with a coordinated continuum of care that targets the child and family's specific needs. Services are provided while the child remains in the community, where treatment

**In 2012, 71% of children and
youth served by Travis
County's system of care
decreased their participation
in delinquent behavior.**

outcomes are generally better when compared to treatment in more restrictive settings. Systems of care have been shown to keep kids with serious mental illness from entering hospitals, residential care and treatment, and justice settings – places where the child is separated from their family and the treatment is more costly and tends to be less effective.ⁱⁱⁱ

Texas is building and strengthening systems of care across the state through its ***Texas System of Care*** initiative. Led by the Texas Health and Human Services Commission and in partnership with other state child-serving agencies and community partners, the initiative works to strengthen the collaboration of state and local efforts to weave mental health supports and services into seamless systems of care for children, youth and their families. Some of the impacts of Texas System of Care include:

- Bringing the evidenced-based *Wraparound* model of service delivery to Texas. This model has been shown to reduce costly hospital and residential care, improve youth functioning, reduce emotional and behavioral problems, and result in greater community adjustment.^{iv}
- Establishment of the *2014 Texas Mental Health and Juvenile Justice Policy Academy*. In order to strengthen coordination between juvenile justice and mental health systems in local communities, this initiative brought together local leaders to identify community assets and gaps, develop a community-specific plan for enhancing services and systems, and implement these strategies with supportive technical assistance.^v
- Informing and guiding state policy related to children’s mental health. The *Texas System of Care Consortium*, comprised of public and private partners and youth and families, was established by the Legislature in 2013 to ensure Texas children have access to high quality mental health care that is family-driven, youth-guided, community-based, culturally-grounded and sustainable.

What can Texas do to help communities successfully develop systems of care?

- Keep the *Texas System of Care Consortium* in statute to sustain the state’s efforts in connecting state, community, and family expertise in addressing children’s mental health and advising the Legislature.
- Provide more communities and service systems in Texas with training and technical assistance on providing effective services to children with mental health concerns and their families.

Youth Empowerment Services (YES) Medicaid Waiver Program

Beginning as a pilot project in a handful of communities, the Youth Empowerment Services (YES) Waiver is set to expand statewide due to direction and funding provided by the 83rd Texas Legislature. The 1915(c) Medicaid Waiver program gives communities more tools to assist children with serious emotional disturbance (SED) and their families. In the regions of the state where this program is operating, children who are at risk of psychiatric hospitalization can enroll in Medicaid, regardless of their families’ income, and receive both traditional mental health services through Medicaid, such as case management, counseling and medication, but also enhanced YES Waiver services that are not provided under traditional Medicaid, like music or animal-assisted therapy, peer supports for the child’s primary caregivers, or community living supports. Services are provided in the child’s home or in a community setting using the evidence-based Wraparound model of service delivery.

By 2015, the YES Waiver program is expected to be available to about 60% of the state, including most urban areas. The scaling up of the project means more families will have access to intensive and comprehensive community-based services for their children.

Children are succeeding through the YES Waiver program, but Texas faces challenges in successful implementation. Current YES Waiver communities are finding it difficult to identify and recruit providers to offer the array of services the YES Waiver program provides. Reimbursement rates fall short of offsetting the time or travel expenses incurred in providing services, making participation in the program unfeasible for some potential providers. The specialized providers who can provide the non-traditional therapies that families report being so instrumental to their child's improvement are often scarce or non-existent within the state. These challenges are felt in urban communities where the YES Waiver program is currently being implemented and will prove to be bigger barriers as the state rolls out the program to the more rural areas that are in the statewide expansion.

Youth enrolled in the YES Medicaid Waiver program have shown improved functioning in their day-to-day life, reduced severity of their emotional and behavioral problems, and reduced risks of harming themselves or others.

What can Texas do to help communities successfully implement a YES Medicaid Wavier program?

- Increase rates paid to YES Medicaid Waiver providers to compensate for time and travel needed to provide children and youth with specialized non-traditional services provided by the program.
- Increase the availability of specialized therapists, which may include establishing a university-affiliated accreditation program to train licensed and qualified mental health professionals in specialized therapies such as art, music, recreation, play and equine therapy and providing grants to licensed mental health professionals to receive specialized training.

Community Resource Coordination Groups (CRCGs)

Most often, kids come to a CRCG with needs related to mental health (82%), family support services (66%), and developing social skills or managing their anger or behavior (40%).

Community Resource Coordination Groups, or CRCGs as they are more commonly known, were established by the Texas Legislature in 1987 to provide a way for community agencies to coordinate services for children and youth whose complex needs are not able to be met by one agency alone.¹ At the state level, eleven agencies are required to have a joint Memorandum of Understanding (MOU) to promote local-level interagency staffing groups to coordinate services for persons needing multiagency services. At the community level, CRCGs are made up of representatives from public and private health and human services agencies, schools, juvenile justice agencies, private sector

¹ In 2001, the CRCG model was expanded to include children, families or adults who require services from multi-agencies, however the majority of CRCGs in operation only serve children.

providers, and families and caregivers.

Children are referred to a CRCG when an agency recognizes the need to work with other agencies in providing services to a youth, with juvenile probation departments being one of the most frequent referral sources.^{vi} Upon a referral, a CRCG convenes to brainstorm ways the community can help the family address the child’s needs. Most often, children come to a CRCG with needs related to mental health (82%), family support services (66%), and developing social skills or managing their anger or behavior (40%).^{vii}

State CRCG Partners

Department of Assistive and Rehabilitative Services (DARS)	Texas Department of Housing and Community Affairs (TDHCA)
Department of State Health Services (DSHS)	Texas Education Agency (TEA)
Department of Aging and Disability Services (DADS)	Texas Juvenile Justice Department (TJJJ)
Department of Family and Protective Services (DFPS)	Texas Workforce Commission (TWC)
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)	Health and Human Services Commission (HHSC)
Texas Department of Criminal Justice (TDCJ)	

Technically, each county in Texas has access to a CRCG that serves children and youth. In practice, CRCG operations vary significantly across the state, ranging from groups being virtually inactive to others that are robust and thriving through community support and investment. A lack of funding to support local CRCG operations, inconsistent participation, and restrictive funding streams are some of the challenges that impede CRCGs from operating as intended and needed.

But there is good news. The state has recently begun to rebuild its support for its CRCG network. In 2013 the Texas Legislature appropriated funds to the Texas Health and Human Services Commission (HHSC) to revive state interagency efforts in assisting communities with local CRCG operations. HHSC is leading interagency efforts to update state interagency MOU agreements, improve data collection from local communities, and provide local CRCGs with limited technical assistance to build or strengthen their on-the-ground efforts to assist some of our state’s most at-risk youth.

What can Texas do to help communities strengthen their CRCGs?

- Provide communities with enhanced training and technical assistance on building and strengthening the operation of their CRCGs.
- Establish a pool of flexible funds at the state level to which CRCGs can apply for providing services which are needed by a child but for which no existing funding stream is available.

Parents Helping Parents - Family Peer Supports

The amount of time it takes to parent children with complex needs can be overwhelming. Some parents find themselves cutting their work hours or even quitting work altogether because of the time it takes to arrange their child's care. Studies have shown the time demand of caring for a child with mental illness is often greater than that of caring for children with other disabilities.^{viii}

Receiving support and guidance from another parent who has raised a child with serious mental health concerns can be a life raft in a sea of confusion for families seeking help for their own child. Recognizing the valuable role parents with shared experiences can serve in helping other families seek care for their children, Texas developed a program to train and certify Certified Family Partners (CFPs) to work in settings serving children and youth with mental illness. These professionals are trained to work closely with the family to assist them in finding and navigating services, empowering them to advocate on behalf of their child within the school or various programs providing services to their child, and serving as an integral part of the child's treatment team.

As of January 2014, 99 CFPs have been trained in Texas, with many of them working in community mental health centers. However, current funding streams limit centers' abilities to use CFPs for peer support services they are uniquely trained and qualified to provide. While community mental health centers are at the forefront of using CFPs, families with children with mental health concerns can benefit from peer supports provided in other settings, such as state hospitals, foster homes, or juvenile justice settings.

What can Texas do to help communities provide Certified Family Partner services?

- Provide Medicaid reimbursement for services Family Partner Services are uniquely trained to provide.
- Expand the use of CFPs in the settings in which children with mental illness are served.

Empowering Schools

While schools are not the place to *treat* mental health disorders, they are an opportune place to recognize when a student is showing signs of potential concerns. This is an important first step to connecting a child and family with the help and resources they may need. Up to 30% of school-aged children experience at least moderate behavioral, social or emotional problems.^{ix} When teachers and other school professionals are trained to recognize causes for concern and understand how they can support and guide students and families to people in the school or community who can help, communities can do a better job with prevention and early intervention of problems at early stages.

Up to 30% of school-aged children experience at least moderate behavioral, social or emotional problems.

In Texas, 9 out of 10 students with Emotional Disturbance are removed from their classroom for discretionary reasons.

In addition to knowing how to recognize potential mental health concerns in students, it's also important for schools to know how to help students with mental health concerns be successful learners. Individualized accommodations can help, along with school-wide strategies that promote safe and supportive learning environments for all students. Strategies like positive behavior interventions and supports, trauma-informed practices, social emotional learning, and creating school climates that are conducive to learning will help more students with mental illness achieve success in school and avoid the "school to prison pipeline."

What can Texas do to help empower schools?

- Continue to support educator and school personnel training on how to recognize and respond to potential mental health concerns in schools.
- Provide schools with tools, resources and guidance to foster safe and supportive learning environments through the implementation and alignment of effective school-based strategies, such as positive behavior interventions and supports, trauma-informed practices, and social emotional learning.

Coordinating Efforts to Address Adverse Childhood Experiences

Adverse experiences that occur during childhood, such as violence or neglect in the home and mental illness or substance abuse in the household, can impact the way children think, learn, behave, and respond to further stressors in their lives as they grow up and into adulthood. According to research, the developing brain is highly sensitive to the presence of stress hormones. When present in high levels or over long periods of time, stress hormones can physically alter structures in a child's brain that control decision making, regulation of emotions, and the processing of information.^x Many short- and long-term negative health and social outcomes have been linked to adverse or traumatic experiences occurring during childhood^{xi}:

Alcoholism and alcohol abuse	Intimate partner violence
Chronic obstructive pulmonary disease	Liver disease
Ischemic heart disease	Obesity
Depression	Sexually transmitted disease
Fetal death	Smoking
High risk sexual activity	Suicide attempts
Illicit drug use	Unintended pregnancy

Adverse experiences and the health and social outcomes associated with them are highly connected and often co-occur. Success in addressing one problem will be hampered if other co-occurring problems are not also addressed. However, Texas tends to approach adverse childhood experiences and their social and health consequences in discrete and uncoordinated "silos."

To maximize their individual and collective impact, Texas needs a strategic plan to guide, coordinate, deliver, and evaluate its efforts aimed at preventing adverse childhood experiences from occurring and mitigating the social and health consequences associated with them when they do occur. Efforts should be evaluated not just by discrete outcomes that may be the primary focus of one system, but also on their impact on outcomes critical to another system's mission. By planning and evaluating our programs using a whole-child lens, we can provide more efficient and effective services and change the trajectory of kids facing multiple challenges.

What can Texas do to help communities coordinate prevention and intervention efforts?

- Develop a strategic plan that enables the state to coordinate, measure, and report on prevention and early intervention programs across state systems that target interrelated social concerns.
- Adopt common outcomes and performance measures for agencies to assist in cross-system communication, coordination, and evaluation of programs targeting interrelated social concerns.

ⁱ Wagner, M. (1995). "Outcomes for youths with Serious Emotional Disturbance in Secondary School and Early Adulthood." *Critical Issues for Children and Youths*. 5(2).

ⁱⁱ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2006). *Helping Children and Youth with Serious Mental Health Needs: Systems of Care Children's Mental Health in Systems of Care*.

ⁱⁱⁱ Texas Legislative Budget Board. (2007) "Create a Coordinated State Infrastructure to Support Children's Behavioral Health Services." *Texas State Government Effectiveness and Efficiency Report*.

^{iv} Sutler, J., and E. Bruns. (2009). "Effectiveness of the Wraparound Process for Children with Emotional and Behavioral Disorders: A Meta-Analysis." *Clinical Child and Family Psychology Review*.

^v <http://www.txsystemofcare.org/mental-healthjuvenile-justice-policy-academy/>

^{vi} Texas Health and Human Services Commission (2014). *A Report to the Governor and the 84th Legislature on the Community Resource Coordination Groups of Texas: Fiscal Years 2012-2013*.

^{vii} Texas Health and Human Services Commission (2014). *A Report to the Governor and the 84th Legislature on the Community Resource Coordination Groups of Texas: Fiscal Years 2012-2013*.

^{viii} Busch, S., and C. Barry. (2009) "Does Private Insurance Adequately Protect Families of Children With Mental Health Disorders?" *PEDIATRICS* Vol. 124 Supplement December 2009, pp. S399-S406.

^{ix} Juvonen, J., Le, V., Kaganoff, T., Augustine, C., & Louay, C. "Focus on the Wonder Years: Challenges Facing American Middle School." Rand Education. http://www.rand.org/pubs/monographs/2004/RAND_MG139.pdf

^x Anda RF, Felitti VJ, Walker J, Whitfield, CL, Bremner JD, Perry BD, Dube SR, Giles WH. The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: A Convergence of Evidence from Neurobiology and Epidemiology. *European Archives of Psychiatry and Clinical Neurosciences*, 2006; 256(3):174-86

^{xi} Centers for Disease Control and Prevention