



TEXAS
Department of Family
and Protective Services

Mental Health Services Team Report

As Required by the 2023-2024 General Appropriations Act,
H.B. 1, 88th Legislature, Regular Session, 2023

(Article II, DFPS, Rider 44)

October 1, 2024

Table of Contents

Executive Summary	1
Introduction.....	2
Care Coordination Activities	2
Recommendations on Improving Mental Health Services and the Effectiveness of the STAR Health Medicaid Managed Care Program.....	10
HHSC funded Mental Health Services Available to Youth in Conservatorship.....	10
STAR Health Services for Children and Youth in Conservatorship	11
Recommendations.....	12
Priority Recommendation 1: Maximize the Effectiveness of the Skills Training Benefit	13
Priority Recommendation 2: Increase Access to and Utilization of Children’s Crisis Respite.....	13
Priority Recommendation 3: Develop a Process for Accessing and Utilizing STAR Health Service Coordination	14
Summary	15

Executive Summary

The Texas Department of Family and Protective Services (DFPS) submits this report regarding the *Mental Health Services Team* in compliance with the 2023-24 General Appropriations Act, House Bill 1, 88th Texas Legislature, Regular Session, 2023 (Article II, Rider 44). Rider 44 requires DFPS to submit a report no later than October 1, 2024, that provides the following information specific to children and youth in the conservatorship of DFPS:

- the activities of the Mental Health Services Team, including how the team coordinated care;
- recommendations on how to improve mental health services; and
- the effectiveness of STAR Health, including recommendations on how to improve STAR Health services.

The Texas Department of Family and Protective Services (DFPS) is the agency responsible for protecting children and youth whose safety has been compromised due to abuse and/or neglect. DFPS serves approximately 18,812¹ children and youth in conservatorship on any given day. Many DFPS involved children have experienced considerable trauma which can significantly impact their overall health and well-being. To support their healing and recovery DFPS is responsible for assuring both primary and behavioral healthcare is accessible to children and youth in conservatorship.

The Mental Health Services Team (henceforth referred to as the Office of Behavioral Health Strategy (OBHS)) was created to provide coordination and cooperation between DFPS, and the myriad of state funders and local providers of services to identify needs, address barriers, improve access, and expand the capacity of the children's behavioral health system to meet the unique needs of children in DFPS conservatorship.

The OBHS aims to:

1. address access to care issues for children and youth with behavioral health needs,
2. strengthen partnerships with critical stakeholders including other state agencies, trade organizations, and public and private hospitals,
3. identify and resolve gaps in the Texas behavioral health system of care for children and youth, and
4. support the health and well-being of the DFPS workforce.

DFPS is dedicated to improving access to behavioral health services for children and youth in conservatorship and their families and in promoting the health and well-being of the workforce as they provide support and intervention to Texas individuals and families. This report reflects activities and recommendations from September 1, 2023, to present.

¹ DFPS Data Card FY2023,

[https://www.dfps.texas.gov/About DFPS/Data Book/documents/DFPS Data Card.pdf](https://www.dfps.texas.gov/About%20DFPS/Data%20Book/documents/DFPS%20Data%20Card.pdf).

Introduction

The 2023-2024 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (Article II, Rider 44) requires DFPS to submit a report no later than October 1, 2024. As required by Rider 44, this report will discuss the following areas specific to children and youth in DFPS conservatorship:

- The activities of the Mental Health Services Team, including how the team coordinated care,
- Recommendations on how to improve mental health services; and
- The effectiveness of STAR Health, including recommendations on how to improve STAR Health services.

Rider 44, enacted September 1, 2023, created the OBHS. The Office aims to coordinate across systems to develop solutions to systemic barriers that may impede the delivery of behavioral health services to children in DFPS conservatorship. This includes:

- making recommendations that address improvements to policy and practice,
- developing specific strategies to improve the delivery of behavioral health services, and
- increasing behavioral health access and outcomes for children, youth and families served by DFPS.

In addition to the focus on the health and well-being of the children and youth served by DFPS, the agency is invested in identifying ways to support the health and well-being of employees. Due to the nature of their work, DFPS employees may be secondarily affected by their exposure to traumatic experiences. During the last year, OBHS was tasked with coordinating wellness efforts across the agency, to provide the framework and resources for staff to gain an understanding of steps they can take to understand, address, and minimize the impacts of stress and trauma-exposure on their overall health and well-being. It is hoped that a resilient and empowered workforce coupled with a supportive work environment will have an impact on staff retention. When staff support their own well-being positively, they can fully show up for the adults, children, youth, and families they support.

The OBHS team was fully staffed February 2024. The team is comprised of six positions, the chief strategist for behavioral health, three senior behavioral health policy strategists with child welfare and behavioral health experience, a principal wellness administrator focused on employee health and well-being, and a staff services officer. Prior to fully staffing the OBHS team, DFPS was involved in a variety of stakeholder engagement, service expansion and care coordination activities which were subsequently taken on and expanded with assistance from the OBHS team.

Care Coordination Activities

The behavioral health needs of youth in DFPS conservatorship are of paramount importance as the agency seeks to assure children in care are provided with the services and support necessary to promote their physical and emotional healing and recovery from trauma. To accomplish this task, DFPS must work in unison with other state and local child serving agencies to identify and resolve issues that impact access to an adequate array of home-and community-based behavioral health services, out of home treatment, and psychiatric hospitals.

Mental Health Services Team Report

The Office has been involved in various activities and projects that address care coordination for youth in conservatorship. In fiscal year 2024, OBHS initiated foundational activities, including a behavioral health gap analysis from public listening sessions and a partnership with Meadows Mental Health Policy Institute (MMHPI). Both activities helped OBHS develop recommendations for strategies aimed at maximizing behavioral health benefits for children and families². Key actions by DFPS include:

- Fully staffed the OBHS team.
- Aggregated data from behavioral health gap analysis.
- Developed and defined behavioral health strategic initiatives.
- Implemented a benefits maximization project incorporating recommendations from the MMHPI report.

Activities within OBHS aim to diminish access to care issues for children and youth in conservatorship and strengthen partnerships with critical stakeholders including other state agencies, trade organizations, and public and private hospitals. Additionally, this collaborative, multi-pronged effort endeavors to address gaps in the Texas behavioral health system of care for youth to improve access to care. Below is a list of activities and partnerships internal and external to DFPS that OBHS has been involved in, to date.

Listening Sessions and Strengths, Weaknesses, Opportunities & Threats (SWOT) Analysis

The OBHS completed a behavioral health situational analysis through statewide distribution of SWOT surveys and listening sessions with child welfare stakeholders. Information was gathered from participants on gaps specific to the behavioral health continuum of care. The listening sessions and surveys were a collaborative effort between the OBHS and the DFPS Management Consulting Group and were completed in partnership with DFPS and Texas Health and Human Services Commission (HHSC) leadership. Surveys were broadly distributed to state agency staff, the judiciary, state agency leadership, residential providers, advocates, former foster youth, and families that are engaged with DFPS. Of the 2,254 survey responses received, 1,451 had experience with the behavioral health system for DFPS youth, completed most of the survey, and were included in the analysis. Three virtual listening sessions were also facilitated with stakeholders from across the state.

Through the gap analysis and partnering with the MMHPI, OBHS developed recommendations for implementing strategies to take advantage of existing behavioral health benefits for children and families.

Benefits Maximization Project

A Memorandum of Understanding was executed with the MMHPI to provide operational guidance and consultation on ways to maximize the use of existing pediatric mental health

² Behavioral Health Services for Youth in DFPS conservatorship: Listening Session and Survey Feedback from Stakeholders, September 2023, https://www.dfps.texas.gov/Child_Protection/Medical_Services/documents/reports/2023-09-Behavioral_Health_Services_for_DFPS_Youth_Report.pdf.

services and supports available to children and youth in conservatorship. Through this project, MMHPI worked alongside the OBHS to:

- Identify opportunities to maximize the use of services available - but not often accessed - through the STAR Health Medicaid Plan for foster youth and General Revenue-funded HHSC programming.
- Develop operational plans for taking advantage of these opportunities.

The operational plans require maintenance of effective partnerships with HHSC's Behavioral Health Services Division and Medicaid and CHIP Services Division, to implement and focus on remedying programmatic and policy barriers that limit a DFPS youth's access to behavioral health care.

The MMHPI developed a menu of recommendations which DFPS prioritized and aligned with present needs. In identifying recommendations and opportunities, MMHPI focused on identifying priorities that would address existing barriers. The following guiding criteria were applied:

- DFPS and/or HHSC must have existing authority to make the recommended changes.
- The recommendations cannot require new or reallocated funding.
- The strategies must be realistic and actionable.

Application of the guiding criteria with the identification and prioritization of needs, assessment of internal information, and a review of the listening session and SWOT analysis data, resulted in the following recommendations. These recommendations were identified as the top priorities to pursue as part of the initiative to improve the effectiveness and accessibility of mental health services for youth in conservatorship by maximizing existing benefits and programs:

- Maximize the effectiveness of the skills training Medicaid benefit.
- Increase access to and utilization of Children's Crisis Respite.
- Develop a process for accessing and utilizing STAR Health service coordination.

More information regarding these recommendations is found below in the recommendations section of this report.

Purchased Psychiatric Beds

The 88th Texas Legislature dedicated 20 extended stay inpatient psychiatric beds for youth in DFPS conservatorship, from beds allocated to HHSC. This dedicated bed allocation for youth was the result of the Legislative Appropriations Request by DFPS to have additional funding for this purpose placed in the HHSC budget strategy. These beds, located in the most populous areas of the state, provide timely access to inpatient care, and divert youth from state psychiatric facilities. Additionally, these beds are intended to offer longer periods of treatment to stabilize symptoms and prepare youth for reunification back to the most clinically appropriate home- and community-based setting, or temporary out of home placement. These beds are being operationalized at HHSC and administered by Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs). Criteria for this resource was developed in collaboration with DFPS to ensure the needs of youth in DFPS conservatorship are met. Implementation is anticipated in Quarter four of fiscal year 2024.

Youth Crisis Outreach Teams (YCOT)

Eight Youth Crisis Outreach Teams (YCOT) were funded by the 88th Texas Legislature. These mobile teams will be available 24/7 through LMHAs/LBHAs to provide home- and community-based crisis intervention, stabilization, and support for children experiencing a mental health crisis. The YCOTs will provide pediatric-specific trauma informed interventions and strategies to de-escalate the crisis, aid in relapse prevention and safety planning, with on-going services available for at least four weeks and up to approximately 90 days (about 3 months) post-crisis to provide support and ensure continuity of care, including referrals to community mental health resources such as the LMHA/LBHA. Having a resource like YCOT available in certain parts of Texas, provides support to families who care for children with challenging behaviors with the goal of keeping families together, preventing out of home placement into restrictive environments, lessening use of emergency departments for non-emergent situations, arming families with information to prepare for future crises should they occur, and keeping children in their homes, schools, and communities. Additional funding for this initiative was requested by DFPS for HHSC's budget strategy. DFPS worked collaboratively with HHSC to set criteria for this service and on other implementation activities. Contracts have been executed and processes are being operationalized in Quarter four of fiscal year 2024. The YCOTs will be available through the following eight LMHA/LBHAs and it is hoped that future expansion will occur statewide:

- My Health My Resources of Tarrant County
- North Texas Behavioral Health Authority
- The Burke Center
- Tri-county Behavioral Healthcare
- Bluebonnet Trails Community Services
- Heart of Texas Behavioral Health Network
- Border Region Behavioral Health Center
- Emergence Health Network

Behavioral Health Services & Supports for Kinship

DFPS continues to examine ways to bolster support to keep kinship families together and increase youth in kinship placements. About half of the kinship placements across the state occur within the catchment areas of current or upcoming stage II Single Source Continuum Contractors (SSCCs).

Behavioral health services and supports for kinship caregivers was funded by the 88th Texas Legislature. The funding expands Stage II SSCCs resources to support kinship caregivers who are caring for children in need of behavioral health services. This project, led by OBHS, has been a collaboration between DFPS teams from Kinship, the Community Based Care Contract Oversight and Accountability Division, and the Chief Financial Officer's office. Contracts were executed in January 2024. Programming, operationalized by the SSCCs, includes:

- Targeted and comprehensive case management, treatments, and service planning
- Innovative, evidence-based therapies and treatment models
- Increased access to tangible support and therapeutic interventions.

DFPS began convening hospital stakeholders and key agency partners in 2020 when the numbers of youth in unlicensed settings were at an all-time high. These convenings were led by the Child Protective Services (CPS) Medical Services area and were transferred to OBHS to continue identifying common issues and collaborative solutions to best serve youth receiving inpatient services.

A smaller workgroup led by OBHS was created with representatives from hospitals, HHSC, DFPS, and Superior Health Plan. The group, which began quarterly meetings in December 2023 serves on behalf of the larger body to identify, develop, and implement policy and practice to improve partnerships amongst providers and foster positive outcomes for youth. The group serves as a vehicle for clarification on each partners' internal processes related to youth in inpatient settings and has enabled targeted, regional concerns to be addressed. The June 2024 workgroup was repurposed to gather input from DFPS partners to better understand the current needs of high acuity youth from the hospital perspective.

Provider Clinical and Programmatic Support Pilot

In recent years, DFPS has seen an increased need for more intensive interventions for youth with high acuity. This necessitates a focus on increasing the statewide capacity of services designed to address the acute needs of youth admitted into highly intensive treatment modalities, including residential care. While it is critical to maintain focus on increasing provider capacity, it is equally important to simultaneously focus on the quality of care being provided. To that end, the Provider Clinical and Programmatic Support pilot was developed through a contract with the University of Texas Health Science Center San Antonio to enhance the quality and effectiveness of pediatric residential treatment.

The pilot is designed to enhance the quality and effectiveness of services for children and youth in residential programs by using the Quality Standards Assessment (QSA). The QSA will measure and track progress of residential programs' performance on quality standards. A training platform is designed based on residential program needs identified by the QSA. This pilot will support the statewide goal of elevating service quality and outcomes of residential care in Texas using a research-based quality practice and improvement framework to provide consultation, evaluation, training, and technical assistance.

The pilot offers providers increased support informed by research and developed by child welfare stakeholders. The pilot measures provider performance on quality standards across eight domains, each focused on ensuring improved quality of residential care beyond licensing and accreditation standards as a mechanism to improve outcomes for Texas youth.

A contract was executed in December of 2023 and focuses on supporting a subset of providers. There are 11 providers enrolled in this pilot (six General Residential Operations and five Child Placing Agencies). Based on the progress of the pilot program, DFPS may consider a future funding request for a continuation of the initiative.

Fentanyl Awareness Campaign

OBHS sends out communication to DFPS contracted residential providers regarding Governor Abbott's launching of the "One Pill Kills" statewide campaign to combat the growing national fentanyl crisis. In support of this awareness campaign and call to action, OBHS distributes

information on resources to DFPS stakeholders and contractors. Key to this effort is making residential providers aware of their ability to access Narcan (also known as Naloxone), an overdose reversal medication through websites such as [Home - Naloxone Texas](#). Updates to providers are routed quarterly by OBHS and will continue through the life of the campaign.

Temporary Stabilization Program (TSP)

In the current behavioral health ecosystem, there are limited treatment options for high acuity youth who require more intense services than residential placement can provide but do not require an inpatient stay at a psychiatric hospital. There is also a need for children and youth discharged from an inpatient psychiatric setting to have access to “step-down” services designed to prepare them for the transition into a less restrictive home- and community-based treatment setting.

In both scenarios, there exists a need for a treatment alternative with clinically adept and trained staff where youth can receive meaningful therapeutic and skills training to prepare them for reunification back to their home community. TSP is a partnership between DFPS Purchased Client Services Residential Contracts Department, CPS Placement Division, and OBHS that seeks to bridge this gap by offering services for high acuity youth in an environment where they have access to treatment and supports to reach the eventual goal of successfully transitioning to a less restrictive setting in the community. The Harris Center LMHA is engaged with DFPS to develop and implement this pilot in Harris County. The pilot will serve six to 12 youth. This is currently still in the development stage.

Intensive Psychiatric Stabilization Program (IPSP)

DFPS identified a gap in the service delivery system for youth exiting inpatient psychiatric treatment. Psychiatric hospitals are discharging youth who the hospital determines no longer meet eligibility criteria for continued inpatient treatment but due to the presence of continued symptoms, lack readiness to return to their previous placement. To provide continued treatment for youth in these situations IPSP was created as a “step-down” option to stabilize symptoms and prepare youth to transition into a less restrictive placement. DFPS efforts on this initiative include continued exploration of additional providers to deliver this service and meet the complex needs of youth in care who require less restrictive treatment than a hospital provides but more intensive treatment than is available in the community. This work is led by the CPS Placement Team in collaboration with and consultation from OBHS. DFPS has sites in the current locations: Texarkana, Corpus Christi, and Wichita Falls.

Texas Child Centered Care (T3C) Workgroup Participation

The T3C initiative sprang out of what was known as Foster Care Rate Modernization. OBHS participated in the T3C workgroups lending behavioral health expertise in the development of the next phase of the Child & Adolescent Needs and Strengths Assessment (CANS). The Chief Strategist for Behavioral Health and all Senior Behavioral Health Policy Strategists were certified in administering the CANS and actively participated in the CANS workgroup to aid in the roll out of T3C. Also, input on the behavioral health components of the new service packages was provided to ensure foster youth's behavioral health needs are addressed.

Texas Child Mental Health Care Consortium (TCMHCC)

The Texas Child Mental Health Care Consortium (TCMHCC) was created by the 86th Legislature to leverage the expertise and capacity of the health-related institutions of higher education to address urgent mental health challenges and improve the mental health care system for children and adolescents. DFPS was invited to serve on the TCMHCC Executive Committee in Fall 2023 and functions as a voting member and advisor to the priorities identified by this body and their statutorily directed initiatives which include the following: Texas Child Health Access Through Telemedicine, Child Psychiatry Access Network, Community Psychiatry Workforce Expansion, Child and Adolescent Psychiatry fellowships, and a research initiative that has created two state-wide networks to study and improve the delivery of child and adolescent mental health services in Texas. The Consortium has membership for both statutorily appointed members and voting members. DFPS's membership constitutes the latter and the DFPS Chief Strategist for Behavioral Health is the representative member. The appointment of DFPS to serve on the Executive Committee provides a forum for coordination among participating organizations and assures the agency is aware of how foster youth can access Consortium services.

Children's Mental Health Strategic Plan Subcommittee

The 2024-2025 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 requires the Statewide Behavioral Health Coordinating Council (SBHCC) to develop a strategic plan specific to the behavioral health of children and youth. SBHCC developed a subcommittee to draft the strategic plan. The subcommittee is composed of SBHCC member organizations, medical practitioners, government agencies, LMHAs/LBHAs, non-profit organizations, and associations. DFPS is an SBHCC member organization and represented on the subcommittee by the Chief Strategist for Behavioral Health and a Senior Policy Strategist for Behavioral Health.

The plan will incorporate the full continuum of care needed to support children and their families. Work done to date includes establishing scope and parameters for the plan, developing vision, mission, and guiding principles and developing a shared understanding of the landscape of behavioral health governance, funding, and the service array. Subcommittee members are participating in workgroups to develop recommendations in the areas of:

- Governance
- Metrics and Outcomes
- Service Array, Financing, and Navigating Access to Care
- Workforce
- Youth and Family Voice

The Senior Policy Strategist participated in the Youth and Family Voice workgroup which addressed the goals of:

- Strengthening youth and family engagement in policy development and service implementation.

Mental Health Services Team Report

- Strengthening youth and family voice from an advisory body or other organizational perspective.
- Informing resources needed to improve youth and family access to services and types of services needed.

The plan will be submitted to the Legislative Budget Board and Governor's Office by December 1, 2024. The subcommittees recommendations may inform legislative behavioral health priorities for youth and families during the 89th Legislative Regular session.

Children's Behavioral Health State Policy Lab

DFPS participated in a Children's Behavioral Health State Policy Lab in February 2024. Along with eight other states, Texas was selected by Health Management Associates through a competitive application process. The policy lab was convened by Health Management Associates, in partnership with the Annie E. Casey Foundation, Casey Family Programs, National Association of State Mental Health Program Directors, the Child Welfare League of America, the American Public Human Services Association, and the National Association of State Medicaid Directors. State interagency teams came together to strategize, learn from innovators, and promote cross-system alignment to build on existing efforts to improve behavioral health services and supports for children, youth, and families whose needs require the involvement and coordination of multiple agencies. In addition to DFPS represented by the Commissioner and the Chief Behavioral Health Strategist, the Texas team was represented by HHSC, Medicaid, the Texas Juvenile Justice Department, and the Texas Child Mental Health Care Consortium.

Employee Well-being

During the last year, OBHS was tasked with partnering with internal DFPS departments to identify ways to support employee well-being to provide the framework and resources for staff to gain an understanding of steps they can take to understand, address, and minimize the impacts of stress and trauma-exposure on their overall health. It is hoped that a resilient and empowered workforce will positively impact the individuals they serve every day. The Principal Wellness Administrator position has been embedded within the DFPS Workforce Development Division to enable close coordination of employee wellness functions and activities. The following tasks were accomplished since the OBHS was created.

Catapult Health On-site Checkup Clinic

DFPS hosted an onsite preventative health clinic event for staff at the Brown Heatly Building in Austin, the first of many clinics throughout the state. The clinic featured a new benefit for employees to easily access and complete their preventive exams by offering an on-site checkup. There is also a home kit option available.

DFPS Walk Across Texas Challenge

Walk Across Texas is a voluntary eight-week program designed to help staff establish the habit of regular physical activity. Participants compete in a team format, with each team including up to eight members, all working together to virtually walk the 832-mile goal. The challenge began June 24, 2024, with an end date of August 18, 2024. Messaging for weekly encouragement and reminders was created and sent to all staff. In addition to reminder emails, staff were notified

Mental Health Services Team Report
about current available wellness resources to aid in challenge completion as well as empower staff to strengthen their well-being.

Critical Incident Response Policy

This workgroup was created to develop DFPS policies and procedures to enhance well-being and safety during emergency situations staff may encounter at work. These policies help to protect the health and safety of staff involved in or affected by a serious incident, reducing the risk of physical injuries and psychological trauma.

Wellness Advisory Council

The council was designed to assist with agency-wide wellness with the goal of empowering staff to take control of their well-being. The group will focus on a two-year strategic plan, feedback process of Employee Assistance Program, wellness coordinator structure and direction, and secondary trauma work surrounding the critical incident response policy.

Recommendations on Improving Mental Health Services and the Effectiveness of the STAR Health Medicaid Managed Care Program

HHSC funded Mental Health Services Available to Youth in Conservatorship

Behavioral health services provided to children in conservatorship are the same services available to all Texas children and youth no matter who their caretaker is. These community mental health resources, funded through HHSC and provided locally through LMHA/LBHAs, are available in addition to services offered through the STAR Health Medicaid managed care program. Children ages three to 17, must meet the following eligibility criteria to qualify for LMHA/LBHA services:

- Have a serious emotional disturbance and serious functional impairment,
- Are at risk of leaving their home environment because of psychiatric symptoms or are in special education because of emotional disturbance³.

The array of services available through the LMHAs/LBHAs includes:

- Crisis intervention
- Skills training and development
- Counseling
- Supportive employment
- Medication training and support
- Case management
- Peer services (family partner support services)

³ Texas Health and Human Services. (2024, June). *Family Guide: Children's Mental Health Services*. <https://www.hhs.texas.gov/sites/default/files/documents/services/mental-health-substance-use/family-guide-childrens-mental-health-services.pdf>

STAR Health Services for Children and Youth in Conservatorship

In 2005, HHSC established STAR Health, a Medicaid managed care program, to meet the healthcare needs of children in DFPS conservatorship. STAR Health is a statewide Medicaid managed care program that provides medical, dental, vision, prescription, behavioral health, and long-term services and supports. Services are delivered through a single, statewide managed care organization, Superior HealthPlan. STAR Health serves the following individuals:

- Children in DFPS conservatorship (under 18).
- Youth aged 20 years and younger in the Adoption Assistance or Permanency Care Assistance program who:
 - Receive Supplemental Security Income (SSI).
 - Received SSI before becoming eligible for the Adoption Assistance Program or the Permanency Care Assistance program.
 - Are enrolled in a Medicaid 1915(c) waiver or Medicare.
- Youth aged 21 years and younger with voluntary extended foster care placement agreements (Extended Foster Care).
- Youth aged 20 and younger who are Former Foster Care Youth.⁴

The main goal of STAR Health is to provide children in state care the coordinated medical and behavioral health care services they need, such as:

- Inpatient Services
- Partial Hospitalization
- Intensive Outpatient
- Day Treatment
- Observation
- Rehabilitation Services
- Outpatient Therapy
- Telemedicine
- Disease Management
- Service Coordination
- Complex Case Management

STAR Health plays a vital role in treating behavioral health conditions for children and youth in foster care.

⁴ During the Public Health Emergency, members remained on STAR Health if they were not otherwise eligible for other Medicaid programs. This ended in Fall 2023.

Recommendations

According to the American Academy of Pediatrics foster children and youth are not receiving an adequate full array of behavioral health services and supports they need⁵. To address this issue, DFPS must work closely with HHSC, STAR Health, the SSCCs and other partners to identify solutions, build capacity, and develop new services to fill in the gaps, and improve access to care. The recommendations outlined below were primarily identified through the listening sessions, SWOT analysis and survey and the Benefits Maximization project, described above.

SWOT Analysis, Listening Session, and Survey Recommendations

The recommendations from stakeholders that participated in the SWOT survey, listening sessions, and open-ended survey were combined to identify key themes referenced below:

- Increase behavioral health services
- Increase and retain providers
- Improve quality of providers
- Improve quality of DFPS services
- Improve communication

While many of the efforts actively under construction by OBHS address the themes noted above, ongoing work is needed to ensure continued access to care for youth in conservatorship. The department recognizes that continued efforts remain regarding process improvement of the current delivery system to keep pace with the changing needs of DFPS, and the youth in their care. Also referenced in this report is the Children's Mental Health Strategic Plan Subcommittee work, which will highlight recommendations consistent with the themes identified by the SWOT analysis and listening sessions.

Benefits Maximization Recommendations

In addition to the work above, DFPS also partnered with MMHPI to assist the agency in identifying options to maximize Medicaid benefits and mental health services to children and youth in foster care. A full list of recommendations was developed, which included:

- Address barriers Child Placing Agencies (CPAs) face when enrolling and credentialing as Texas Resilience and Recovery (TRR) providers.
- Expand the list of interventions allowed to be delivered through the skills training benefit.
- Implement a strategy for connecting CPAs to TRR providers with support from STAR Health.
- Expand access to skilled respite and crisis respite services.
- Update CANS policies and procedures to drive placement and service referrals.
- Expedite the addition of "In Lieu Of" options and ensure STAR Health maximizes use of this flexibility.

⁵ American Academy of Pediatrics. (2021). *Mental and Behavioral Health Needs of Children in Foster Care*. <https://www.aap.org/en/patient-care/foster-care/mental-and-behavioral-health-needs-of-children-in-foster-care/>.

- Address administrative barriers providers face or have faced (focused on expansion of provider base).

These recommendations developed as part of the Benefits Maximization project also mirrored the information and challenges shared during the listening sessions. This alignment informed the decisions regarding the priority recommendations selected for implementation. As such, the list below includes the three current priority recommendations selected for implementation by DFPS and key system partners, such as HHSC.

Priority Recommendation 1: Maximize the Effectiveness of the Skills Training Benefit

Background: Skills training and development is a service available as part of the Mental Health Rehabilitative Medicaid benefit. This benefit, available to all children and youth with Medicaid who meet medical necessity criteria, is intended to support children, youth, and their caregivers by building skills that improve their ability to cope with their unique mental health symptoms. These skills are intended to help youth function independently in school, at home, and in the community.

Primary Barrier: Despite the evidence based and effective interventions that may be delivered as part of this benefit, it has historically been underutilized by children and youth in conservatorship. There are several factors contributing to the underutilization of skills training. One barrier is the limited scope of interventions currently allowed to be delivered as part of the benefit. Stakeholders report that the required/prescriptive curricula for skills training presents another barrier to the utilization of services. This limitation is driven by internal agency policy at the state level and may be addressed while continuing to maintain adherence to statutory and/or federal and state rules regulating the benefit.

Solution: Increasing utilization of the Mental Health Rehabilitative skills training and development benefit among children and youth in foster care will increase mental health support for children and youth in conservatorship by leveraging the existing benefit to allow them to receive more targeted, effective, and clinically indicated interventions than are currently available. This will entail modifying the current internal policies to allow an expanded array of interventions to be provided as part of this benefit. Given the complex and varied array of mental health related needs with which children and youth in conservatorship present, this change will shift the policy from allowing only a finite list of interventions to instead allow for the delivery of any clinically indicated and appropriate intervention, so long as certain criteria related to safety, practitioner competency, effectiveness, and state and federal Medicaid policy alignment are met. This change would not require changes to the Medicaid State Plan or Medicaid policy.

Priority Recommendation 2: Increase Access to and Utilization of Children's Crisis Respite

Background: Children's Crisis Respite services are short-term and provided in a therapeutic environment. Services are aimed at preventing mental health needs from escalating to the point of requiring a higher level of care such as hospitalization, and/or the need for an out of home placement. For children in conservatorship with mental health needs, Children's Crisis Respite services also promote the stability of existing placements and may prevent the breakdown of a placement- an occurrence often preceded by an escalation of mental health needs or the

experience of a crisis event. Children's Crisis Respite programs are currently available in certain counties across the state and, in most cases, are open and available to youth in conservatorship.

Primary Barrier: Preexisting misunderstandings of policy and the purpose of crisis respite have previously prevented children in conservatorship from accessing this valuable service.

Additionally, only certain Texas counties are served by Children's Crisis Respite, with eight LMHA's providing these services for children across the state.

Solution: Maximizing the use of this existing benefit will require a review of DFPS internal policy and efforts to educate and bring awareness to the availability of the benefit at the regional level. Internal policies will be developed to guide the way Children's Crisis Respite is accessed, and guidance will be developed for CPAs and other regional staff and stakeholders, with a focus on normalizing the use of respite and providing instruction for utilizing it effectively. Both the policy and guidance developed will be aimed at mitigating 24-Hour Residential Child Care Requirements related to length of stay and include other safeguards to prevent placement in respite from leading to termination of placement. This recommendation relates to services and supports operating under the scope and responsibility of HHSC. DFPS is currently working with HHSC to operationalize this recommendation.

Priority Recommendation 3: Develop a Process for Accessing and Utilizing STAR Health Service Coordination

Background: The STAR Health contract contains new and unique provisions related to service coordination offered by Superior HealthPlan, which are aimed at supporting both the identification of medical and behavioral health needs and the ability for all STAR Health members to access them in an efficient manner. This includes support with identifying a specific service appropriate for addressing a healthcare need and support finding a provider and scheduling an appointment. Despite the robust and targeted nature of these provisions, they are infrequently utilized for behavioral health related needs and, when they are, it is often not until a youth's needs have escalated to the point of requiring hospitalization or other high levels of care. In addition to needs going unaddressed, caregivers and families become frustrated and often report feeling unsupported as they attempt to address the behavioral health needs of the child in their care. This is especially true for unlicensed kinship caregivers who often do not have the support, resources, and knowledge that licensed caregivers receive through their connection to a CPA.

Primary Barrier: The current service coordination process is unfamiliar to the stakeholders involved in the daily decision-making and plan of care development for children and youth in conservatorship (i.e., kinship or foster caregivers, DFPS or SSCC (Single Source Continuum Contractor) caseworkers, ad litem court appointed special advocates, etc.). While the contract provisions are robust and detailed regarding the requirements of a service coordinator at various levels and include high level information about how service coordination can be accessed,

A process for accessing the support and connecting it to individuals familiar with the child's emerging and existing needs has not been planned or operationalized.

Solution: Increase service coordinator engagement in the quarterly and monthly case planning processes so that their support is directly accessible to the caregivers and caseworkers overseeing the care of the child. The everyday decisions related to the care of a child or youth in conservatorship are most often made as part of quarterly and monthly service planning and case review processes facilitated by the DFPS/SSCC caseworker and/or the CPA with whom the child

is placed. The monthly visits with caregivers are where needs are identified, plans for addressing them are developed, and progress toward goals, among other things, are discussed. This level of engagement is supported by existing contract provisions and by creating a detailed process for how the engagement will occur. This will provide the support that is intended to be provided as part of STAR Health service coordination and can be meaningfully and efficiently accessed.

Summary

DFPS is the state agency responsible for caring for young Texans whose lives have been affected by abuse and/or neglect. In that role, the agency must assure children in their care live in safe, protective environments while they heal and recover from the trauma they have experienced. Essential to their healing and recovery is access to services that address the impacts traumatic experiences may have had on their physical and mental health. The OBHS was created to focus specifically on assessing the current avenues in which children in care access behavioral health services, identify policy and programmatic constraints to accessing services, and seek solutions to these issues in partnership with key stakeholder such as HHSC, SSCCs and TJJD, so that youth in care, no matter where they live, are able to receive behavioral health services tailored to their unique needs.

The OBHS has spent the first year developing and implementing strategies within DFPS and with key agency partners such as HHSC, TJJD, TCMHCC, providers, and private hospital partners to identify how to move the needle in improving access to behavioral health services for youth in conservatorship. Additionally, OBHS and the department at large are working to implement approaches that divert youth at greatest risk of coming into conservatorship from entering care through ongoing strategic partnerships with stakeholders. Key to maintaining the momentum gained through these efforts is continued support of the legislature and prioritization of this office's work by the department.

Behavioral health is an issue that has historically been a significant contributing factor to how and why youth come into care. According to a DFPS Children Without Placement (CWOP) data analysis, the proportion of behavior traits/barriers (e.g., psychiatric hospitalization, runaway, physical aggression, suicidal ideation, self-harm) and medical needs/diagnosis (e.g., ADHD, depression, conduct disorder, PTSD, Bipolar Disorder) increased as much as 41% in some cases for children in care when comparing CWOP populations in fiscal year 2021 and fiscal year 2023⁶.

By continuing to focus on this issue in a solution-focused manner and keeping behavioral health as a DFPS priority, we will collectively continue to formulate resolute and tangible results for youth and families making Texas communities healthier and stronger.

⁶ Department of Family and Protective Services. (2024). *IMPACT and State Placement CWOP tracker, episodes beginning September 1, 2020, to August 31, 2023*.