



*Presentation on Senate Charge 13 relating to mental health services
available to abused and neglected children*

Presented to:
Senate Health & Human Services Committee

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Behavioral Health Needs of Children

- Today's presentation will focus on how we identify and treat the behavioral health needs for children involved with CPS.
- CPS works with children and families to address child abuse and neglect that may be a result of mental health, domestic violence, and/or substance abuse issues.
- Behavioral health assessments are conducted to diagnose emotional, behavioral or developmental disorders and make recommendations for treatment.
- Assessments are geared to the child's age and stage of development.
- An array of services is available to identify and meet the behavioral health needs of children.

Behavioral Health Needs – Investigation and In-home Services

- The process for identifying and treating behavioral health needs of children varies depending on whether the child is living at home or in foster care:
 - Children involved in a CPS investigation or in-home services, and
 - Children in foster care.
- Regardless of whether a child is involved in a CPS investigation, receiving in-home services or is in foster care, the child may be assessed for and receive behavioral health care that meets his/her individual need.

Behavioral Health Needs – Investigation and In-home Services

- During the course of an investigation, CPS may determine a child has behavioral health needs.
- The caseworker makes a referral for a behavioral health assessment to a:
 - Community resource such as a Children’s Advocacy Center (CAC)
 - Local mental health authority,
 - Early Childhood Intervention,
 - Medicaid provider,
 - Private mental health professional,
 - DFPS subject matter expert such as regional nurse consultant or substance abuse specialist, or
 - DFPS contract provider.
- Based on the recommendations from the referral, CPS assists the family in obtaining further services.

Behavioral Health Needs- Children in Foster Care

- A comprehensive general health screening is completed on each child within 30 days of coming into foster care.
- Based on the results of the screening a more thorough behavioral health assessment may be completed.
- If the more thorough assessment determines the child has behavioral health needs, arrangements are made through STAR Health to provide the services.
- If a child does not initially appear to need services, a re-assessment can be conducted at a later date if there is a change in the child's medical or behavioral needs identified by the caseworker, primary care physician, or medical consenter.
- The following slides provide more information about STAR Health.

Development of STAR Health

- In 2005, Senate Bill 6 (authored by Senator Jane Nelson) proposed reforms for the Department of Family and Protective Services, including a plan to have all foster children under a single comprehensive managed care system.
- In April 2008, STAR Health began serving children and youth in foster care.
- STAR Health provides for physical (medical, dental and vision) and behavioral health services.

Features of STAR Health

- Medical home model (PCP)
- Immediate eligibility and enrollment
- Coordination of medical and behavioral health (Service Management Teams)
- Provision of preventive care (TX Health Steps)
- Broad network of providers
- 24/7 nursing and behavioral help-line
- Medical advisory committees to monitor the provision of the healthcare
- Health Passport for continuity of care

STAR Health

Comprehensive General Health Screenings

What triggers a comprehensive general health screening for a child?

- A comprehensive general health screening is completed on all children within 30 days of their entry into foster care and following each placement change.
- Based on the comprehensive general health screening, children who have health problems, including behavioral health problems, are referred to case management for a more thorough medical and behavioral health assessment using standardized tools.

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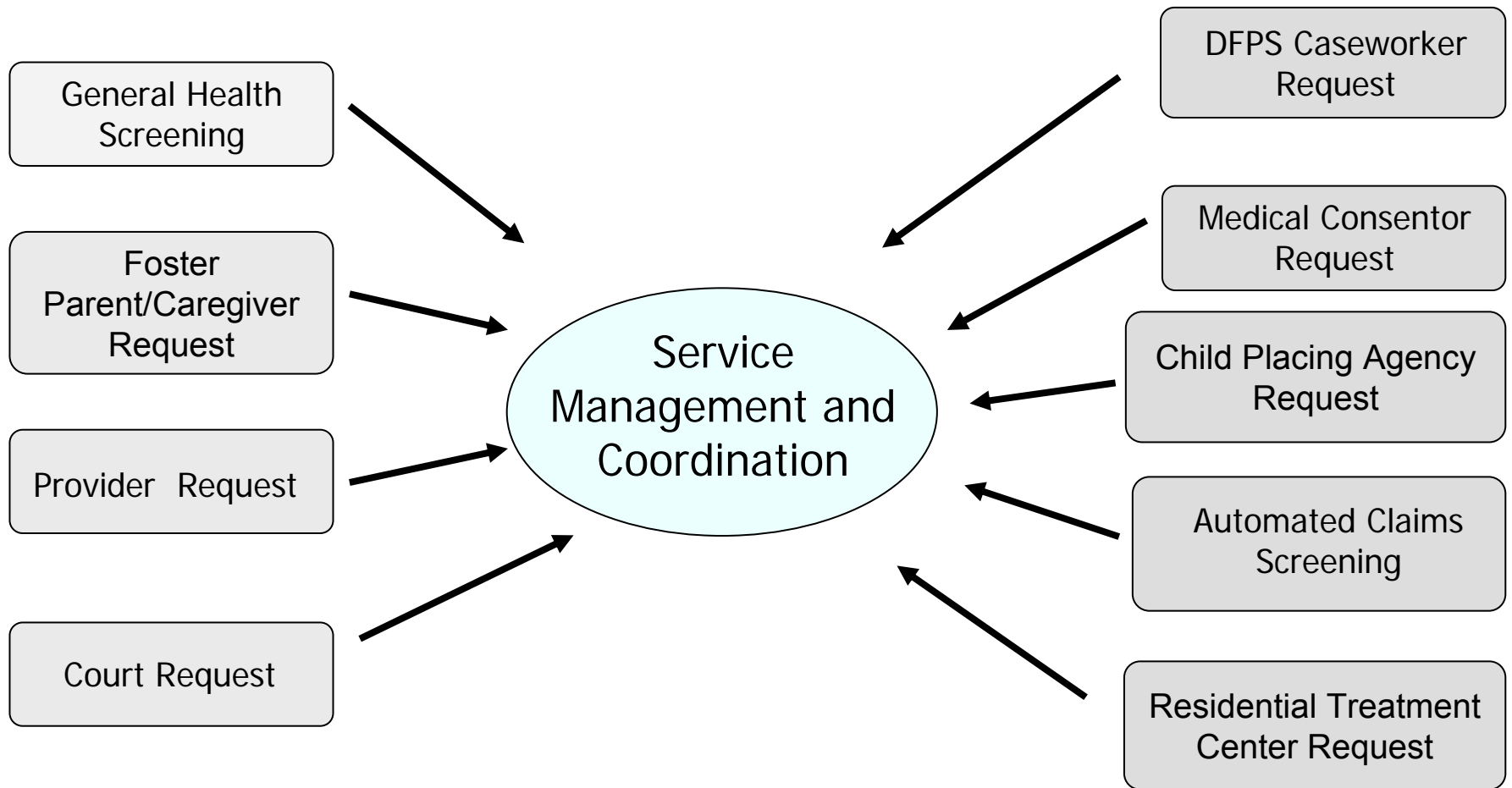
A child may be referred for further behavioral health assessment:

- As part of a THSteps exam following a face-to-face behavioral health screening
- Based on medical consenter or caseworker request
- Following Child Placing Agency evaluation and referral
- At the request of school personnel, courts, or PCP

The next slide shows the many ways a child may be referred for further assessment.

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Service Management Access Points



Total General Health Screens completed since inception: 42,184
Total members currently in Service Management: 8,513
(Physical Health 3,024; Behavioral Health 5,489)

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Behavioral Health Assessments

- Behavioral health assessments are conducted when a general health screening indicates one is warranted.
- Children under 3 exhibiting developmental delays may receive an assessment through Early Childhood Intervention.
- Assessments can be done in any placement setting or school.
- Assessments help to identify services to meet the child's needs.

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What happens after an assessment?

- A Health Care Service Plan (HCSP) is completed with the medical consentor and caseworker. The HCSP assesses:
 - Services such as individual therapy, group therapy, and family therapy
 - Prior treatment interventions, including inpatient psychiatric services, partial hospitalization services, and substance abuse
- A child's care is coordinated through a network of providers that will meet the individual child's needs.

STAR Health

From 4/1/08 to 2/1/10, 10,993 children have received needed behavioral health services.

Service Type	Total Unique Members
Community Based Services (MHMR)	479
Intensive Outpatient	222
Inpatient Chemical Dependency	2
Inpatient Mental Health (Psych Hospital)	2366
Outpatient (Individual, Family, Group Therapy, and Psychological Testing)	10,492
Partial Hospitalization	354
Grand Total	*13,915

*Note: children may receive more than one type of service.

Psychotropic Medication Monitoring for STAR Health Texas Foster Children

- In February 2005, HHSC, DSHS and DFPS released the “Psychiatric Medication Utilization Parameters for Foster Children”, which is available at:
<http://www.dshs.state.tx.us/mhprograms/psychotropicmedicationfosterchildren.shtm>
- These Parameters use eight criteria to indicate a need for further review of the child’s medication regimen.
- The Parameters were updated in 2007 and are now under review.

Psychotropic Medication Utilization Parameters Review Criteria

A Psychotropic Medication Utilization Review should be conducted when one of the following exists:

- The child does not have a documented diagnosis of a mental disorder;
- Five or more psychotropic medications have been prescribed simultaneously;
- The child has been prescribed
 - Two or more simultaneous antidepressants,
 - Two or more simultaneous antipsychotic medications,
 - Two or more simultaneous stimulant medications, or
 - Three or more simultaneous mood stabilizer medications; or
- The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or their symptoms.

Psychotropic Medication Utilization Parameters Review Criteria (Cont.)

A Psychotropic Medication Utilization Review should also be conducted when one of the following exists:

- Multiple psychotropic medications for a given mental disorder are prescribed before utilizing a single medication.
- The psychotropic medication dose exceeds usually recommended doses.
- Psychotropic medications are prescribed for children of very young age, including children receiving the following medications with an age of:
 - Antidepressants: Less than 4 years of age
 - Antipsychotics: Less than 4 years of age
 - Psychostimulants: Less than 3 years of age
- Prescribing has been done by a primary care provider for a diagnosis other than the following:
 - Attention Deficit Hyperactive Disorder (ADHD)
 - Uncomplicated anxiety disorders
 - Uncomplicated depression

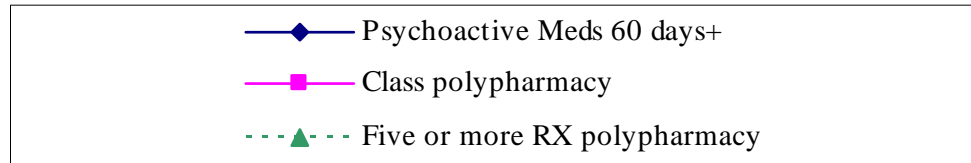
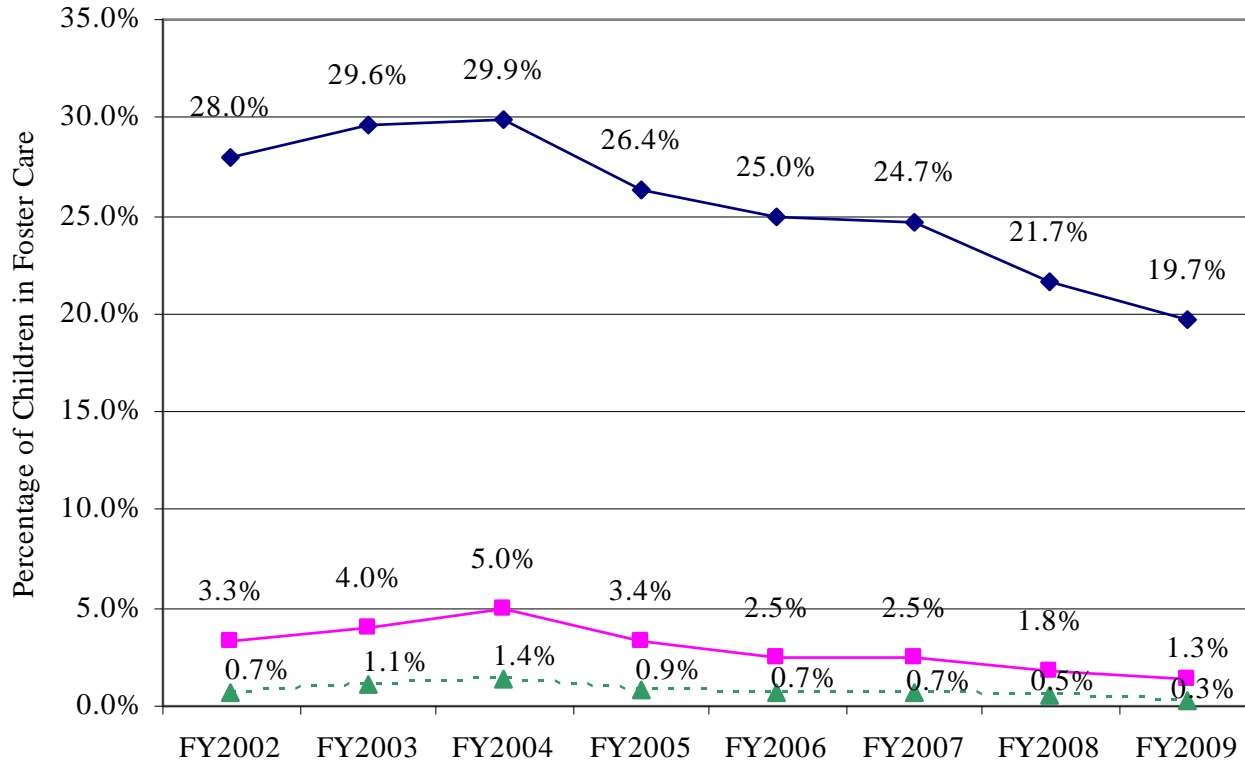
Psychotropic Medication Utilization Review (PMUR) Process

- **Comprehensive Health screenings** - STAR Health administers comprehensive health screenings to foster children to identify children who have medication regimens that appear to be outside the DSHS Psychotropic Medication Utilization Parameters.
- **Automated pharmacy claims screening** – STAR Health has collaborated with HHSC to develop an automated screening program using pharmacy claims information. This screening identifies foster children who have medication regimens which may fall outside the DSHS Psychotropic Medication Utilization Parameters.
- **External request** – CPS Nurse specialists, CPS caseworkers, CASAs, foster parents, attorneys or Child Placing Agencies (CPAs) can request a medication review.
- **Court Request** – Family court judges can request a PMUR to answer questions about a foster child’s medication regimen.

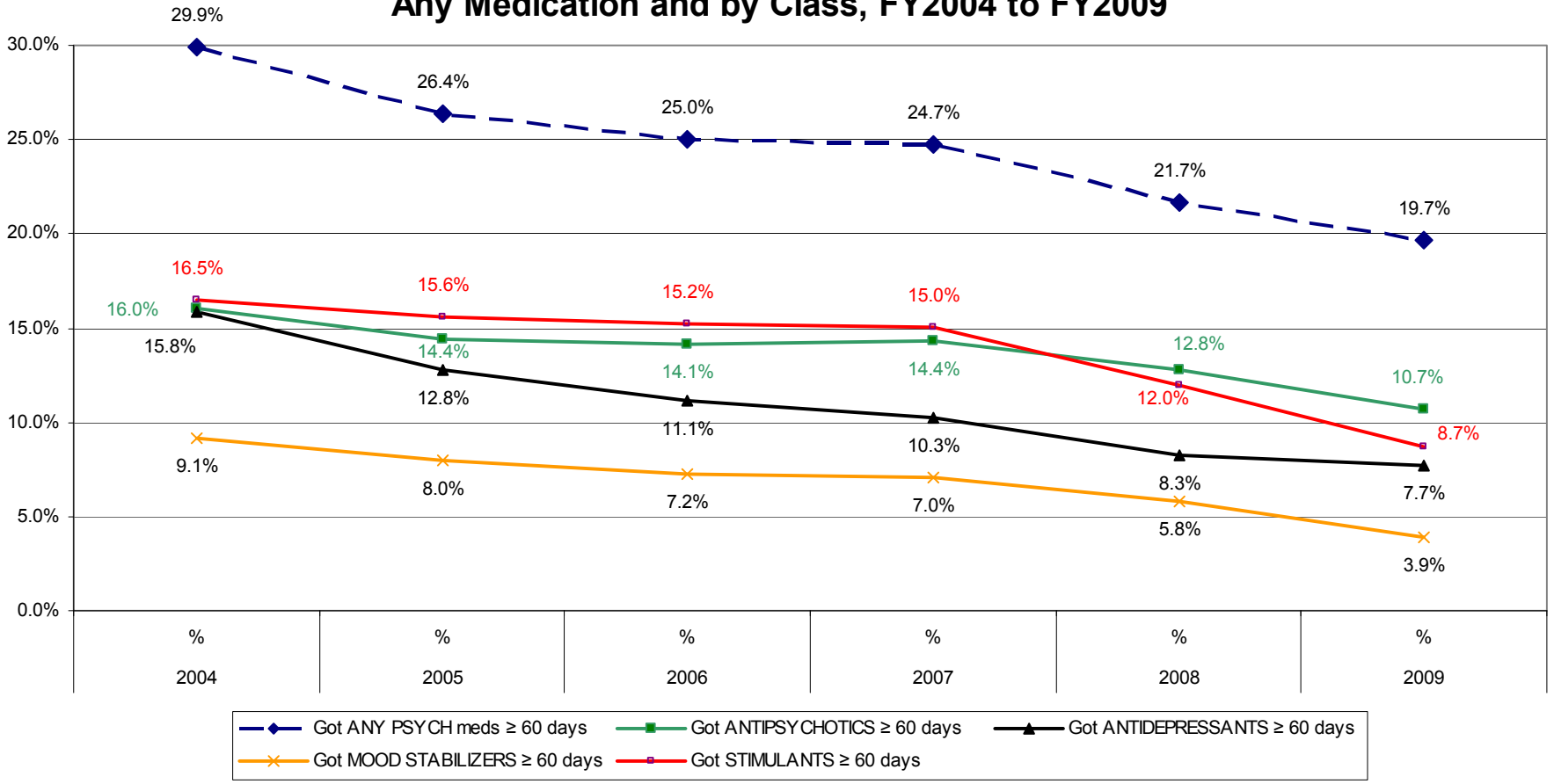
Update on the Use of Psychoactive Medication in Texas Foster Children Fiscal Year 2002-2009:

http://www.hhsc.state.tx.us/medicaid/OCC/psychoactive_medications.html

FY2002 to FY2009: Percentages of foster children:
receiving psychoactive medication for 60 days or more,
two or more medications from the same class,
and five or more concurrent prescriptions.



Foster Care Prescriptions Greater than 60 Days: Any Medication and by Class, FY2004 to FY2009



DFPS Trauma Informed Training Plan (STAR Health – IMHS)

- The use of Trauma-Informed Care has both national and local support. It has been identified as a best practice for Child Welfare and was included in legislation passed by the 81st Texas Legislature.
- Trauma, experienced as a result of child abuse and neglect and removal from home, can impact a child’s physical and behavioral health.
- “Trauma-Informed Care” refers to treatment or care that is provided by individuals who understand the impact of the trauma on the individual’s physical, mental and emotional health and behaviors.
- At no additional cost to DFPS, STAR Health (IMHS) is providing training to DFPS staff on trauma and its effects on children within child welfare.
- The most critical emphasis is to help staff to recognize behaviors in children and youth that are the result of their history of trauma and to provide skills in understanding behavioral interventions in this context.

Trauma Informed Training Curriculum

- The National Child Traumatic Stress Network (NCTSN) has produced a training curriculum: *Child Welfare Trauma Training Toolkit* designed for training caseworkers and others within the child welfare system as a basic introduction to trauma and the impact on children in care.
- IMHS Clinical Trainers use the Toolkit as the basis of the training for DFPS and will adapt the Toolkit to use with other stakeholders to assure a common understanding for all participants in the system.

DFPS Trauma Informed Training Plan (by STAR Health – IMHS)

- CPS Caseworkers and Supervisors will receive 8 hours of face-to-face Trauma Training, at no additional cost, within their own regions.
- Other CPS Staff will receive 2 hours of Overview of National Child Traumatic Stress Network Trauma Training.
- Direct caregivers are receiving 3 hours of Caregiver Trauma Training.
- STAR Health/IMHS service management staff received 8 hours of Caregiver Trauma Training based on the NCTSN model.
- It is estimated that over 8,000 Individuals will be trained. Training began in March and will continue through the biennium.
- Training will be provided in each region by STAR Health IMHS staff and is being integrated into the DFPS Certification requirements.

- Additional information on STAR Health, medical services for children in foster care, psychotropic medications, and more is available on the DFPS website at:
 - <http://www.dfps.state.tx.us/About/Renewal/CPS/medical.asp>
and on the HHSC website at:
 - http://www.hhsc.state.tx.us/medicaid/OCC/Psychoactive_Medications.html
- Questions?