Current Issues in Children's Mental Health

Round Table Report

September 2022

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Introduction

On June 24, 2022, the Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families (Children's Commission) and the Texas Judicial Commission on Mental Health (JCMH) held the first joint commission Round Table Discussion on Children's Mental Health. Leadership from both commissions participated in the discussion including Supreme Court of Texas Justice Debra Lehrmann, Chair of the Children's Commission; Texas Court of Criminal Appeals Judge Barbara Hervey, Co-Chair of the Judicial Commission on Mental Health; and Supreme Court of Texas Justice Rebeca Huddle, Deputy Chair of the Children's Commission and Deputy Liaison to the Judicial Commission on Mental Health. Invited guests included young adults and parents with lived experience, judges hearing both juvenile and child welfare cases, leaders from state agencies (the Texas Department of Family and Protective Services (DFPS), Health and Human Services Commission (HHSC), and the Texas Juvenile Justice Department (TJJD)), attorneys, service providers, and advocates.

The Honorable John J. Specia, retired judge and Jurist in Residence of the Judicial Commission on Mental Health, served as moderator for the discussion. Luanne Southern, Executive Director of the Texas Child Mental Health Care Consortium, provided participants with an overview of the children's mental health landscape in Texas.

Background

At the February 25, 2022 meeting, members of the Children's Commission identified the urgent need to strengthen the systems supporting children with complex mental health needs.[1] Specifically, the conversation centered on whether focusing efforts and resources to address the mental health needs of children who experience the Texas child welfare system would ultimately reduce the number of children without placement. Moreover, Children's Commission members discussed the need to focus on preventative measures to assist families in ways that might avert the possibility of relinquishment of parental rights through a Refusal to Assume Parental Responsibility (RAPR) case. There was also discussion regarding the importance of placing children with relatives and kin whenever possible and enhancing supports to stabilize these placements, including financial supports.

Children's Commission members then discussed the idea of convening various stakeholders to have a more in-depth discussion around children's mental health to gather more information on the challenges faced by children with complex mental health needs. After the meeting, leadership of both the Children's Commission and the Judicial Commission on Mental Health prioritized a joint initiative wherein the commissions would partner to address these topics and challenges as well as opportunities for systemic improvement.

A Brief History of Children's Mental Health in Texas

At the Round Table meeting, Luanne Southern provided a brief overview of the history of state and national law and policy on children's mental health which is summarized below.

In 1961, the Congressional Joint Commission on Mental Illness and Health issued a report entitled "Action for Mental Health: Final Report of the Joint Commission on Mental Illness and Health 1961" (1961 Report) containing the commission's findings and recommendations for improved research, training, and treatment in the field of mental health.[2] The 1961 Report identified three main problems that continue to influence policy and practice on effectively addressing children's mental health:

> **Workforce**: recruit, effectively train, and retain an adequate workforce; cultivate skills to address the needs of people with mental illness; strengthen connections with pediatricians; and increase the amount of child psychiatrists.
>
> **Mental Health Facilities**: create a network of community mental health clinics; involve parents and families in treatment; and invest in post-inpatient services such as foster family care.

Funding: increase funding for children's services; fund state mental health agencies; and provide treatment without hospitalization.

Issuance of the 1961 Report was a pivotal moment for mental health services that led to the creation of the community mental health system across the United States and locally in Texas through what was known at the time as the Texas Department of Mental Health and Mental Retardation (MHMR).[3] The report also paved the way for Congress to pass the Community Mental Health Act of 1963.[4] The Community Mental Health Act focused on the creation of community-based services, prevention, and research.[5] However, recommendations in the area of children's services were limited in scope.

In 1982, the Children's Defense Fund released a study entitled "Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services" that highlighted inadequacies of children's mental health services across the country and emphasized that the public policy issue is not whether to spend money but how to spend money to address children's mental health.[6] The study called for the creation of children's mental health departments with leadership positions at state mental health agencies. The study also emphasized the need to have a statewide children's mental health plan in place based on the state's mental health plan, with strategies for expanding intensive services as well as interagency service coordination efforts at the state and local levels. To facilitate the children's mental health plan, the report recommended the identification of liaisons amongst and between state agencies that provide and fund children's mental health services and called for agencies to consider pooling resources.

In 1984, the National Institute of Mental Health (NIMH) began funding the Child and Adolescent Service System Project (CASSP) initiative to help states plan for and design systems of care to address the mental health needs of children who were experiencing a serious emotional disturbance.[7] In 1987, the 70th Texas Legislature passed Senate Bill 257 which directed MHMR to establish the Coordinator of Children and Youth Services position. Thereafter, MHMR established a separate children's mental health division with designated staff and a director who reported to the MHMR Commissioner. The new division also created children's mental health directors and divisions within the MHMR Centers across Texas, highlighting the importance of the work.[8] The 70th Texas Legislature also enacted Senate Bill 298 requiring eight public agencies to work together to assist children and youth with complex needs whose needs could not be met by a single agency.[9] The result was the development of the Community Resource Coordination Group (CRCG) model which established interagency service planning at the county level. The CRCGs were piloted in 1988 to create a multi-agency process for identification of specific families in need of coordinated care.[10]

Throughout the 1990s, Texas made many advances in expanding the children's mental health service array and coordinating efforts across child serving agencies. In a significant development for the state, in 1991 the 72nd Texas Legislature appropriated $22.1 million for the 1992-93 biennium to MHMR in trust for nine participating agencies to implement the Texas Children's Mental Health Plan (TCMHP).[11] The TCMHP resulted in the creation of innovative services designed to keep families together and prevent an over-reliance on out-of-home placements into residential treatment centers and psychiatric inpatient facilities. Agencies that funded children's mental health services created a structure that included the development of a State Management Team and Community Management Teams at the local level. The State and Local Management Teams were designed to encourage multi-agency collaboration, coordinate public funding streams, and promote multi-agency planning and development to decrease duplication of effort, streamline entries into care, and address the needs of children who required the involvement of more than one publicly funded system. Individuals with lived experience were key members of the State and Local Management Teams. These teams were given the authority to direct and manage all the public resources allocated to purchase and provide children's mental health services. The nine agency members at the time included the Texas Commission on Alcohol and Drug Abuse, Texas Department of Human Services, Texas Education Agency, Texas Rehabilitation Commission, Interagency Council on Early Childhood Intervention, Texas Department of Health, Texas Department of Mental Health and Retardation, Texas Juvenile Probation Commission, and the Texas Youth Commission.[12]

Through the TCMHP, many programs were implemented with the focus of keeping families together and avoiding relinquishment of parental rights and reliance on costly out-of-home placements. These programs included intensive home-based treatment services that had an 85% success rate of keeping families together, mobile 24/7 child and adolescent psychiatric emergency teams staffed by children's mental health professionals who provided emergency and 30- to 60-day intensive home-based treatment follow up, and school-based mental health services. Initiatives also included a joint project focused on youth involved with juvenile justice and mental health services, as well as crisis respite care and therapeutic foster care.[13]

Texas' first formal system of care efforts were funded in 1996 through a Robert Wood Johnson Foundation grant and expansion efforts were funded in 1998 through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant awarded to HHSC and implemented locally in Travis County, Texas as the Children's Partnership.[14] In 1999, Senate Bill 1234 established the Texas Integrated Funding Initiative (TIFI), which provided for the braiding of state funds aimed at continuing the cross-agency collaboration to develop innovative community-based systems of care for children with severe emotional disturbances and their families.[15] These efforts led to the development of a Home and Community-Based Medicaid 1915c waiver, named the Youth Empowerment Services (YES) Medicaid Waiver program, which was designed to provide intensive community-based services to prevent parental custody relinquishment in order to access mental health services for children and youth with serious mental, emotional, and behavioral difficulties.[16]

Facing a budget shortfall in 2003, the 78th Texas Legislature significantly reduced the mental health and Intellectual and Development Disability (IDD) services budget.[17] House Bill 2292 completely reorganized the HHSC and narrowed the population of children that could be served by Local Mental Health Authorities (LMHAs) to only those children with severe emotional disturbances.[18] Many elements of the children's mental health plan infrastructure and innovative children's mental health services were eliminated or absorbed under adult services, thereby losing their priority focus. Although Texas continues to make advances, the cross-agency collaboration focused on building a comprehensive statewide service array to specifically address children's mental health has experienced setbacks.

Today, the mental health needs of children and youth are as prevalent as ever.[19] The Center for Disease Control estimates nearly 1 in 5 children have a mental, emotional, or behavior disorder, however only 20% of these children receive care from a specialized mental health care provider.[20] The Meadows Mental Health Policy Institute estimates that 350,000 children in Texas experience severe mental health needs in a year.[21] Further, in 2020 it was estimated that 20,000 children and youth ages 6-17 in Texas either are currently in or are at very high risk for out-of-home or out-of-school placement because of their mental health needs.[22]

Round Table Format

Judge Specia led participants through an interactive discussion which included identifying gaps for systems-involved children, sharing current initiatives in Texas to address such needs, and developing recommendations for short- and long-term approaches to the issue. The Round Table focus did not include issues related to substance use disorders. This report reflects ideas generated at the Round Table and includes next steps for future collaboration and implementation.

Identifying Gaps for the Systems-Involved Children with Complex Mental Health Needs

The Round Table discussion began with an identification of the current gaps in providing services to children with complex mental health needs. Due to the breadth of these challenges, the focus for discussion was narrowed to seeking collaborative solutions for children and youth with unmet complex mental health needs who consequently are presenting challenging behaviors which can result in those children being without placement[23] in the child welfare system, having contact with the juvenile justice system, or being involved in both systems simultaneously (also referred to as dual status).[24] While discussion focused on youth currently involved in child welfare and juvenile justice systems, discussion about gaps and solutions often emphasized the importance of prevention.

As Round Table participants identified gaps in services, several themes became apparent: access to resources, placement capacity, service array, workforce, communication, and training gaps.

Access to Resources

Participants acknowledged that in recent years the Texas Legislature has infused the state with additional funding for mental health resources. However, participants commented that due to population growth and inflation, Texas is still unable to support the basic level of children's mental health services. Texas added more people than any other state in the U.S. over the last decade and saw the highest rate of under-18 population growth among the six most populous states.[25]

Caregivers, including parents or any individual responsible for the care, custody, and control of a child, face difficult challenges in accessing resources for children with complex needs. A participant with first-hand experience as a parent working to obtain services for her child emphasized that the HHSC waiver programs intended to support families and potentially prevent children experiencing the child welfare and juvenile systems maintain substantial wait lists which contain thousands of individuals and take several years for applicants to receive approval. Further, LMHAs only serve a small proportion of children who need behavioral health services. Private mental health services can be expensive and cost-prohibitive for caregivers. Due to Texas' vast geography, participants reported that many areas lack the services needed to maintain a continuum of children's mental health care, including rural locations.

Placement Capacity

A majority of children without placement have complex mental health needs and have a service level identified as "Intense" or "Specialized."[26] One factor that may contribute to the high numbers of children without placement is that there are few placements available to serve children with complex mental health needs in the most family-like setting, such as Treatment Foster Family Care (TFFC)[27] and outpatient services. Moreover, kinship placements are recognized as a vital placement type to keep children connected to their family, but kinship reimbursement rates are lower, and some kinship caregivers need additional support.

Similar to the placement challenges faced by DFPS, few placements exist for juvenile justice-involved children, especially those with assaultive or sexual behaviors. Additionally, the availability of residential treatment facilities that serve children with more than one mental health condition and/or Intellectual or Developmental Disability is limited, especially for children with an Autism Spectrum Disorder.

Service Array

Participants emphasized that Texas lacks a comprehensive continuum of care for children involved in both the child welfare and juvenile justice systems. Community-based services for

children with complex mental health needs can be scarce and caregivers may instead look to the child welfare or juvenile justice system to provide the services.

Increased numbers of children with complex mental health needs in the child welfare and juvenile justice systems highlights the need to expand children's mental health service array to comprehensively address children's needs. As noted in the DFPS Children Without Placement Report, the lack of psychiatric residential treatment facilities (PRTF) in Texas has underscored the need for additional placements serving youth who step down from psychiatric treatment.[28] The Intensive Psychiatric Transition Program (IPTP) was designed to support youth during these transitions but there are very few IPTP providers in Texas.[29] As a result, DFPS must enter into child specific contracts, often with out-of-state providers.[30]

Additionally, participants noted that critical, trauma-informed post-adoption services may not be widely available throughout the state which can contribute to instability in an adoptive home when an adopted child exhibits challenging behaviors.

Maintaining or implementing mental health care is vitally important in the juvenile justice system as most youth committed to TJJD have some level of mental health need and approximately 65% have significant mental health issues.[31] Participants also indicated that continuity of care for a youth can be interrupted while a youth is in juvenile detention.[32]

With every placement change for systems-involved children, services can be interrupted, and new providers introduced. A participant who experienced the child welfare system as a youth with complex mental health needs expressed how disruptive it was for their care when placed in a congregate care facility that intermingled youth in foster care with justice-involved youth. Additionally, they emphasized that there was a failure by mental health providers to listen to their voice which resulted in improper medication treatment with serious side effects rather than addressing their trauma and mental health needs through therapeutic interventions.

Workforce

Participants noted that an overriding challenge to providing appropriate services to children is a critical workforce shortage across child welfare, juvenile justice, and the mental health systems.[33] These shortages result in reduced provider capacity for children to be served in their communities. Texas faces a shortage of psychologists, psychiatrists, and therapists qualified to address children's mental health needs.[34]

Participants acknowledged that burnout is high among child and youth-serving professionals, especially caseworkers, probation and TJJD staff, and educators. Addressing burnout and secondary trauma awareness among staff and providing tools to support prevention of these job-related issues and possibly alleviate the high turnover rate in some measure.

Communication

Participants identified gaps in communication within and across systems as a contributing factor to serving children with complex mental health needs. These challenges are exacerbated when youth are simultaneously involved in multiple systems. In additional to child welfare and juvenile justice, participants also discussed the vital role which the education system plays in the lives of children and youth and the importance of collaborating effectively across systems. School counselors could be utilized to support students with mental health needs but often there are inadequate resources to support all students in need.

Participants pointed out that the various child-serving systems must often compete for the same funding and staffing resources. For example, when one system increases incentives for hiring, it can make hiring in another child-serving system more challenging.

Training

Participants discussed the broader issue of not designing systems to address root causes but rather to treat symptoms. Children and youth without placement may exhibit challenging behaviors which can result in juvenile justice involvement. Training on trauma and brain science and providing child-serving professionals and caregivers with practical strategies to mitigate trauma responses and deescalate a youth may reduce behaviors that result in a juvenile offense referral. For example, there are instances when aggressive behavior can be addressed before an assault is committed. Juvenile detention centers and TJJD facilities may lack adequate trauma-informed or developmentally appropriate space for every youth they serve. A participant who experienced the juvenile justice system as a youth described the impact on their self-worth and feeling of hopelessness after being treated negatively by juvenile justice staff.

Participants also underscored that children of color are disproportionality represented in these systems. DFPS reports indicate that some populations of children experience the child welfare system at a disproportionate rate to their presence in the general population while other child populations are underrepresented.[35] As a result, training to help staff provide culturally responsive services was recognized as a critical need.

Participants acknowledged that navigating multiple systems is extremely difficult. Even among agency staff, understanding the correct program in which to enroll a child can be daunting. Training on these key issues was identified as a major gap in addressing the complex mental health needs of children who experience these systems.

Current Initiatives in Texas to Address the Need

A broad network of individuals, organizations, and agencies have been working for many years to address the gaps identified above. The non-exhaustive list of current initiatives is summarized below.

Texas, home to top-tier research universities and an extensive array of experts, has a good foundation of knowledge-based resources. Public awareness of children's mental health has never been higher, due in part to challenges experienced during the Covid-19 pandemic and in part to campaigns like Okay to Say[36] and Children's Mental Health Acceptance Day.[37]

A number of mental health guides and mental health resource websites exist for those who know where to look for them. In addition to the Court of Criminal Appeals' Texas Mental Health Resource Guide[38] and the JCMH Innovations in Mental Health Map,[39] Mentalhealthtx.org[40] is a repository of behavioral health resources searchable by zip code. Texas Health and Human Services Commission, National Alliance on Mental Illness Texas, Texas Suicide Prevention Council, and other organizations offer education, support, and training to children with behavioral health needs and their families. Additionally, CRCGs[41] work at the county level to identify and coordinate resources and services for youth, adults, and families.

Trained navigators or family advocates with lived experience can assist families in navigating these systems, determining what assessments, accommodations, or benefits they should receive and how to make the appropriate requests. Representatives from HHSC reported that the agency is working toward certifying more peer support family partners, who use their personal experience to offer support to caregivers and families of youth diagnosed with mental health conditions. Further, Superior HealthPlan—the current Managed Care Organization (MCO) providing Texas Medicaid programs for children in foster care and eligible youth in TJJD facilities[42]—has a hotline that advises families on available services and resources.

Texas is investing in innovative strategies to address access to resources and transportation challenges. The Texas Child Mental Health Care Consortium (TCMHCC)[43] has several strategies to improve Texans' access to care through telemedicine. TCMHCC's Texas Child Health Access Through Telemedicine (TCHATT) uses telehealth to assist schools in identifying and assessing students' behavioral health needs and provides access to services. [44] Private providers like Charlie Health offer personalized intensive outpatient mental healthcare for youth via telehealth.[45] Another TCMHCC initiative, the Child Psychiatry Access Network (CPAN), allows pediatricians to use telehealth consultations with psychiatrists to assist in early identification of behavioral health conditions during routine well-child office visits.[46] TCMHCC also has focused initiatives on expanding Texas' mental health workforce through the Community Psychiatry Workforce Expansion (CPWE) and the Child and Adolescent Psychiatry (CAP) Fellowship.[47]

Participants agreed that families should first seek outpatient services before seeking help through the LMHA or identifying more intensive programs, such as inpatient treatment, YES Waiver, or the Residential Treatment Center Project.[48] The expansion of youth crisis respite programs, such as Bluebonnet Trails' recent Children's Crisis Respite Program, could relieve caregiver stress while providing short-term respite services to the child in a family setting. Some private providers with programming across the state, like Pathways Youth & Family Services, have the ability to ensure continuity of care if the child moves around the state through either telehealth or by connecting the child with local in-person services with a focus on a smooth transition process.[49] Finally, youth in the juvenile justice system who are at risk of commitment to TJJD may be eligible for Regional Diversion Alternatives (RDA) grants.[50] TJJD provides RDA grants to counties to reimburse local juvenile probation departments for the funds spent on community-based treatment, placement in a residential treatment center, and aftercare services in lieu of commitment to TJJD.

Another initiative to increase quality of care for children and youth in foster care is the Foster Care Rate Modernization (FCRM) project initiated in 2020. The goal of FCRM is to improve outcomes for children, youth, and young adults through the establishment of a well-defined service continuum that meets the needs of the foster care population and recognizes and compensates the caregiver for delivering high-quality services.[51]

Priority Recommendations

After identifying gaps and current initiatives, participants engaged in a brainstorming activity to develop recommendations. Participants gathered in smaller groups to discuss ideas and elevate one or two of those ideas to the larger group for consideration. The recommendations fell into the general themes of Expanding Awareness, Training & Tools, Systems Collaboration, and Access to Services.

Expanding Awareness

1. *Increase public awareness of mental health services available for children and youth.*

Texas should expand efforts to raise public awareness of current entry points for accessing care and to further efforts to destigmatize mental health. The Okay to Say campaign is a successful initiative by the Meadows Mental Health Policy Institute and the Hackett Center for Mental Health.[52] Participants recommend expanding on campaigns of this nature to provide families with information and resources to address their child's mental health needs earlier and more effectively. Public awareness campaigns could use recognizable Texans to encourage families to seek out available services such as the www.MentalHealthTX.org site supported by HHSC.[53]

In addition to statewide initiatives to increase awareness of resources, localized efforts should be made to reach families through community resources such as public schools, religious communities, community service groups, local government, and other community level meeting spaces. A recommendation connected with increasing awareness was to develop or expand a hotline for families where they can speak to parent navigators through a triage system and be connected with the appropriate local services.

For families who have children in foster care or who are otherwise covered by Superior HealthPlan, there are member services hotlines for behavioral health available to help navigate STAR Health services, which serves children under DFPS conservatorship,[54] and a crisis hotline.[55] This information needs to be widely distributed so that caregivers can benefit from this resource.

2. *Develop a statewide liaison system for specific roles including judges, prosecutors, defense attorneys, caregivers, and others to efficiently navigate services for children and youth.*

Participants recommended central points of contact to assist with locating appropriate services. For example, under STAR Health, Superior HealthPlan recently created a court team liaison position to help courts and other legal stakeholders navigate the Superior HealthPlan program and set up ongoing medical services to avoid gaps in care and delay of services. This program is a useful resource where is available. Expansion of this service and replication of it for the juvenile justice system is recommended. Funding may be required to expand this service to be available statewide.

Likewise, participants recommend creating caregiver navigator positions focused on supporting family members as they are working to find mental health supports for their child. For those already involved in the system, this navigator could also serve as a critical team member to help families access the services and supports needed to successfully return the child home.

Training & Tools

3. *Provide opportunities for child and family serving professionals to learn from young adults and caregivers with lived experiences.*

Any effort to improve the children's mental health system must include the voices of those who have first-hand experience navigating the system, including both young adults and caregivers with lived experience. Participants agreed that creating more opportunities for young adults and caregivers with lived experience navigating the child welfare and juvenile justice systems while dealing with a mental health challenge to educate system professionals would benefit direct care workers as well as those who draft and refine policies. A panel format in which panelists with lived experience can speak and everyone else listens was suggested. Judges have a unique opportunity to convene stakeholders across systems and should leverage this ability to highlight the voices of individuals with lived experience. Individuals with lived experience must also be adequately compensated for their time and expertise.

4. *Increase opportunities for stakeholders to engage in cross-system training to break down system silos and enhance collaboration.*

Participants agreed that cross-system training creates opportunities for shared learning and encourages authentic collaboration. Increasing cross-system training opportunities at the local and statewide levels will benefit multiple child and family serving systems. One example of this work on a statewide level is JCMH's annual Judicial Summit on Mental Health.[56] The Summit is held each year and attendees include judges from all levels of the judiciary, academia, law enforcement, advocacy groups, prosecutors, defense attorneys, mental health and IDD service providers, representatives from various state agencies, policy makers, people with lived experience, and many others.

Another opportunity for cross-system collaboration and training at a local level is for communities to create regular meeting opportunities for stakeholders. Participants pointed out that regularly scheduled convenings can improve overall coordination among stakeholders and improve services for children and youth. Additionally, participants recommended that more communities engage in the SAMHSA Sequential Intercept Mapping process when addressing mental health challenges in the juvenile justice system.[57, 58]

5. *Provide group trainings to court teams and other participants in the legal case on key topics to address mental health, including the impact of trauma, specific mental health and IDD disorders, and local services available.*

Many courts will encounter cases that involve mental health challenges. Although not all courts need to be designated mental health specialty courts, Texas Government Code Chapter 125 sets out the statutorily required characteristics for the Mental Health Court Program and JCMH offers resources for courts looking to learn more about this model.[59] Some courts may want to explore training opportunities to learn more about how to respond to the needs of children with complex mental health conditions.

To create a more unified approach, communities can hold trainings for all the various stakeholders in the life of a case on key topics to address mental health, including the impact of trauma, specific mental health and IDD disorders, and local services available. Attendees could include but are not limited to judges, court staff, prosecutors, defense attorneys, attorneys ad litem, caseworkers, probation officers, Court Appointed Special Advocates (CASA), mentors, and service providers.

6. Create a bench card and other resources to help judges and court teams navigate the mental health system.

Participants recommended creation of a judicial bench card to provide judges hearing child welfare and juvenile cases with easy access to information that helps courts address mental health needs. A bench card would contain general guidance on addressing mental health needs in the courtroom and resources to contact. Participants agreed that being aware of and connecting with regional resources is a key need among the judiciary.

Additionally, JCMH developed an Innovations Map that provides information on innovative court and community practices.[60] This map could be expanded or duplicated to highlight key innovations in juvenile and child welfare courts. The Children's Commission, in partnership with the Texas Center for Child & Family Studies, currently supports six court sites as they implement a trauma-informed court project and develop trauma-informed court practices. These innovations could help support court teams as they address complex mental health needs in the court setting.

Systems Collaboration

7. Develop a shared definition of what it means to successfully serve children with complex mental health needs and then create a plan to accomplish the goals set out in the shared definition.

Participants agreed that stakeholders need to develop a shared definition of what it means to successfully serve children with complex mental health needs and create a plan to achieve it. Such a definition should create common language among stakeholders and provide positive, outcome-based performance incentives.

Additionally, children who experience the child welfare and/or juvenile justice system should have opportunities to provide input into decisions about their treatment and future. Participants suggested reviewing policies in other states to determine what improvements could be made in Texas to enhance youth engagement in treatment and future planning processes.

8. Child-serving agencies should collaborate during the Legislative Appropriations Request (LAR) process to best utilize resources and meet the needs of Texas children and youth.

Participants endorsed the idea of all relevant state agencies engaging in a collaborative planning process once again and utilizing the historical Children's Mental Health Plan as a road map for future efforts. This collaborative effort includes cross-agency review of LARs to ensure that all needed services are covered and work to fairly distribute resources across agencies. Further, this

cross-agency collaboration would allow each agency to share expertise across systems. Maintaining the mantra "nothing about us without us," those with lived experiences must be included in the development of any statewide or local plans.

Access to Services

9. Increase co-location of mental health services in schools.

Although the Round Table discussion was focused on the juvenile justice and child welfare systems, participants noted that schools are a primary referral point for children to both systems. Further, all children connect with the education system, and it is a natural front door for access to mental health services. Given this reality, participants strongly urged increasing the presence of mental health programs in Texas schools at all levels. Continuing to expand access to TCHATT across school districts as well as increasing available session counts for children was recommended.[61]

Participants also recommended that services be expanded to teachers to help teachers navigate trauma and secondary trauma experiences, as well. Another program emerging in Texas that could be expanded to more school districts is the Handle with Care program.[62] The program creates partnerships between law enforcement and schools with the goal of providing teachers

with notice to handle the child with care and connect children with services immediately following a traumatic event.[63]

10. Develop a statewide Children's Mental Health System of Care.

Participants recommended a more comprehensive children's mental health system of care to address children with complex needs. The service array would consist of evidenced-based or promising practices and trauma-specific treatments and a fully trauma-informed system should be standard. Texas should have 24/7 mobile crisis response and stabilization services specifically designed to address the needs of children. Intensive care coordination should be implemented utilizing the wraparound process and intensive in-home mental health treatment should be widely available to avert situations where families seek help through the juvenile justice or child welfare system. Parents and children would benefit from easy access to parent and youth peer support services and respite care is important to combat burnout.

11. Leverage and expand existing programs to reach more children and youth.

Participants identified multiple programs currently in existence that could be better utilized to meet the needs of Texas children and youth. This is a non-exhaustive list of opportunities for expansion of resources and services beyond those mentioned above.

- Strengthen the Behavioral Health Advisory Committee (BHAC)[64] to break down silos between systems.[65]
- Expand the number of youth who can receive services through the HHSC Residential Treatment Center Project[66] and the YES Waiver program.[67]
- Enhance use of CRCGs as entry points into mental health services and infuse resources into CRCGs to ensure they are effectively working in each community.
- Revise the statutory scheme to expand client populations for the LMHAs to include services to children in the child welfare system.
- Expand partnerships between LMHAs and school districts to better support school professionals and students.
- Leverage existing private provider networks to expand available services beyond LMHAs and encourage private/public partnerships among all entities providing services to Texas children with mental health needs and their families.
- Expand Peer Support Services for caregivers and youth experiencing the systems.
- Engage with the local Federally Qualified Health Centers to include them in the collaborative process.[68]

- Enhance the JCMH Innovations Map by expanding community input and providing more resources specific to youth.
- Identify opportunities for co-locating services in places where people already congregate, such as places of worship and high-traffic shopping centers.

Next Steps

At the conclusion of the Round Table meeting, it was clear that the discussion was an important first step but only the beginning of a substantial effort to collaborate and strengthen the State's response to serving children with complex mental health needs. The Children's Commission and the Judicial Commission on Mental Health are committed to continuing this joint effort with Round Table participants as well as other key stakeholders necessary to continue the work. The Commissions will convene smaller workgroups to identify and address priority recommendations.

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Texas Juvenile Justice Department

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Hon. Thomas Stuckey
Associate Judge
Centex Child Protection Court South

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Relevant Links

American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association

Declaration of a National Emergency in Child and Adolescent Mental Health (Oct. 2021)

Children's Bureau

Division X Tip Sheet on Responding to Youth and Young Adult Mental Health Needs

Children's Commission

Texas Child Protection Law Bench Book

Dual Status Task Force Final Report

Expert Panel Report

Recommendations for Improving Texas' Safe Placement and Services for Children, Youth and Families (Jan. 2022)

Here for Texas

Here for Texas website

Judicial Commission on Mental Health

Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book

Superior HealthPlan

Resources website

Texas CASA

Health Advocacy Guide

Texas Department of Family and Protective Services

Children Without Placement Report (Sept. 2021)

Education Specialist website

Texas Education Agency

Highly Mobile and At-Risk Student Programs

Texas Health and Human Services

Community Resource Coordination Groups

Texas Juvenile Justice Department

Sunset Self-Evaluation Report (Oct. 2021)

The Hackett Center

Trauma and Grief Center Handout

Endnotes

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(A) in the temporary or permanent managing conservatorship of the Department of Family and Protective Services;

(B) the subject of a case for which family-based safety services have been offered or provided by the department;

(C) an alleged victim of abuse or neglect in an open child protective investigation; or

(D) a victim in a case in which, after an investigation, the department concluded there was reason to believe the child was abused or neglected.

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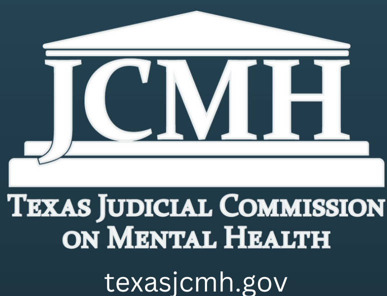
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