



TEXAS
Department of Family
and Protective Services

2022 Annual Progress & Services Report

Targeted Plan B – Health Care Oversight and Coordination Plan

2022 Title IV–B Annual Progress and Services Report

Targeted Plan

B. Health Care Oversight and Coordination Plan

- *Describe the progress and accomplishments in implementing the state’s Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care;*
- *Provide an update on how during the COVID-19 pandemic and national public health emergency the state has worked to ensure children and youth continue to receive appropriate health care, including through use of telemedicine.*

The Department of Family and Protective Services (DFPS) has a number of systems in place to oversee and coordinate the health care provided to children in DFPS conservatorship and to involve medical professionals in assessing the health and well-being of children. These systems include a single managed care organization for children in DFPS conservatorship, the designation of a medical consentor for each child, DFPS policy, Residential Child Care Contract requirements, Residential Child Care Licensing Minimum Standards, judicial review of medical care, and specialized staff designated to DFPS medical services, trauma informed-care and Medicaid eligibility.

Development of Plan to Coordinate Health Care Single Managed Care Organization

Since September 2005, Texas Family Code Chapter 266 has required the Texas Health and Human Services Commission, which is the Texas Medicaid agency, to coordinate with DFPS for a comprehensive health care delivery system for children in DFPS conservatorship.

STAR Health is a statewide Medicaid managed care plan for children and youth in foster care and young adults who have aged out of the foster care system. STAR Health was implemented in April 2008 and provides an integrated medical home where each child in foster care has access to Primary Care Providers, regular checkups, medical, behavioral health, dental, vision, and pharmacy (added in 2011) services. STAR Health also offers Care Coordination services to help members understand benefits; get help with appointments; find transportation assistance; and identify local community resources that provide clinical expertise and program information for families, caregivers, caseworkers and other child advocates. DFPS collaborates with Health and Human Services and STAR Health, to ensure oversight and coordination of health care services for children. Joint Team meetings with Health and Human Services, STAR Health and DFPS staff are held monthly to discuss health care provided to children in conservatorship, remove barriers, and plan innovations.

The STAR Health system includes features such as:

- Expedited enrollment for immediate access to Medicaid benefits;
- An initial medical exam within 3 business days of coming into conservatorship to screen for illnesses or injuries and get any needed treatment;
- Coverage of Texas Health Steps Checkups,¹ for children and youth in foster care, including the required initial checkup within the first 30 days of care;
- A Child and Adolescent Needs and Strengths or CANS assessment of developmental and behavioral health care needs for children within 30 days of entering foster care, 3 years of age or older, and annually thereafter;
- Integrated physical and behavioral health care;
- Telephonic health screenings when children enter care or change placements, to assess medical and behavioral health needs;
- Access to services through a network of providers;
- A Health Passport, which is a web-based electronic health record for each child;
- Oversight and review of psychotropic medications;
- STAR Health Liaisons, housed in CPS regional offices, to work closely with CPS Well Being Specialists to address health care needs of children;
- An online training toolkit, which includes information and resources on the continuum of care available for behavioral and medical health needs;
- Training for caregivers and residential providers about STAR Health services, Trauma-Informed Care, and related topics;
- Participation, as needed, in family group conferences and other case staffing's conducted by CPS related to children's health care needs;
- An electronic interface to allow the transmission of key data from the DFPS IMPACT system to the Medicaid and STAR Health systems;
- *Nursewise*, a 7-day, 24-hour nurse and behavioral health hotline for staff, youth, caregivers and medical consenters;
- The Turning Point program, which provides psychiatric hospital diversion services to children and youth in foster care. Turning Point offers emergency assessment and crisis intervention 24 hours a day and 7 days a week to prevent hospitalizations and disruptions in placement; and
- Foster Care Centers of Excellence program that provides STAR Health network providers with extensive foster care experience and who are trained to work with children and youth who have undergone trauma.

Policy, Contract and Standards

DFPS Policy, the Residential Child Care Contract, and HHSC Residential Child Care Licensing Minimum Standards have a number of provisions in place to ensure that children's health care needs are met and coordinated. Contracted residential operations must have policies and procedures in place to address routine and emergency diagnosis and treatment of medical and dental problems, routine health care relating to pregnancy and childbirth for pregnant youth, and provision of health care services to children with primary medical needs. A random sample of cases are monitored to ensure compliance

¹ The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service (medical, dental, and case management) for individuals from birth through 20 years of age. In Texas EPSDT is known as Texas Health Steps (THSteps).

with these requirements. CPS caseworkers must follow up with caregivers regarding the provision of preventive and medically necessary health care and complete a summary of medical care for court reports.

Medical Consenter

The Texas Family Code and DFPS policy require a court authorized, DFPS designated medical consenter for each child or youth in DFPS conservatorship. The medical consenter must complete training on informed consent, be knowledgeable of the child's health care needs, participate in each medical appointment, keep CPS updated about children's medical care, and ensure that the child's health needs are met.

DFPS provides online training and handouts on medical consent to CPS staff and caregivers as part of the required pre-service and annual training for all medical consenters. The training incorporates information about trauma informed care, informed consent for psychotropic medications and the appropriate use of non-pharmacological interventions prior to or concurrently with psychotropic medications. Medical consenters must provide evidence of completion of the training before DFPS staff designates a person to be a medical consenter. DFPS created a Medical Consenter email address for questions about medical consent from internal and external stakeholders. Trainings and handouts can be found online at:

http://www.dfps.state.tx.us/Training/Medical_Consent/default.asp.

Youth receive training on medical consent as part of the health section of the Life Skills training offered through the Preparation for Adult Living program after a youth turns 16. DFPS has processes in place to inform 16 and 17-year-old youth of their right to request the court authorize them to consent to their own medical care according to the Texas Family Code. DFPS policy and Medical Consent training address the requirement for medical consenters to involve youth in decisions about their health care in developmentally appropriate ways. Youth authorized by the court to consent to some or all of their own medical care or who are aging out of DFPS conservatorship are required to complete the online Medical Consent training.

Judicial Review of Medical Care

CPS caseworkers include a summary of medical care in each court report and the Texas Family Code requires the court to review the child's medical care at each permanency hearing. The court must ensure the child has been provided opportunity, in a developmentally appropriate manner, to express their opinion of medical care provided. Courts sometimes issue orders addressing children's health care needs. The law requires court reports and hearings to address:

- Behavior strategies and psychosocial therapies considered before or used concurrently with psychotropic medications;
- Expected timeframe for medications and other medications tried;
- Expected benefits of any psychotropic medication the child is taking;
- Dates of appointments; and
- That youth 16 and older are notified about their right to request the court authorize them to consent to some or all of their own medical care and the youth's response.

Specialized Staff

DFPS has multiple specialized staff dedicated to the coordination and oversight of health care services for children in DFPS conservatorship who are eligible for Medicaid. Dedicated staff include a CPS Medical Director, a Medical Services Division (with Nurse Consultants, Well-Being Specialists, and other staff), a CPS Medicaid Exceptions Team, and a Behavioral Health Services Division comprised of a division administrator, a mental health specialist, three substance abuse specialists and two CANS specialists. These staff all assist the direct delivery staff with technical assistance, consultation, and help accessing specialized services to support the enhanced well-being of children in the Texas child welfare system.

Collaboration to Ensure the Appropriate Use of Psychotropic Medications

The Psychotropic Medication Monitoring Group, chaired by the CPS Medical Director, meets on a quarterly basis to review the results of the Psychotropic Medication Utilization Reviews (PMUR) and utilization of psychotropic medications for children in Conservatorship. The group consists of medical doctors, psychiatrists, pharmacists and other professional staff from STAR Health, Health and Human Services, the Department of State Health Services, the University of Texas at Austin Department of Pharmacy, and DFPS. The Psychotropic Medication Monitoring Group oversees the biennial review and update of the *Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health*. The guide gives recommendations for the appropriate use of psychotropic medications for children served by the public behavioral health system in Texas, including children in foster care, and identifies nine criteria that indicate a need to review a child's clinical status. The group updated and published this document in June 2019.

Evaluations of psychometric medication utilization show the prescribing of psychotropic medication for children in foster care have trended down since implementation of the parameters. Texas plans to require healthcare providers who treat children and youth with mental impairments in any public health program (specifically Medicaid or CHIP) to utilize the *Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health* as the standard for treatment. Many national experts consider the guidelines that Texas has developed to ensure the appropriate use of psychotropic medications to be a best practice model and have asked to use these guidelines in their states. In FY19 Texas received requests from Missouri, Oklahoma and Georgia to share the Texas experience.

Schedule for Initial and Follow-up Health Screenings

DFPS policy requires children in DFPS conservatorship receive preventive and medically necessary health care through Texas Medicaid including:

- An initial medical exam within 3 business days of entering foster care to screen for illnesses or injuries and provide any needed treatment, implemented statewide in October 2018;

- An initial Texas Health Steps medical checkup within 30 days of entering foster care and subsequent Texas Health Steps preventive medical checkups annually for children 36 months of age and older;
- More frequent Texas Health Steps preventive medical checkups for children under 36 months of age as outlined in the Texas Health Steps Periodicity Schedule;
- A Child and Adolescent Needs and Strengths (CANS) behavioral health assessment within 30 days of entering foster care;
- An initial Texas Health Steps dental checkup within 60 days of entering foster care beginning at age six months and subsequently every six months; and
- Medically necessary health-care services through the Texas Health Steps Comprehensive Care Program.

The CPS Medical Service team provides training on the initial medical exam, Texas Health Steps requirements and CANS assessments to regional conservatorship staff and the requirements are included in the online STAR Health training provided as part of the CPS Professional Development training for all new conservatorship caseworkers. Texas Health Steps and CANS requirements are included in the general Medical Consent training required for all medical consenters. STAR Health offers a similar training for foster parents and residential providers.

Beginning in FY 2018, DFPS, Health and Human Services Commission, and Superior Health Plan joined together in a collaborative effort to launch a “3 in 30” approach to assessment across the state. Statewide implementation was completed in October 2018. “3 in 30” combines three separate tools used in assessing the medical, behavioral, and developmental strengths and needs of children and youth entering DFPS conservatorship. The law requires children with specific removal reasons to have an initial medical exam within 3 business days of entering the conservatorship of DFPS. By policy, DFPS implemented the use of the 3-day medical exam for all children entering DFPS conservatorship, unless emergency or urgent care is required. The 3-day medical exam is a medical screening to check for injuries or illnesses and is intended to provide a baseline of a youth or child’s physical health when they enter foster care. Ongoing preventive care is required for all children and youth in accordance with the Texas Health Steps periodicity schedule. The periodicity schedule requires annual preventive care checkups for children aged 3 and up and more frequent preventive checkups for children younger than 3 years old. CANS assessments are required to be updated annually, though children served by Single Source Continuum Contractors identified as having treatment needs or through Treatment Foster Care receive the CANS assessment quarterly.

How Health Needs Are Monitored and Treated

The Health and Human Services Commission is the single state agency responsible for administering the Medicaid program in Texas. CPS Policy, HHSC Residential Child Care Licensing Minimum Standards and the Residential Child Care Contract require foster parents and residential providers to ensure health needs identified through Texas Health Steps screenings receive any necessary follow up or treatment. DFPS licensed and contracted residential operations are required to have policies and procedures in place to

address routine and emergency diagnosis and treatment of medical and dental problems, routine health care relating to pregnancy and childbirth for pregnant youth, and provision of health care services to children with primary medical needs. Residential operations are monitored for compliance with these requirements.

Children have a medical home for medical and dental services as a part of the STAR Health program to help ensure health care needs are identified and treated. STAR Health is required to provide all medically necessary preventative screenings and Medicaid covered health services. STAR Health provides telephonic health screenings upon a child's entry into conservatorship and at placement changes in order to ensure that every child's needs are known by the caregiver and fully met. STAR Health follows up with caregivers about such needs through their Service Management and Service Coordination programs and develops a Health Care Service Plan for any youth that requires Service Management assistance. HHS Health Plan Management staff monitor the health plan to ensure required screenings and services are occurring within contractually required timeframes. CPS caseworkers follow up with caregivers regarding the provision of preventive and medically necessary health care and complete a summary of medical care for court reports.

A Primary Medical Needs Resource Guide provides staff guidance on assessing safety and well-being and meeting the health care needs of children with primary medical needs. DFPS developed guidance for staff when making home visits and computer-based training used in all stages of service. These materials include:

- Provision of a reference guide with questions to ask children, caregivers and healthcare providers;
- Instruction on assessing and using the child's communication method in the interview;
- Education on how to observe the child, his or her medical equipment and supplies, and physical environment;
- Provision of educational materials about medical equipment, supplies and terminology including visual aids;
- Identification of regional resources to assist caseworkers; and
- Other supporting resource and reference materials.

DFPS has worked with Health and Human Services to develop reports that help monitor compliance with Texas Health Steps medical checkup requirements. DFPS monitors compliance with the 3-day medical exam and provides guidance and support to field staff to help access the exam and distinguish it as a unique assessment required in addition to the Texas Health Steps medical checkup.

As part of performance-based contracting, contract monitoring process include searching for evidence of the Texas Health Steps checkup and CANS assessments in the child's Health Passport. The CPS Family and Program Improvement Review Division, which conducts a variety of case reviews on a routine basis also searches for evidence of the Texas Health Steps checkup and CANS assessments in the child's Health Passport as part of the structured case review process.

How Medical Information Will Be Updated and Shared

The Texas Family Code requires Health and Human Services to provide a Health Passport record for each child in conservatorship. The Health Passport electronic health record application is a STAR Health tool and is populated with two years of health care claims data for children who were enrolled in Medicaid or Children's Health Insurance Program (CHIP) prior to entering DFPS conservatorship. The system continues to populate with data through medical provider claims submissions and information transmitted from the DFPS IMPACT system (medical consenters, demographics).

Information in the Health Passport includes the name and address of each of the child's health care providers, the child's medical consenters, a record of each visit to a health care provider, a record of immunizations, CANS assessments, physical and behavioral health diagnoses, and information on all prescriptions. Medical consenters, Court Appointed Special Advocate staff, certain authorized users for each residential operation, health care providers and CPS staff have access to child's Health Passport records for the specific children they serve. DFPS is required to provide a copy of the Health Passport record to the child's new conservator when DFPS conservatorship is dismissed or transferred and to young adults who leave foster care after age eighteen.

CPS staff are required to provide a detailed Summary of Medical Care in each court report, including physical health care, behavioral health care, and details about all medications, health care appointments, and other related health information. Court reports are shared with Court Appointed Special Advocates, attorneys and guardian's ad litem and judges. Residential childcare providers keep records of a child's medical and behavioral health visits, copies of which must be provided to the caseworker. CPS caseworkers share medical information with the individuals involved in each case and notify parents of the initial prescription of psychotropic medications and any dosage changes at the next scheduled meeting with the caseworker after the prescription in order to comply with Texas Family Code §264.018.

Although the medical consenters have the legal authority to consent to medical care, DFPS policy provides other individuals involved in the case opportunities to provide input into some medical decisions and express concerns about medical care provided.

Steps to Ensure Continuity of Care and Consultation with Physicians and other Professionals to Determine Appropriate Medical Treatment

STAR Health is the primary means to ensure ongoing consultation with health care providers and continuity of health care for children in DFPS conservatorship. STAR Health integrates medical and behavioral health care; provides the Health Passport electronic health record; and delivers medical and behavioral health service management and service coordination to ensure coordination of services and continuity of care. When children enter DFPS conservatorship, change placements or their medical needs change, STAR Health is contractually required to conduct telephonic general health screenings with caregivers to address children's medical and behavioral health needs and any needs related to medication. Children with complex behavioral health, medical health, or

intellectual and developmental disabilities can be assigned service managers who are either registered nurses or master's level behavioral health clinicians, depending on the child's primary needs.

Service managers develop a health care service plan, provide medical case management, and outreach to caregivers regularly. STAR Health specialized service management programs address complex needs, such as diabetes, transplants, and the Start Smart program to follow pregnant teens and their newborns. Children with less complex needs can receive service coordination upon caseworker or medical consent request. Service coordinators facilitate access to primary, dental and specialty care and support services, including assistance with locating providers and scheduling appointments as necessary. STAR Health has a discharge planning team to provide planning and coordination for children who are being discharged from an in-patient setting.

To ensure coordination/continuity of medical care for children with complex medical conditions, DFPS holds multi-disciplinary, primary medical needs case staffing's at removal, placement changes, and transitions to adoption or reunification. The purpose is to plan the transition of medical care, such as specialized training for the new caregiver, transportation of the child and durable medical equipment, or services needed in the home such as private duty nurses, specialists, or others. Well-being Specialists facilitate the staffing and those in attendance may include STAR Health service managers or coordinators, DFPS direct delivery staff, placement staff, CPS regional nurse consultants, the STAR Health medical director, health care providers, residential providers, caregivers, biological parents, Court Appointed Special Advocates, and attorneys ad litem. CPS placement staff conduct similar staffing's to plan discharge from psychiatric hospitals.

Steps to Ensure That Transition Plans Include Required Elements Relating to Health Care Needs

Transition Plan

During the development of a youth's transition plan, DFPS policy requires staff to inform youth about the importance of designating a health care or medical power of attorney to make health treatment decisions on behalf of the youth if he or she becomes unable make these decisions. DFPS discusses information about the medical power of attorney and health care options with youth during their Transition Plan Meeting, Circle of Support, Preparation for Adult Living training, and other meetings between the youth and caseworkers.

DFPS revised the youth Transition Plan to address physical/mental health care needs and resources. This revision ensures youth transitioning out of foster care have improved ability to exercise informed consent, understand their own health care needs, know how to safely manage any psychotropic medications prescribed, and know how to access health care resources.

Medicaid for Former Foster Care Youth

The Former Foster Care Children program provides health care coverage through age 25 to young adults who age out of Texas foster care who were receiving Medicaid when they aged out of Texas foster care. Young adults aged 18 through 20 remain enrolled in STAR Health, unless they opt out. Young adults can opt to receive Medicaid benefits through STAR, a Medicaid managed care program through which most people in Texas receiving Medicaid get services. Young adults aged 21 through 25 receive Medicaid through the STAR managed care plan of their choice through the end of the month of their 26th birthday.

Medicaid for Transitioning Foster Care Youth continues to be available for former foster youth who are younger than 21 and not eligible for the Former Foster Care Children program because they were not receiving Medicaid when they became an adult. Former foster youth eligible for the Medicaid for Transitioning Foster Care Youth are enrolled in STAR Health through the month of their 21st birthday.

Health and Human Services provides health care coverage for individuals in Texas who aged out of foster care in another state under an Interstate Compact for the Placement of Children agreement. This includes individuals placed by DFPS in foster care in other states once they return to Texas and individuals placed in foster care in Texas from other state child welfare systems. Young adults who age out of foster care from a state other than Texas and were not placed in Texas through the Interstate Compact are not eligible for Texas Medicaid.

CPS caseworkers, Preparation for Adult Living staff, and youth specialists inform youth about the details of Medicaid programs during Circles of Support, Transition Plan Meetings (before leaving care), Life Skills classes, Aging out Seminars, and upon request. CPS caseworkers, Preparation for Adult Living staff and youth specialists inform Transition Centers, contractors, caregivers, and community partners about services. Information on Medicaid programs for transitioning foster care youth is available on the STAR Health Member Handbook online and the DFPS Texas Youth Connection public web site.

Training of Staff and Providers to Support the Treatment of Emotional Trauma and promote Trauma-Informed Care

DFPS recognizes the long-term effects of adverse childhood experiences such as child abuse and neglect and the need to address trauma as an important component of effective service delivery. The continuing transition of the Texas child welfare system into a trauma-informed system of care promotes child emotional well-being, can reduce the use of psychotropic medications, increases placement stability, and supports more timely permanency.

DFPS uses the CANS assessment tool statewide for children and youth aged 3-17 years. The CANS assessment is a comprehensive trauma-informed behavioral health evaluation and communication tool. CANS assessments help decision-making, drive service planning, facilitate quality improvement, and allow for outcomes monitoring. DFPS

uses CANS to gather information about the strengths and needs of a child to plan for individualized services that will help the child and family reach their goals.

Trauma-informed care training. DFPS caseworkers receive four hours of initial Trauma-informed care training during CPS Professional Development training. An annual, computer-based refresher training is required for caseworkers and supervisors. Additional trainings related to trauma and trauma-informed care are available on the DFPS Learning Management System. In 2019, DFPS updated the Trauma-informed Care training provided to caseworkers and will be adding multiple new trauma-informed care trainings through the CPS Certification process to build upon staff knowledge over the course of their career. The trainings are based on the National Child Traumatic Stress Network Child Welfare Trauma Training Toolkit 2.0.

DFPS has training available that applies a trauma- and equity-informed lens to policy work. The DFPS Trauma-informed Care Program Specialist and Disproportionality Manager provide this training upon request for staff on trauma- and cultural-responsiveness. DFPS is hiring six regionally housed Trauma Informed Care Specialists who will provide training and support to staff.

DFPS has protocols in place to support staff with secondary traumatic stress. Policy allows staff to take leave with appropriate coverage in place. The DFPS Employees Assistance Program provides staff with support, including Critical Incident Stress Debriefings. The DFPS Worker Safety Support Division provides assistance related to primary and secondary traumatic stress events and helps managers address issues after traumatic events. DFPS provides training to address secondary traumatic stress: Building Resiliency in the Face of Trauma (BRIFT), a curriculum by the Karyn Purvis Institute on Child Development. The 8-hour classroom training is required for caseworkers and supervisors through professional development. The Secondary Trauma Workgroup has partnered with UTSA and is in the process of implementing Secondary Trauma Virtual Support Groups. The groups are targeted to begin in the fall of 2021

Statewide Trauma Informed Care training includes:

- DFPS updated the Trauma-informed Care training that is available on the public website for use by child welfare stakeholders including agencies, providers, foster parents, and kinship caregivers. The updated training is available in Spanish.
- The DFPS 24-hour Residential Child Care contract requires a minimum of 8 hours of Trauma-informed Care training prior to being the only Caregiver responsible for a child in care. Training must include at least one of the DFPS approved Trauma-informed Care Trainings, a component on Adverse Child Experiences (ACEs) and resources related to prevention and management of Secondary Traumatic Stress (Compassion Fatigue). Annual Refresher Training is also required, and contractors must ensure its completion. This training must be at least two hours in length and providers can use the approved DFPS online training, although contracted providers are encouraged to use their own curriculum/model to build upon the training already received. DFPS requires Trauma-Informed Care training

for all DFPS foster homes and completion is monitored by Foster/Adoption Development staff.

- STAR Health provides free training upon request to foster care stakeholders on a wide range of trauma and trauma-informed care related topics.
- STAR Health recruits Trauma-Focused Cognitive Behavioral Therapy qualified therapists be a part of their network, known as the Trauma-Informed Care Specialty Provider Network.
- STAR Health employs a nationally certified trainer for Trauma Focused Cognitive Behavioral Therapy and contracts with additional certified trainers to facilitate a consultation program for qualified clinicians to become nationally certified.
- STAR Health offers training on Trauma-Informed Care to health care providers in the network upon request. STAR Health offers training to certify behavioral health therapists as Trauma-Informed Care therapists.
- DFPS coordinates with the Department of State Health Services to update online provider education modules for Texas Health Steps providers, including the new *Trauma-Informed Care for Children in Foster Care*. The new training will assist Texas Health Steps providers and other health-care professionals with implementing trauma-informed practices when providing services for children and adolescents in state conservatorship.

DFPS provides trauma-informed caregiver support. The Kinship Newsletter, published quarterly, provides educational information related to trauma-informed care and provides resources for kinship caregivers of children in DFPS conservatorship.

Since 2017, DFPS has been an organizational member of the Statewide Collaborative on Trauma-Informed Care, led by the Texas Children's Commission. Multiple DFPS staff members serve across workgroups and on the steering committee. DFPS also serves on several committees aligned with promoting trauma-informed care in the child welfare and behavioral health systems of Texas. These include the Statewide Behavioral Health Coordinating Council, Child and Youth Behavioral Health Subcommittee to the HHS Behavioral Health Advisory Committee (also known as the Texas System of Care), and the HHS Office of Mental Health Coordination Cross System Trauma-informed Care workgroup.

Comprehensive Coordinated Screening, Assessment and Treatment Planning to Identify Mental Health Needs and Trauma-Treatment Needs

Current Practice for Identifying and Treating Mental Health Needs

DFPS identifies the behavioral health needs of children and youth from CANS assessments given to children and youth aged 3-17. All children receive mental health and developmental screenings during the initial Texas Health Steps medical checkups within 30 days of entering conservatorship and subsequent annual medical checkups. Texas Health Steps has a Trauma-Informed Care online training module for providers that focuses on treatment for children and youth in Texas foster care. DFPS may identify behavioral health needs as caseworkers gather information for the child and family service plans and informally assess children. Residential Operations receives information

for an Admission Assessment required by HHSC Residential Child Care Licensing Minimum Standards. Psychological evaluations and psychiatric examinations are conducted on children, when indicated. Psychological evaluations are required before children are admitted for treatment services for intellectual and developmental disabilities and for placement of children for adoption. The evaluations assist in case planning, service coordination, and in determining recommendations to the court.

DFPS uses the CANS assessment to screen for trauma in children ages 3-17 entering care. Child welfare stakeholders identify trauma and refer the child for evidence-based, trauma-informed treatment. STAR Health has developed a network of behavioral health therapists trained in Trauma-Focused Cognitive Behavioral Therapy and a director to promote evidence-based and other promising trauma-focused practices in the Texas child welfare system. Texas Child Advocacy Center clinicians use Trauma Focused Cognitive Behavioral Therapy and Parent Child Interaction Therapy as part of their therapy services to the children and families they serve who are receiving services through DFPS.

Texas created strategies to ensure the appropriate use of psychotropic medications by strengthening informed consent processes, training, using a judicial review of medical care, notification of parents, and transition planning. DFPS requires medical consenters, CPS staff, and caregivers to attend psychotropic medication appointments for children in person. The medical consenter and health care provider must complete and sign the "Psychotropic Medication Treatment Consent form" for each new psychotropic medication prescribed. This form covers the elements of informed consent required for psychotropic medication for children in foster care.

As part of the consent process for psychotropic medications, the health care provider and medical consenter must consider non-pharmacological interventions that should be tried before or concurrently with psychotropic medications. The medical consenter must ensure that the child receives the recommended interventions. DFPS defined non-pharmacological interventions as any psychosocial therapies and behavior strategies provided to the child or youth. These interventions can help the child heal from trauma, cope with traumatic stress, learn to self-regulate, and achieve social and emotional well-being. STAR Health continues to develop and expand the health plan's clinical capacity to provide, trauma-informed, evidence-based psychosocial therapies.

All medical consenters are required to ensure that children taking psychotropic medications have an appointment with the health care provider at least every 90 days to:

- Appropriately monitor the side effects of the medication.
- Decide whether the medication is helping the child achieve the treatment goals.
- Decide whether continued use of the medication is appropriate.

With stakeholder input, DFPS developed a family friendly brochure, "Making Decisions About Psychotropic Medications," which includes expectations regarding psychotropic medication by children in conservatorship. The brochure addresses non-pharmacological interventions, informed consent, how to talk to health care providers about children's behavioral health needs and psychotropic medications, requirements for follow-up

appointments with health care providers, involving youth in decisions, side effects and other concerns. Caseworkers are required to give the brochure to all medical consenters, and it is available on the DFPS website.

Procedures to Ensure that Children in Foster Care Are Not Inappropriately Diagnosed with Mental Illness, Other Emotional or Behavioral Disorders, Medically Fragile Conditions, or Developmental Disabilities, and Placed in Settings that Are Not Foster Family Homes as a Result of the Inappropriate Diagnoses.

STAR Health is a Medicaid managed care system for children in DFPS conservatorship (instituted in April 2008), with prescribing physicians clinically privileged under their auspices. Medical and behavioral health care is covered by STAR Health (Superior Health Plan Network and Cenpatico Behavioral Health). STAR Health provides an internet based health record (Health Passport) for each child which enables STAR Health, DFPS, and the child's caretaker to track each child's care (demographics, contact information, all prescribed medications, diagnoses and visits to clinical providers and other important information).

DFPS utilizes assessments of children entering care as tools to ensure proper diagnosis and appropriate placement. Children may receive an initial medical exam within three business days of entering care. The initial medical exam, or 3-Day Exam, allows needed treatment to occur quickly and allows the caregiver to gain a good understanding of a child's needs. Within 30 days of entering care, children (ages 3-17) participate in a Child and Adolescent Needs and Strengths (CANS) assessment. The CANS help DFPS understand the impact of the trauma experienced and how they are coping. The CANS results include recommendations for services, such as counseling, and identifies a child's strengths, such as positive relationships. A child also receives their initial Texas Health Steps Medical Checkup within the first 30 days. Texas Health Steps is health care for children, teens, and young adults age 20 and younger who receive Medicaid. Texas Health Steps checkups are designed to find and treat medical and dental problems. Texas Health Steps Checkups must include regularly scheduled examinations and screenings of the general physical and mental health, growth, development, and nutritional status of infants, children, and youth.

In conjunction with the above tools, DFPS can utilize psychological assessments and/or a Determination for Intellectual Disability (DID) if a caseworker suspects the presence of a mental, behavioral, or intellectual or developmental disability. Psychiatric evaluations are an additional tool to determine a child's level of functioning and diagnosis. All may be used to inform placement decisions and treatment options.

In February 2005, the Texas Department of Family and Protective Services (DFPS), the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC) released a "best practices" guide to ensure the proper use of psychotropic medications for the children in foster care. It has been continuously reviewed since that initial release.

The current guide is the Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health updated in June 2019. The Parameters serve as a resource for physicians and clinicians who care for children diagnosed with mental health disorders. The Parameters include general principles for optimal practice, reference material, and a listing of commonly used psychotropic medications with dosage ranges and indications for use in children.

STAR Health conducts ongoing oversight of the psychotropic medication regimens of children to ensure the medication practices are in compliance with the Parameters. If the child's psychotropic medication regimen appears to not be in compliance with the Parameters, the case is referred for a Psychotropic Medication Utilization Review. The need for a review is triggered by one of the following:

- Health Screenings (calls to caretakers of the child) conducted by Service Managers when a child enters care or when his/her status changes;
- Automated pharmacy Medicaid vendor drug claims data;
- Outside requests from CPS nurse consultants, caseworkers, CASAs, foster parents, attorneys, residential childcare providers and others; and
- Court requests.

A preliminary screening of identified cases in which psychotropic medication regimens appear to be outside Parameters is conducted by STAR Health Behavioral Service Managers (masters level clinicians). The information is reviewed by the STAR Health Behavioral Health Medical Director (a child psychiatrist) and, if indicated, forwarded to a child psychiatry consultant for a formal review and peer to peer consultation with the prescribing physician. The child's case is then tracked by STAR Health to see that the child's care is in compliance with the Parameters.

STAR Health includes the use of a Quality of Care review process. Physicians with practice patterns of concern (identified through the Psychotropic Medication Utilization Review process or by complaints by parties involved in the child's care) are thoroughly reviewed. Physicians who appear to consistently prescribe "outside Parameters" are referred to the Quality of Care review process. Additional records are requested, and the cases reviewed in detail. If a pattern of inappropriate care is identified, the prescribing physician will be referred to the STAR Health Credentialing Committee for further investigation and action. A physician may be placed on a corrective action and/or face disciplinary action up to and including termination from the network.

A Psychotropic Medication Monitoring Workgroup includes representatives from DFPS, Health and Human Services, the Department of State Health Services, the University of Texas at Austin Department of Pharmacy and STAR Health and manages the overall psychotropic medication monitoring program on an ongoing basis. Activities include: quarterly review of Health and Human Services data regarding medication usage; STAR Health reports on the Psychotropic Medication Utilization Review outcomes; any issues arising from Quality of Care activities; Health Passport functioning and usage; and reports on any ongoing research activities regarding Texas foster care and the general Texas Medicaid population. The group oversees the regular updates of the Parameters.

Processes are in place for quarterly psychotropic medication monitoring by the Health and Human Services Medicaid Vendor Drug Program Pharmacy Utilization Review contractor for children placed in Texas under the Interstate Compact for the Placement of Children and not enrolled in STAR Health. The home state of any child placed in Texas under jurisdiction of the Interstate Compact for the Placement of Children is notified when the medication regimen is outside the parameters.

There is informed and shared decision-making (Consent and Assent) and methods for ongoing communication between the Prescriber, Child, Caregivers, Health Care Providers, Caseworker, and Other Key Stakeholders. Texas has systems to share decision-making and information about the use of psychotropic medications for children and youth in DFPS conservatorship. Children's medical consenters, who are typically children's live-in foster or kinship caregivers, emergency shelter staff or CPS staff, have the legal authority and duty to provide informed consent for psychotropic medications for children in conservatorship. Medical consenters are required to involve youth in decisions about their medical care.

Medical consenters who are not DFPS staff are required to notify DFPS of a new prescription for a psychotropic medication by the next business day. Residential operations ensure that foster parents and staff who administer psychotropic medications follow DFPS requirements, monitor for side effects, and monitor the child's response to psychotropic medications, and follow-up with the prescriber at least quarterly and immediately when the child experiences significant side effects or adverse reactions.

DFPS monitors the overall medical care of children and the performance of medical consenters and acts to change the medical consenter when needed. The court reviews court reports provided by DFPS at each court hearing, which includes detailed information about children's psychotropic medications. The court hearing provides one of several venues for interested parties to raise any concerns about children's psychotropic medication regimens.

CPS caseworkers share medical information with the individuals involved in children's cases, such as biological parents, caregivers, medical consenter, residential childcare staff, court appointed special advocates and attorneys' ad litem. Although the medical consenters have the legal authority to consent to medical care, other individuals involved in the case can provide input into some medical decisions and express concerns about medical care provided.

There is effective medication monitoring at both the Client and Agency levels. DFPS requires that children prescribed psychotropic medications receive follow-up with their health care providers at least quarterly and metabolic monitoring for children as indicated in the parameters. Caregivers who administer medications are required to monitor children's progress and report side effects to physicians. Courts review children's psychotropic regimens and STAR Health tracks children's prescriptions and conducts Psychotropic Medication Utilization Reviews when indicated. A Psychotropic Medication

Monitoring Group quarterly reviews data, trends and plans innovations to improve the process.

The majority of children in DFPS conservatorship who take psychotropic medications are under the care of either a general psychiatrist or a child and adolescent psychiatrist. STAR Health child and adolescent psychiatrists provide consultation to prescribers who are outside the parameters during the Psychotropic Medication Utilization Review process. Texas statute requires the prescribing medical provider to see the child every 90 days.

There are mechanisms for sharing accurate and up-to-date information related to Psychotropic Medications to Clinicians, Child Welfare Staff and Consumers. The Psychotropic Medication Utilization Parameters for Foster Children provide a listing of commonly used psychotropic medications with dosage ranges, indications for use in children and common side effects/adverse reactions. This information is updated periodically by the University of Texas School of Pharmacy. The Health Passport provides detailed information on each psychotropic medication that is typically included in pharmacy inserts. STAR Health offers training and information to clinicians. Psychotropic medication training is often included in various conferences offered to DFPS staff, external stakeholders and clinicians.

There is monitoring to ensure children are not placed in settings other than Foster Family Homes as a result of an inappropriate diagnoses. DFPS uses a third-party contractor, Youth for Tomorrow to conduct reviews of children's records to determine their appropriate service level needs and to monitor for compliance with the Service Level Standards. Information reviewed in monitoring includes copies of assessments and psychological evaluations. Youth for Tomorrow conducts Utilization Reviews to ensure a child's service level needs are appropriately identified. Children with specialized and higher levels require reading every 3 months. An annual Service Review Monitoring ensures that each provider is meeting the indicators required to adequately address the needs of the children whose levels they are licensed to serve. DFPS plans to increase oversight by amending the contract to include monitoring for appropriate diagnosis for placements that are not foster family homes.

DFPS uses its coordination with the Health and Human Services Commission and the STAR Health plan provider (Superior Health Plan) for children in DFPS conservatorship in order to monitor compliance with state policies and procedures. A few examples include the following:

Turning Point Utilization

Data reflects fiscal year 2021 (to date, through February 2021) at the four Turning Point Sites, Fort Worth, San Antonio, Houston, and Abilene:

- Number of Psychiatric Hospital Diversions: 92
- Placement Changes within 90 days of Turning Point Discharge: 7 (7.6%)
- Hospitalizations within 90 days of Turning Point Discharge: 19 (20.65%)

Psychotropic Medication Utilization Review

Data reflects fiscal year 2021 – Quarter 1:

- Total Psychotropic Medication Utilization Review Screenings triggered: 705
- Total Psychotropic Medication Reviews Screened, but not needing advanced review: 655 (92.9%)
- Total Psychotropic Medication Utilization Reviews Completed: 50
 - Regimen found within parameters: 4 (0.57%)
 - Regimen found outside parameters, but within the standard of care: 38 (5.39%)
 - Regimen outside parameters with opportunities to reduce medications: 8 (1.13%)
 - Regimen outside parameters with risk or evidence of significant side effects: 0

Case Management Utilization

Data reflected February 2021 usage based on Superior Health reporting:

- Total cases open: 7517 or 17.19% of total enrollment
 - Care Coordination Level: 44439 cases (10.15% of total enrollment)
 - Service Management: 3240 cases (7.41% of total enrollment)
 - Disease Management 1387 cases (3.13% of total enrollment)
 - Complex Case Management: 206 cases (0.5% of total enrollment)

Waiver population participation:

Data reflected February 2021 participation from a total estimated enrollment of 47,581 children and young adults. Data provided by HHSC:

- Deaf Blind with Multiple Disabilities (DBMD): 0
- Community Living Assistance and Support Services (CLASS): 4
- Youth Empowerment Services (YES): 269
- Medically Dependent Children Program (MDCP): 102
- Home and Community-based Services (HCS): 234
- Texas Home Living (TxHmL): 8

Health and Human Services publishes a Summary of Activities and Value-Added Services each fiscal year, reflecting Quality, Timeliness and Access to Health Care for Texas Medicaid and CHIP Recipients. This report includes STAR Health and is published at the following link: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2021/eqro-summary-of-activities-report-contract-yr-2020.pdf> . Texas provides Medicaid medical services through four Medicaid managed care programs: STAR, STAR+PLUS, STAR Kids, STAR Health. STAR Health has been described above as the plan provided for most children in DFPS conservatorship and young adults who have aged out of care. The report provides information that compares the Medicaid programs, as well as the CHIP program, with national Medicaid data.

In its report, HHS documents compliance with mandatory protocols (such as federal and state Medicaid managed care regulations, performance measures, and performance improvement projects conducted), as well as optional protocols for STAR Health and other Texas Medicaid programs. The report also publicizes results of client satisfaction

surveys, HEDIS (Healthcare Effectiveness Data and Information Set) and other quality measures, and compliance with Texas initiatives such as the Texas Health Steps program.

Healthcare during COVID-19 Pandemic

DFPS is monitoring COVID-19 testing for children in conservatorship. A special mailbox has been created for caregivers to report when a child in care receives a test and the related results. If a child has a positive test result, there is notification of parties involved with the child. If a child or youth becomes ill with COVID-19, caregivers are required to seek medical attention and report that information to the Abuse Hotline. The CPS Medical Services team is doing outreach to inform caseworkers about positive results and alert STAR Health. The STAR Health medical service management team does outreach and provides support to caregivers. A copy of lab results for positive tests is requested and shared with STAR Health for uploading into a child's Health Passport. If a test was completed through an in-network STAR Health lab then claim based information will be visible in Health Passport, including the test results.

For general healthcare services there has been an increased reliance on telehealth and flexibility where needed. Guidance for "3 in 30" has been routinely updated for each of the assessments. Prior to the pandemic telemedicine was not utilized often except for occasional psychiatric appointments. As the pandemic progressed, STAR Health Medicaid increased availability for medical visits (except for 3-Day Medical exams), behavioral health services, psychiatric appointments, and CANS assessments to be provided via telehealth. The CANS assessment has now been made a permanent telemedicine option.

Monitoring of the impact of COVID-19 on children in conservatorship of DFPS since April 2020 has yielded the following information. With 13,004 children in DFPS conservatorship tested, the total children in conservatorship with positive test results was 1,812 children (As of May 14, 2021). To monitor infection rates, DFPS reviews the number of children in conservatorship with a positive test for 10 days. For that same time period there were 14 youth with positive COVID-19 test results within the last 10 days, or less than an estimated .1% of youth in care. Given that testing may occur days after symptom onset, some of these youth may be recovered so the estimate represents an upper limit.

DFPS also monitors hospitalization rates due to a primary or secondary COVID-19 diagnosis. A secondary COVID-19 diagnosis indicates a child had a COVID-19 diagnosis while hospitalized but this was not the reason for admission to the hospital. Between April 2020 and May 2021, 104 children (41 in the permanent managing conservatorship of DFPS and 63 in the temporary managing conservatorship of DFPS) were hospitalized with either a primary or secondary COVID-19 diagnosis.

As of Wednesday, May 12, 2021, every Texan aged 12 and older became eligible to receive a COVID-19 vaccine, including youth in conservatorship. The COVID vaccine is currently recommended for anyone who is eligible to receive it. Unlike other routine vaccines, the COVID-19 vaccine is currently only authorized by the FDA for emergency use, which means getting it is voluntary and the youth should agree (if able) in addition to the medical consentor. On its public website and through communications, DFPS informed staff, caregivers, and providers of this change. The vaccine administration is covered under a youth's STAR Health Medicaid coverage and STAR Health can also assist in finding a location for an appointment to receive the vaccine.

DFPS staff, caregivers and providers were also provided specific information in response to frequently asked questions:

- 1) A pending COVID vaccine (initial or second dose) should not be a consideration for changing placements. Placement decisions are independent from vaccine decisions. There is some flexibility for administration of the second dose with Pfizer vaccine. Ideally the second dose of Pfizer-BioNTech vaccine is at 3 weeks (or 21 days) after the first shot. The second dose should be administered later if there is difficulty getting it within the recommended time, but not earlier than recommended. A person is not required to get the first and second dose in the same location as long as proper documentation can be found by the different provider.
- 2) At the time of a COVID-19 vaccine, a paper record (or "shot record") is provided. This document is very important, as it must be brought to the appointment for the second dose. Proof of vaccine administration should be documented in the child's case file, by scanning the paper record and uploading it into IMPACT. COVID-19 vaccines are also entered into the statewide ImmTrac system, which uploads into a youth's Health Passport approximately every two weeks.
- 3) Guidance was provided on where to obtain the vaccine, with direction to consult a youth's primary medical provider to see if that is an option. Tools for locating vaccine providers remain available at covidvaccine.texas.gov or vacunacovid.texas.gov.
- 4) Direction was given that the vaccine for COVID-19 is not a required vaccine and is voluntary in Texas. The COVID-19 vaccine is recommended for anyone who is eligible to receive it, including youth who qualify per the Texas Department of State Health Services guidelines. Unlike other routine vaccines, the COVID-19 vaccine is currently only authorized by the FDA for emergency use, which means getting it is voluntary and the youth should agree (if able) in addition to the medical consentor.

3-Day Medical Exam

There is no change in guidance. Children continue to obtain the 3-Day Medical Exam within 3 business days of removal. When a new removal occurs, and the child has had

significant exposure or is known positive to COVID-19 that requires quarantine or isolation at the time of removal, a telemedicine option for the 3-day medical is acceptable. These children, if clinically stable, are not to be brought into a health care environment due to the risk of transmission. STAR Health, the child's medical provider and/or the local health authority are consulted for additional guidance.

CANS Assessments

There are now telehealth options for CANS assessments for children of all ages. Any STAR Health certified CANS assessor can opt to provide a telehealth CANS assessment. If the routine CANS assessor preferred by the caregiver or caseworker does not provide the assessment via telehealth, STAR Health can provide another CANS assessor option.

Texas Health Steps Medical Checkups

In-person Texas Health Step checkups are prioritized for newborns, infants, and young children under the age of two to stay current on recommended vaccines and developmental surveillance. While some health care providers may have limited capacity to provide well visits at this time many practices have instituted policies to maintain well visits for young children. Health and Human Services Commission has provided guidance to allow telehealth for some components of the Texas Health Steps exam, followed by a second, in-person exam to complete all Texas Health Steps requirements within 6 months. However, DFPS encourages continued in-person Texas Health Steps exams whenever possible and allows exceptions to the Texas Health Steps requirements if in-person exams are not accessible for youth in conservatorship.

Dental Appointments

The requirements for routine six-month dental checkups were originally suspended due to the public health emergency. As the vast majority of dental providers have resumed operations, DFPS encourages resumption of routine dental checkups (six-month healthy checks), as provider capacity allows. For urgent or emergency dental issues, continue to access dental health care as previously done and follow dental health professional recommendations.

The DFPS public website has a [link](#) to testing sites in Texas and a [page](#) with resources for parents, caregivers, providers and contractors. DFPS has an internal website not open to the general public on which it links and maintains information for staff on how to respond to the pandemic.