



**TEXAS**  
Department of Family  
and Protective Services

# **2024 Annual Progress & Services Report**

**Targeted Plan B – Health Care Oversight and  
Coordination Plan**

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# 2024 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;*
- *Indicate in the 2024 APSR if there are any changes or additions needed to the plan, including any changes informed by the state’s experience during the public health emergency. In a separate document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.*

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 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 (HHSC), 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, and other child advocates. DFPS collaborates with HHSC and STAR Health, to ensure oversight and coordination of health care services for children. Joint Team meetings with HHSC, STAR Health and DFPS staff are held bi-weekly to discuss health care provided to children in conservatorship, remove barriers, and plan innovations.

The STAR Health Plan includes features such as:

- Expedited enrollment for immediate access to Medicaid benefits;

- An initial medical exam for qualified youth within three business days of coming into conservatorship to screen for illnesses or injuries and get any needed treatment;
- Coverage of Texas Health Steps Checkups,<sup>1</sup> 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 (CANS) assessment of developmental and behavioral health care needs for children three years of age or older 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, who work closely with Child Protective Services (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 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 provisions in place to ensure 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 with these requirements. CPS caseworkers follow up with caregivers regarding the provision of

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

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 medical appointments, keep CPS updated about children's medical care, and ensure 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](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 years old. 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. In 2022, a provision was added to ensure youth age 16 years and above receive guidance from a healthcare provider on managing their medications. 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

- Notification of rights for 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 (with mental health specialists, substance abuse specialists, CANS specialists, and a Trauma Informed Care team). These staff all assist the direct delivery staff with technical assistance and 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) conducted by STAR Health and utilization of psychotropic medications for children in DFPS conservatorship. The group consists of medical doctors, psychiatrists, pharmacists, and other professional staff from STAR Health, HHSC, the Department of State Health Services, the University of Texas at Austin College 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 "Parameters"). The Parameters contain 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 6th version in June 2019. The Parameters are currently under review, a process conducted every few years. The results of this review are expected to be published by December 2023.

Evaluations of psychometric medication utilization show the prescribing of psychotropic medication for children in foster care have trended down since implementation of the parameters. Many national experts consider these Texas guidelines to ensure the appropriate use of psychotropic medications to be a best practice model and have asked to use the parameters in their states.

### **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 for qualified youth within three business days of entering foster care to screen for illnesses or injuries and provide any needed treatment;
- An initial Texas Health Steps medical checkup within 30 days of entering foster care and subsequent Texas Health Steps preventive medical checkups as outlined in the Texas Health Steps periodicity schedule;

- A CANS behavioral health assessment within 30 days of entering foster care for children three years of age or older;
- 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 and Behavioral Health Services teams provide training on the initial medical exam (including eligibility as determined in statute), Texas Health Steps requirements and CANS assessments to regional conservatorship staff. 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 fiscal year 2018, DFPS, HHSC, and STAR Health managed care organization created a “3 in 30” approach to assessment across the state. The “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 specific children have an initial medical exam within three business days of entering DFPS conservatorship. The 3-day medical exam is a medical screening to check for injuries or illnesses and intended to provide a baseline of an eligible youth or child’s physical health when they enter foster care. Youth who are removed for physical or sexual abuse, have an obvious injury, have a chronic medical condition, are considered medically complex, or have a mental health diagnosis qualify for the 3-day medical exam. 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 ages three and up and more frequent preventive checkups for children younger than three 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**

HHSC is the single state agency responsible for administering the Texas Medicaid program. 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 STAR Health to 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 to ensure 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 who requires service management assistance. HHSC Medicaid 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. The STAR Health Medicaid managed care contract was re-procured, and the new contract begins September 1, 2023.

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 and health care 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 HHSC to develop reports that help monitor compliance with Texas Health Steps medical checkup requirements. The CPS Medical Services Division provides guidance and support to field staff to help determine eligibility for and access to the 3-day medical exam. 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 Federal 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 HHSC to provide a Health Passport record for each child in DFPS conservatorship. The Health Passport electronic health record application is a STAR Health tool 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 (e.g., 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 (CASA) staff, certain authorized users for each residential operation, health care providers, single source continuum contractors, and CPS staff have access to the 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, as well as young adults who leave foster care after age 18.

CPS staff is 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 CASA, attorneys, 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 people 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, Section 264.018.

Although the medical consenters have the legal authority to consent to medical care, DFPS policy allows for other people involved in the case 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 regularly develop a health care service plan, provide medical case management, and outreach to caregivers. 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 will also receive service coordination. 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 and 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, CASA, and attorney's 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.

The youth's transition plan addresses physical and mental health care needs and resources. The plan 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 receive Medicaid at the time they age out the Texas foster care. Young adults age 18 to 20 years old remain enrolled in STAR Health, unless they opt out or choose to receive Medicaid benefits through STAR, the primary Medicaid managed care program for Texans. Young adults age 21 to 25 years old 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 years 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.

HHSC provides health care coverage for Texas youth who aged out of foster care in another state under an Interstate Compact for the Placement of Children agreement. This includes children and youth placed by DFPS in foster care in other states once they return to Texas and those placed in foster care in Texas from other state child welfare systems.

Note: During the COVID 19 pandemic health care emergency, Medicaid coverage continued even when eligibility for Medicaid ceased. With the end of the public health emergency, Texas Medicaid is processing changes to end or modify coverage for those who no longer qualify for STAR Health.

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 website.

### **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 age 3 to 17 years old. The CANS assessment is a comprehensive, developmentally appropriate, 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.

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.

CPS has one trauma-informed care manager and six regional trauma-informed care specialists. This program is part of the CPS Behavioral Health Services Division. These staff address the needs of families receiving Family Based Safety Services or who have a child in DFPS conservatorship. Trauma-informed care specialists provide support, resources, and technical assistance to direct delivery staff in their work with families experiencing trauma and trauma related behavioral health issues through every stage of service.

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.

Statewide trauma informed care training includes:

- DFPS trauma-informed care training 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 eight 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 or model to build upon the training already received. DFPS requires trauma-informed care training for all DFPS foster homes and completion is monitored by CPS 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 recruit's 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; and

- DFPS coordinates with the Texas 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 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 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 HHSC Behavioral Health Advisory Committee (also known as the Texas System of Care), and the HHSC 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 to 17 years old. 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. DFPS 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, as well as placement of children for adoption. The evaluations assist in case planning, service coordination, and determining recommendations to the court.

DFPS uses the CANS assessment to screen for trauma in children ages 3 to 17 years old 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 and parent child interaction therapies as part of the therapy services to the children and families 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 consentor and health care provider must complete and sign a psychotropic medication treatment consent form for each new psychotropic medication prescribed which 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 consentor must consider usage of non-pharmacological interventions prior to or concurrently with psychotropic medications. The medical consentor must ensure 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 consentors are required to ensure 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; and
- Decide whether continued use of the medication is appropriate.

With stakeholder input, DFPS developed a family friendly brochure titled "Making Decisions About Psychotropic Medications" which outlines 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 consentors, 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.**

Instituted in April 2008, STAR Health is a Medicaid managed care system for children in DFPS conservatorship with prescribing physicians clinically privileged under their

auspices. Medical and behavioral health care is covered by STAR Health through providers Superior Health Plan Network and Cenpatico Behavioral Health. STAR Health provides the internet-based Health Passport for each child which enables STAR Health, DFPS, and the child's caretaker to track each child's care (e.g., 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 medical exam, allows those who qualify for 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 to 17 years old participate in a CANS assessment. The CANS helps DFPS understand the impact of the trauma experienced and the children's level of coping skills. 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 years and younger who receive Medicaid. Texas Health Steps checkups are designed to find and treat medical and dental problems and 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.

Texas uses a best practice guide to ensure the proper use of psychotropic medications for the children in foster care. Continuously reviewed since its initial release in February 2005, the *Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health* serves as a resource for physicians and clinicians who care for children diagnosed with mental health disorders. Updated in June 2019, 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 reviewed if they fall outside of the Parameters. If the child's psychotropic medication regimen appears to be outside of the Parameters, the case is referred for a PMUR. 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 the 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 if changes are made.

STAR Health includes the use of a quality-of-care review process. Physicians with practice patterns of concern (identified through the PMUR process or by complaints by parties involved in the child's care) are thoroughly reviewed. Physicians who appear to consistently prescribe "outside Parameters" where concerns for risks to the child can be 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, HHSC, the Texas Department of State Health Services, The University of Texas at Austin College of Pharmacy, and STAR Health and manages the overall psychotropic medication monitoring program on an ongoing basis. Activities include quarterly review of HHSC data regarding medication usage and STAR Health reports on the PMUR outcomes. The group reviews the regular updates of the Parameters.

Processes are in place for quarterly psychotropic medication monitoring by HHSC's 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. DFPS Residential Operations ensure 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 conserter when needed. The court reviews 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 people involved in children's cases, such as biological parents, caregivers, medical conserter, residential childcare staff, CASA, and attorney's ad litem. Although the medical consenters have the legal authority to consent to medical care, other people 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 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 PMURs when indicated. A Psychotropic Medication Monitoring Group quarterly reviews data and plans innovations to improve the process.

Psychotropic medications prescribed to children in DFPS conservatorship are prescribed by credentialed medical professionals. STAR Health child and adolescent psychiatrists provide consultation to prescribers who are outside the parameters during the PMUR process. Texas statute requires the prescribing medical provider to see the child every 90 days. Prescribers may also access the Child Psychiatry Access Network (CPAN) which provides telehealth-based consultation and training to primary care providers. CPAN is part of the Texas Child Mental Health Care Consortium, created by the 86th Texas Legislature to leverage the expertise and capacity of the health-related institutions of higher education to help improve the mental health care system in Texas for children and adolescents.

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. The Health Passport provides detailed information on each psychotropic medication 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 utilization reviews of children’s records to determine their appropriate service level needs and monitor for compliance with the service level standards. Information reviewed in monitoring includes copies of assessments and psychological evaluations. Children with specialized and higher levels require reading every three months. An annual service review monitoring ensures each provider is meeting the indicators required to adequately address the needs of the children they 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 HHSC and the STAR Health managed care organization to monitor compliance with state policies and procedures. A few examples include the following:

**Data reflects fiscal year 2023 (to date, through March 14, 2023) at Turning Point based on the STAR Health managed care organization reporting:**

| <b>Event Type</b>   | <b>Total</b> | <b>Percentage</b> |
|---|--------------|-------------------|
| Psychiatric Hospital Diversions                             | 34           | N/A               |
| Placement Changes within 90 Days of Turning Point Discharge | 4            | 6.78%             |
| Hospitalizations within 90 Days of Turning Point Discharge  | 7            | 11.86%            |

## Psychotropic Medication Utilization Review (PMUR)

Data reflects fiscal year 2023 – Quarters 1 and 2:

| Screening Event   | Total | Percentage |
|---|-------|------------|
| PMUR Screenings Triggered   | 926   | NA         |
| Psychotropic Medication Reviews Screened, but not Needing Advanced Review | 848   | 91.58%     |
| <b>Total Psychotropic Medication Utilization Reviews Completed</b>        |       |            |
| Full  | 25    | 2.7%       |
| Abridged  | 53    | 5.72%      |
| Regimen Results   |       |            |
| Within Parameters   | 11    | 1.19%      |
| Outside Parameters, but within Standard of Care                           | 42    | 4.54%      |
| Outside Parameters with Opportunities to Reduce Medications               | 25    | 2.7%       |
| Outside Parameters with Risk or Evidence of Significant Side Effects      | 0     | 0          |

## Case Management Utilization

Data reflects March 14, 2023, based on STAR Health managed care organization reporting:

| Type of Service                               | Number of Cases | Percentage of Total Enrollment |
|---|-----------------|--------------------------------|
| Total Open Cases                              | 5,726           | 12%                            |
| Service Coordination: Care Coordination Level | 3,347           | 7%                             |
| Behavioral Health Service Management          | 1,444           | 3.03%                          |
| Physical Health Service Management            | 768             | 1.6%                           |
| Complex Care Management                       | 167             | 0.04%                          |

### Waiver Population Participation:

Data reflects September 1, 2021, to August 31, 2022, participation from a total estimated enrollment of 55,336 children and young adults.

| Waiver Type  | DFPS Children and Youth Served |
|--|--------------------------------|
| Deaf Blind with Multiple Disabilities (DBMD)             | 0                              |
| Community Living Assistance and Support Services (CLASS) | 4                              |
| Youth Empowerment Services (YES)                         | 238                            |
| Medically Dependent Children Program (MDCP)              | 110                            |
| Home and Community-based Services (HCS)                  | 238                            |
| Texas Home Living (TxHmL)                                | 5                              |

SOURCE: HHSC

HHSC 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:

<https://www.hhs.texas.gov/sites/default/files/documents/eqro-summary-of-activities-report-contract-yr-2021.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 DFPS care. The report provides information that compares the Medicaid programs, as well as the CHIP program with national Medicaid data.

In its report, HHSC documents compliance with mandatory protocols, such as federal and state Medicaid managed care regulations, performance measures, and performance improvement projects, as well as optional protocols for STAR Health and other Texas Medicaid programs. The report also publicizes results of client satisfaction surveys, Healthcare Effectiveness Data, and Information Set (HEDIS) and other quality measures, and compliance with Texas initiatives such as the Texas Health Steps program.

### Healthcare during COVID-19 Pandemic

DFPS monitored COVID-19 testing for children in DFPS conservatorship during the COVID-19 pandemic. A special mailbox was created for caregivers to report when a child in DFPS 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 DFPS Abuse Hotline. 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, claim-based information will be visible in Health Passport, including the test results.

For general health care services, there was an increased reliance on telehealth and flexibility where needed. Prior to the pandemic, telemedicine was not utilized often except for occasional psychiatric appointments. As the pandemic progressed, STAR Health increased availability for medical visits, behavioral health services, psychiatric appointments, and CANS assessments via telehealth. The CANS assessment was made a permanent telemedicine option, although in-person assessments are preferred. Use of telehealth provided expanded access to bilingual or specialty providers in areas where access was identified as an issue.

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.

As of June 19, 2022, every Texan age six months and older became eligible to receive a COVID-19 vaccine, including youth in DFPS conservatorship. Vaccination is recommended, but not required. On its public website and through communications, DFPS continues to inform staff, caregivers, and providers of changes in eligibility or vaccination guidelines. STAR Health can assist in finding a location for a vaccine appointment.

Youth in DFPS conservatorship who obtain a vaccine are provided a paper record. This document is very important, as it must be brought to the appointment for subsequent doses. Proof of vaccine administration is documented in the child's case file by scanning the paper record and uploading it into IMPACT. COVID-19 vaccines may also be entered into the statewide IMMTRAC system, which uploads into a youth's Health Passport monthly.

### **3-Day Medical Exam**

There are policy and practice changes underway regarding 3-day medical exams to ensure closer alignment with legislative intent. The law identifies six qualifying situations in which a child will receive a 3-day medical exam: physical or sexual abuse; obvious physical injury; chronic medical condition; medically complex condition; or diagnosed mental illness. These children will have a 3-day medical exam within three business days of removal. Updated training and guidance will be provided to staff by September 1, 2023.

### **CANS Assessments**

There are now telehealth options for CANS assessments for children of all ages, although in-person assessments are preferred. 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 years 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 have instituted policies to maintain well visits for young children. HHSC 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 six 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 DFPS conservatorship.

### **Dental Checkups**

All children six months and older receive an initial dental checkup within 30 days of entering DFPS conservatorship. Dental checkups occur every six months based on the periodicity schedule. For urgent or emergency dental issues, continue to access dental health care as previously done and follow dental health professional recommendations