



TEXAS
Department of Family
and Protective Services

Behavioral Health Services for Youth in DFPS Care

Listening Session and Survey Feedback from Stakeholders

September 2023

Table of Contents

- Executive Summary 1
- Introduction 3
- SWOT Survey 3
 - Results..... 4
- Listening Sessions 11
 - Results..... 12
- Key Themes..... 12
 - Increase Behavioral Health Services..... 13
 - Increase and Retain Providers..... 15
 - Improve the Quality of Providers 16
 - Improve the Quality of DFPS Services..... 17
 - Improve Communication..... 19
- Suggestions 20
- Future Plans 22

Executive Summary

The Department of Family and Protective Services (DFPS) requested that the Management Consulting Group (MCG) assist the Chief Strategist for Behavioral Health for DFPS with facilitating three virtual listening sessions across the state and gathering feedback through two surveys to staff and other stakeholder groups. The agency set out to hear about ways to improve access to services for youth in DFPS care and youth at risk of coming into DFPS care. This report details the results of the listening sessions and surveys and includes the internal and external stakeholders' proposed solutions.

Results

The first survey assessed the Strengths, Weaknesses, Opportunities, and Threats of behavioral health services for youth in DFPS care and collected more than 1,400 completed surveys from respondents that have experience with DFPS behavioral health system.

The department collected more than 60 comments from the listening sessions and the second post listening session survey. These comments focused around three questions:

- What is working?
- What is not working?
- What are your suggestions for improvement?

The top five categories in which the agency received feedback are:

1. Increase behavioral services provided.
2. Increase and retain the providers available.
3. Improve the quality of providers.
4. Improve the quality of DFPS services.
5. Improve communications.

Suggestions

The solution-based suggestions provide valuable feedback as DFPS works to improve its services. The suggestions were grouped into six main categories that address:

1. Improving continuity of care.
2. Improving how services are provided.
3. Improving communications for all stakeholders.
4. Determining and funding allowable services.
5. Developing training for parents, caregivers, providers, and caseworkers.
6. Increasing the number of providers.

Future Plans

The agency will leverage the information gathered to create a strategic approach to addressing the behavioral health needs of youth in DFPS care. Through this report, the information will be shared with DFPS leadership in conjunction with other state agencies committed to improving behavioral health outcomes for the youth and families we jointly serve.

Introduction

The 2023-2024 Child Protective Services (CPS) Business Plan¹ includes a goal on *Maximizing the Medical, Behavioral Health, and Educational Needs of Children and Youth Served by CPS*. One objective of the goal is to “continue strengthening collaborations with ongoing state and regional partnerships with external public and private service providers by hosting and participating in state and regional level meetings to discuss resources, challenges, gaps, and strategies and provide trainings to improve behavioral health and medical needs of children.”

Towards this end, the agency contracted with Texas Health and Human Services Commission (HHSC) to provide the services of a Chief Strategist for Behavioral Health for DFPS.² The Chief Strategist is tasked with assessing the perceived and actual gaps in behavioral health services for youth in DFPS conservatorship and youth at risk of coming into DFPS care. Additionally, the Chief Strategist will guide the development of the DFPS Behavioral Health Strategy Team that will provide on-going support and strategy development to mitigate the gaps in service identified.

MCG assisted the Chief Strategist in information gathering by developing a survey to capture feedback on gaps in services, facilitating three listening sessions, and launching an open-ended post listening session survey for additional feedback.

This report includes feedback on what is not working and proposed solutions by stakeholders from these listening sessions and surveys.

SWOT Survey

MCG launched the Strengths, Weaknesses, Opportunities, and Threats (SWOT) survey May 15, 2023. DFPS and HHSC shared the survey internally and externally through multiple broadcasts intended to reach the following stakeholder groups:

- Youth currently or previously in DFPS care who received behavioral health services.
- Family members, caregivers, and friends of youth who received behavioral health services.
- People who deliver some type of behavioral health service to youth in DFPS care (all types and all provider levels).
- People who work with the behavioral health system in other ways, including DFPS employees.

¹ [Child Protective Services Business Plan, FY 2023-2024, September 2022](#)

² DFPS hired the Chief Strategist for Behavioral Health in a permanent capacity to begin September 1, 2023.

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

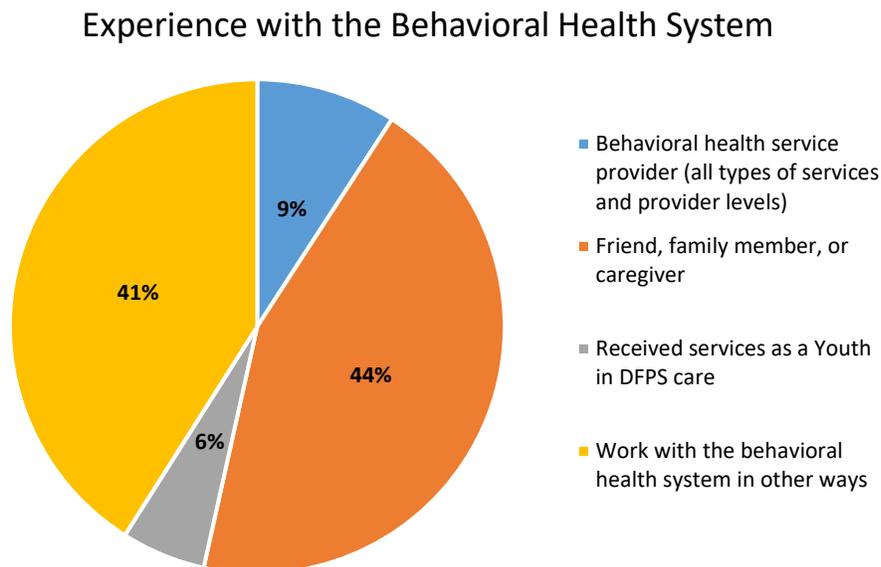
The DFPS Behavioral Health public webpage also contained a link to the survey.

The survey was open for two and a half weeks and received 2,254 responses. Of those, 1,451 had experience with the behavioral health system for DFPS youth, completed most of the survey, and were included in the analysis.

About the Respondents

Figure 1 shows that respondents represented four stakeholder groups with the majority being friends, family members, or caregivers of youth that received services (44 percent). The next largest group (41 percent) represented those that work with the behavioral health system. Providers represented 9 percent of all respondents, while youth that received services represented 6 percent.

Figure 1. Participant Demographics.



Source: MCG, Behavioral Health SWOT Survey, May 2023.

Results

The SWOT survey assessed three areas:

1. Current strengths, weakness, opportunities, and threats for delivering behavioral health services.
2. Perceived gaps in services.
3. Recommendations for improving access.

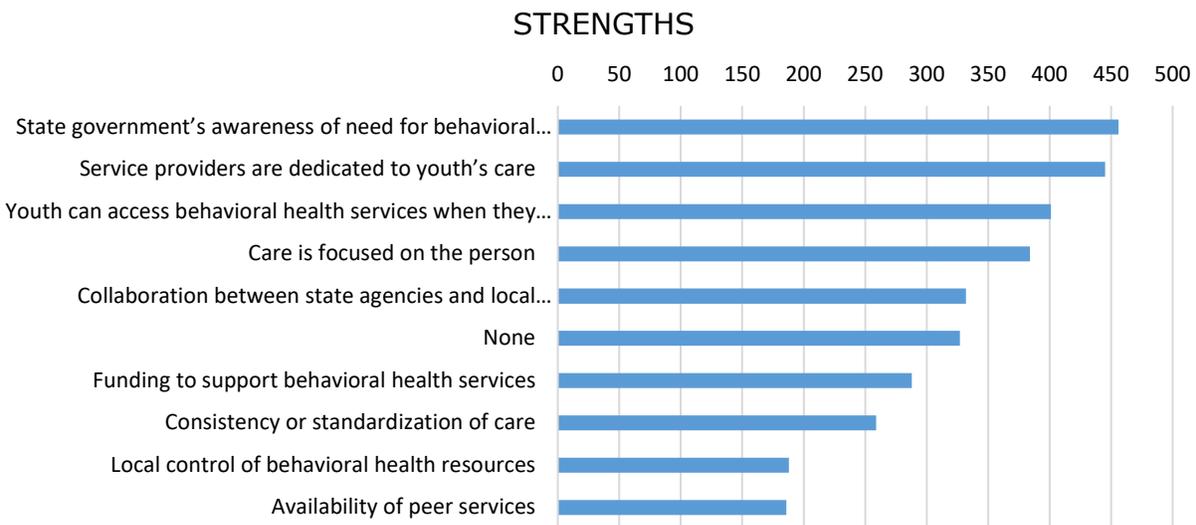
Strengths

The top three identified strengths were:

- State government’s awareness of need for behavioral health services.
- Service providers are dedicated to youth’s care.
- Youth can access behavioral health services when they need them.

The remaining categories are ranked in Figure 2.

Figure 2.



Source: MCG, Behavioral Health SWOT Survey, May 2023.

Weaknesses

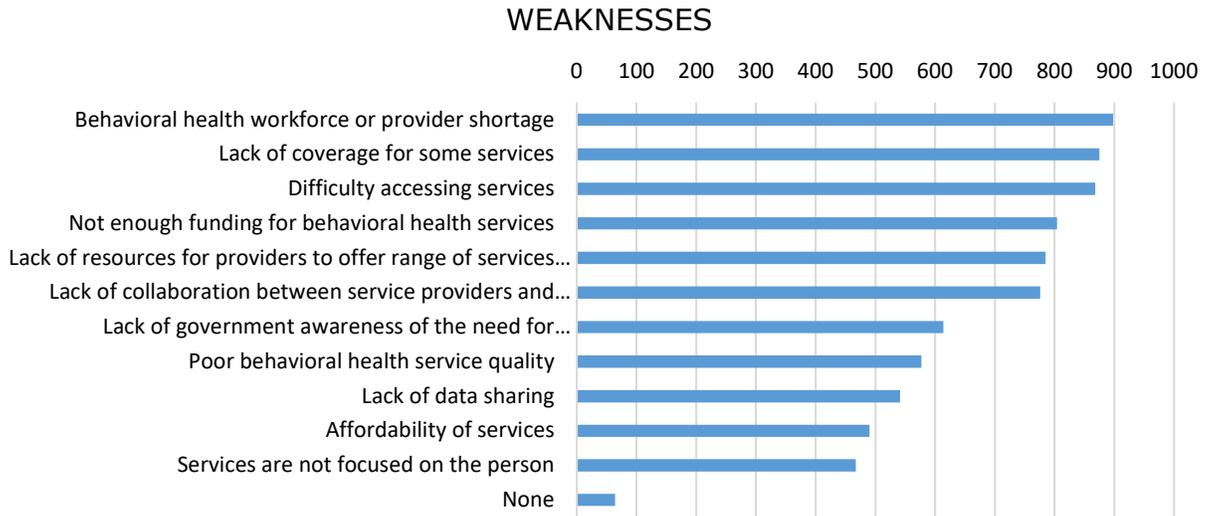
The top three identified weaknesses were:

- Behavioral health workforce or provider shortage.
- Lack of coverage for some services.
- Difficulty accessing services.

The identified categories are consistent with comments from the open-ended question in the SWOT survey regarding long wait times and need for more covered services. The remaining categories are ranked in Figure 3.

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

Figure 3.



Source: MCG, Behavioral Health SWOT Survey, May 2023.

Opportunities

The top three identified opportunities were:

- Attract more behavioral health service providers.
- Make services easier to find.
- Prevent disruptions in care (or continuity of care).

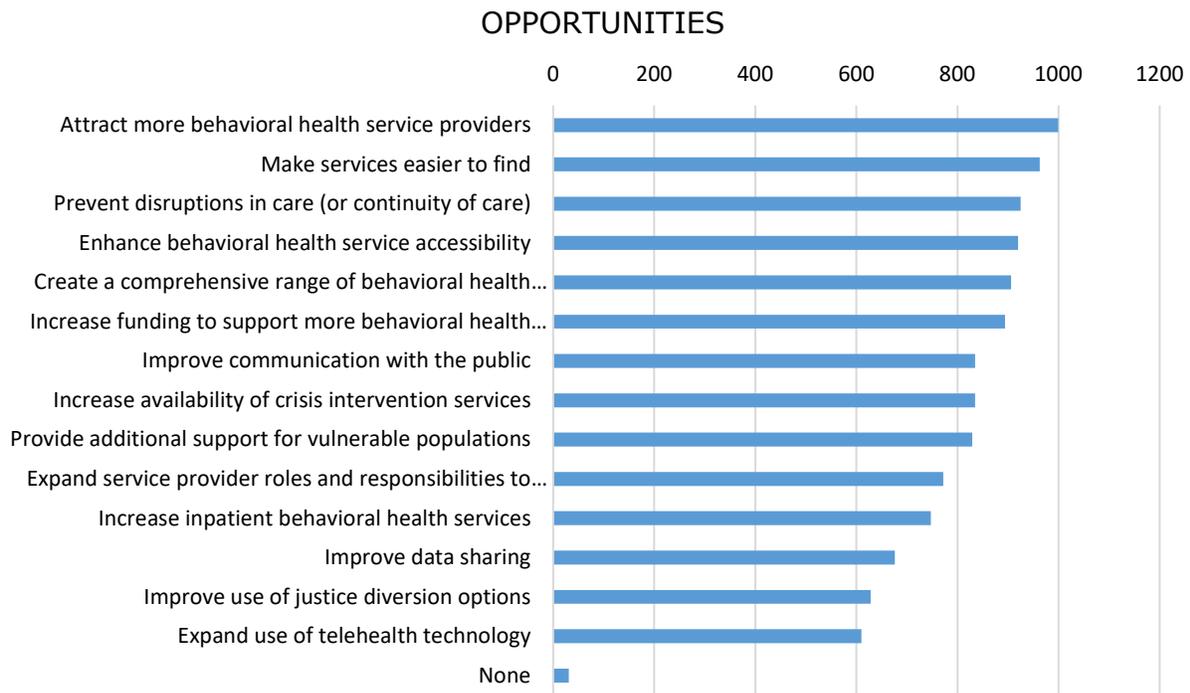
The identified categories are consistent with comments from the open-ended question regarding long wait times, the need for help connecting to services, and the need for more continuity of care.

It's notable that the lowest identified category beyond "none" was "Expand use of telehealth technology." Comments regarding the use of telehealth were mixed and are discussed in more depth in the Key Themes section of the report.

The remaining categories are ranked in Figure 4.

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

Figure 4.



Source: MCG, Behavioral Health SWOT Survey, May 2023.

Threats

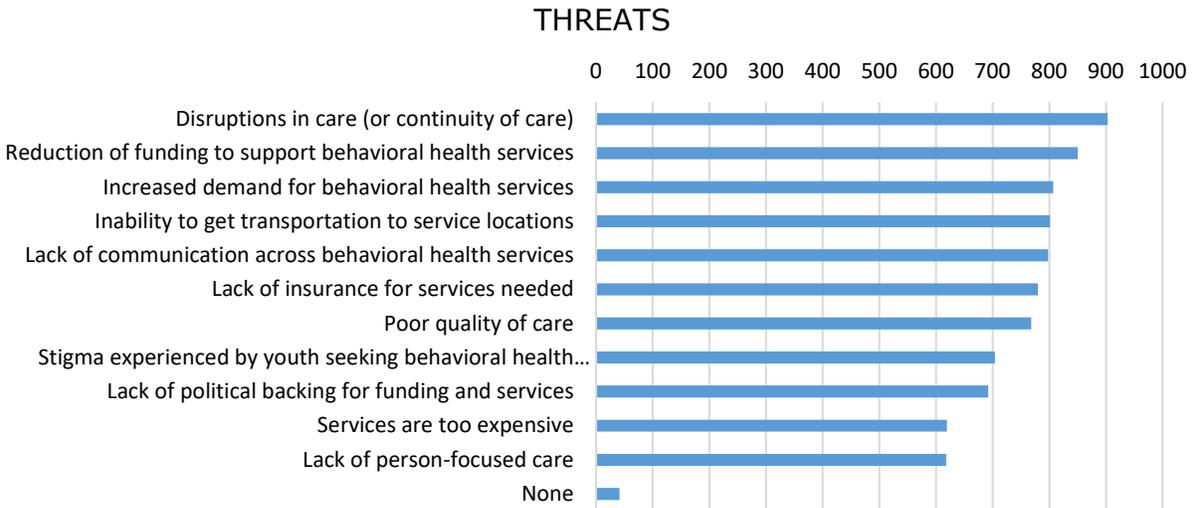
The top three identified threats were:

- Disruptions in care (or continuity of care).
- Reduction of funding to support behavioral health services.
- Increased demand for behavioral health services.

The remaining categories are ranked in Figure 5.

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

Figure 5.



Source: MCG, Behavioral Health SWOT Survey, May 2023.

Likert Scale Response

To evaluate perceived gaps in behavioral health services, respondents were asked to rate their agreement with statements based on their experience with the behavioral health system for youth in DFPS care.

The statements with the highest levels of disagreement (Strongly Disagree or Disagree) were:

- There are enough behavioral health workers to support the needs of youth and families in Texas (80 percent).
- Youth aging out of care with behavioral health conditions have secure housing options (75 percent).
- Public school students get the behavioral health services they need at school (71 percent).

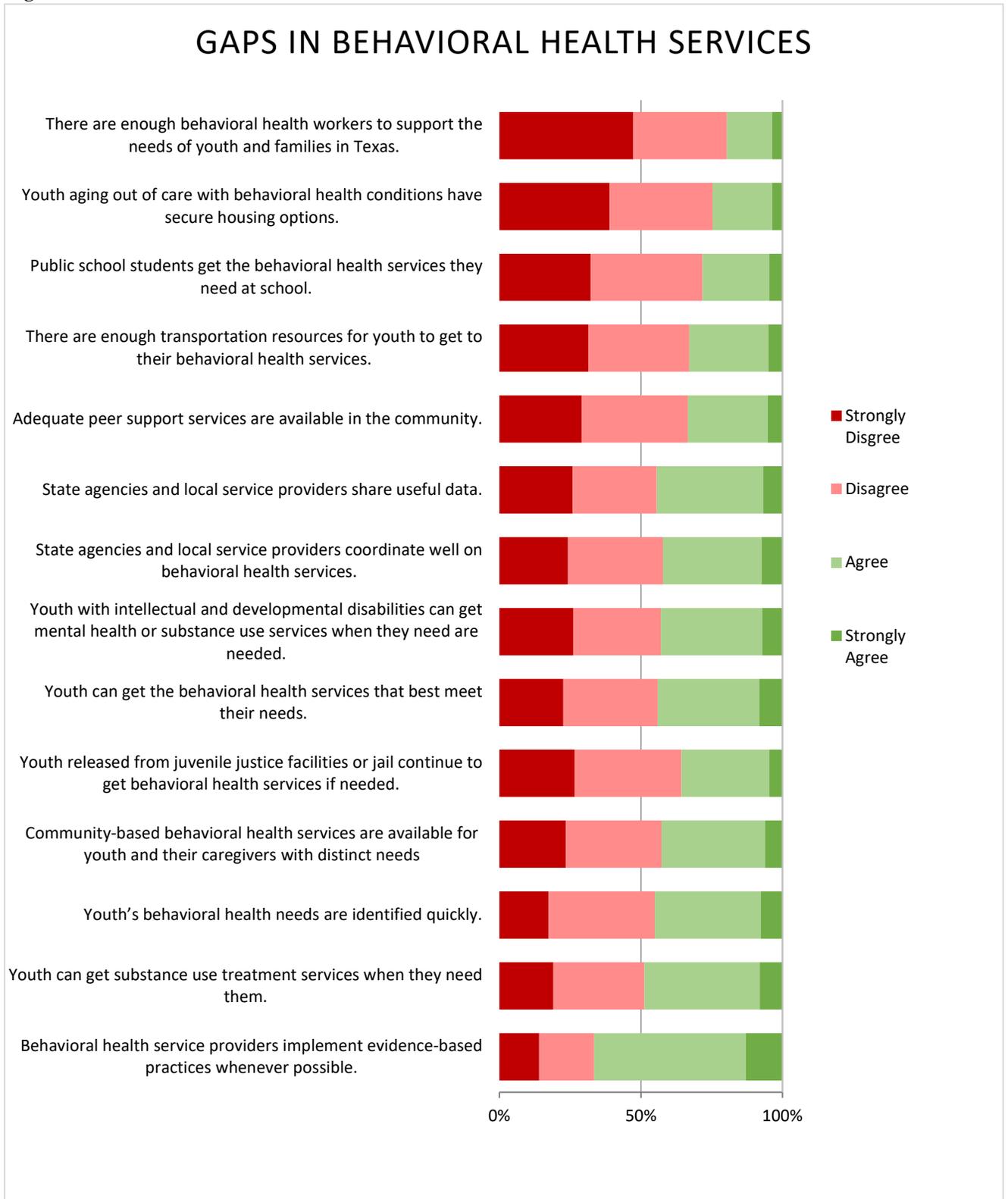
Only one statement had more than 50 percent agreement (Strongly Agree or Agree):

- Behavioral health service providers implement evidence-based practices whenever possible (66 percent).

Figure 6 shows all the statements included in the survey. Responses that selected “Does Not Apply” were not included in the analysis.

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

Figure 6.



Source: MCG, Behavioral Health SWOT Survey, May 2023.

Open-Ended Response

Of the 660 responses to the open-ended question, “Please provide your recommendations for improving access to mental health services and substance use services for youth and families involved with DFPS,” there were 584 total substantive comments. Comments not related to behavioral health (e.g., medical or dental health), and non-substantive comments that stated “NA” or “none” were removed from analysis.

Comments were tagged by topic. A comment could be tagged multiple times if it discussed multiple topics.

The topics identified included:

- Increase Services – Comments about the need for more types of services that are offered and covered through insurance.
- Increase & Retain Providers – Comments about long wait times or about ways to retain more providers to provide behavioral health services.
- Improve Quality of Providers – Negative comments about providers.
- Improve Quality of DFPS Services – Negative comments about DFPS casework or supports.
- Improve Communications – Comments that deal with communication issues from DFPS and to DFPS from providers.
- Positive Comments – Praise for DFPS.
- State Politics or Policies – Comments related to state laws or regulations or about how behavioral health is funded through the state.

Figure 7 shows the total frequency of topic identification. Figure 8 shows the frequency of topic areas mentioned in decreasing order by respondent type.

The Key Themes section of the report details more on the themes including subtopics and examples.

Figure 7: Topic areas shown in decreasing order by overall frequency.

Topics	Count
Increase Services	262
Increase & Retain Providers	230
Quality of Providers	196
Quality of DFPS Services	149
Communication	74
Positive Comments	30
State Politics or Policies	29
Total Topic Tags	996

Source: MCG, Behavioral Health SWOT Survey, May 2023.

Figure 8: Topic areas shown in order of decreasing frequency by respondent type.

	YOUTH THAT RECEIVED SERVICES IN DFPS CARE	FAMILY, FRIEND OR CAREGIVER	WORK WITH THE BEHAVIORAL HEALTH SYSTEM	PROVIDER
MOST ↓ LEAST	Increase Services	Increase Services	Increase Services	Increase & Retain Providers
	Increase & Retain Providers	Increase & Retain Providers	Quality of Providers	Increase Services
	Quality of DFPS Services	Quality of Providers	Increase & Retain Providers	Quality of Providers
	Quality of Providers	Quality of DFPS Services	Quality of DFPS Services	Quality of DFPS Services
	Communication	Communication	Communication	Communication
	Positive Comments	Positive Comments	State Politics/Policies	Positive Comments
	State Politics/Policies	State Politics/Policies	Positive Comments	State Politics/Policies

Source: MCG, Behavioral Health SWOT Survey, May 2023.

Listening Sessions

Three listening sessions were held for internal and external stakeholders in July 2023. Participation was open to all attendees statewide that pre-registered through Eventbrite. The events were publicized through broadcasts, the DFPS public website, DFPS social media accounts, and the agency welcomed all who were interested. An effort was made to invite stakeholders that represented a variety of viewpoints, including youth with lived experience, foster parents, caseworkers, providers, attorneys, judges, STAR Health employees, and advocates. One event was held on a Saturday to accommodate stakeholders who may not be able to attend during the week due to work or school obligations. Session attendance ranged from 62 to 132 participants.

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

All three sessions were attended by a listening panel representing multiple state agencies:

- Dr. Michal Pankratz – DFPS Medical Director
- Dr. Courtney Harvey – HHSC Office of Mental Health Coordination Associate Commissioner & Chair of the Statewide Behavioral Health Coordinating Council
- Dr. Ryan Van Ramshorst – HHSC Chief Medical Director, Medicaid & CHIP Services
- Dr. Scott LePor – Texas Juvenile Justice Division Medical Director
- Jamie Bernstein – Executive Director, Supreme Court of Texas Children’s Commission
- Kristi Taylor – Executive Director, Supreme Court of Texas Judicial Commission on Mental Health
- Julie Wayman – Texas Education Agency Director, Mental & Behavioral Health
- Kristy Carr – HHSC Associate Commissioner State Hospitals
- Laura Cazabon-Braly – HHSC Associate Commissioner State Supported Living Centers

The Chief Strategist introduced the listening panel and opened the floor for feedback based on three questions:

- What is working?
- What is not working?
- What are your suggestions for improvement?

Attendees were given three minutes to voice their perspectives. All attendees were encouraged to submit any additional feedback through a Microsoft Forms survey shared in the session Q&A, through a QR code, on the Behavioral Health website, and through a follow up to all registered emails whether they attended the session or not.

The transcript feature was used to capture the comments as they were made. All transcripts were separated into individual comments and captured in a spreadsheet. All comments were categorized by topic and subtopic. Comments could be categorized in one or more topic areas, as appropriate.

A total of 62 comments were captured from all listening events and the open-ended survey.

Results

When all responses from the three listening sessions and the survey are combined, the five most frequent responses are related to increasing services covered, increasing and retaining providers, improving the quality of providers, improving the quality of DFPS services, and improving communications from and to DFPS.

The Key Themes section of the report details more on the themes including subtopics and examples.

Key Themes

The comments from the SWOT survey, listening sessions, and open-ended survey were combined to identify key themes. To better describe each topic area, the five most frequently cited topic areas were broken down into subtopics, shown on the following pages.

Sample responses are included for each of the most frequent subtopics to help illustrate the type of comments found in each. The responses represent the views of respondents. While they may or may not be accurate, the responses highlight real and perceived gaps in services. Sample responses are noted in italics and were edited for clarity.

Increase Behavioral Health Services

The largest category of responses was the need for increased behavioral health services, with 299 responses. The largest subcategory was the need for more family support and therapy. The next largest subcategories were the types of therapy available and services for special populations. Examples of these subcategories are below.

Family supports and therapy

Multiple responses discussed the need for the entire family to receive counseling services to help deal with complex stress. Increasing services such as therapy for foster parents could prevent the need for new placements, and services for parents seeking reunification or post-reunification could prevent future removals.

“Trauma is contagious. If one person’s feeling pain, the whole family feels pain. Therefore, I believe that the whole family needs help, and it should be offered from day one.”

“A family counselor should be able to work with the parents and monitor the kids after reunification. I think those services are really important for preventing kids from getting back into the system.”

“If we could provide more skills, support, and therapy to parents caring for our adolescents, then we can help not only the adolescents with their emotion dysregulation, but also help caregivers stay regulated as they are parenting kids from really hard places.”

Additional Types of Therapies

One of the main goals of the listening sessions and surveys was to gain awareness of gaps in services. Many respondents named modes of trauma therapy that are helpful specifically for individuals who have experienced traumatic events but that are not covered for youth in DFPS care. Comments mentioned Eye Movement Desensitization & Reprocessing Therapy (EMDR)

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

most frequently as well as others such as Internal Family Systems Therapy (IFS) and Exposure Therapy.

“We need to focus on recruiting the best therapists, who have the most specialized training for these types of children who have suffered significant amounts of trauma. We need more therapists who are certified in EMDR, internal family systems therapy, and trauma- focused cognitive behavioral therapy.”

“Most children in DFPS care only have access to talk therapy or play therapy, while there are so many other types of interventions including EMDR, music, movement, art, equine, etc.”

Special Populations

Many comments advocated for services for specific populations of youth emphasizing that needs for behavioral health services are not one-size-fits-all. The specific populations mentioned most frequently included:

- Youth aging of out care.
- Youth with a disability or an intellectual or developmental disorder (IDD) such as non-verbal autism.
- Youth with higher service needs, such as those carrying out major self-injurious actions.
- Preschool aged children.

The sections below contain examples of comments in these subcategories.

For Youth Aging Out

“Most foster children 18 and older leave foster care without transportation, housing, and identification.”

“Monthly therapy and a PALs class doesn’t make for successful adults. It’s a Band-aid on a gunshot wound.”

For Youth with Disabilities or IDD

“The criteria are too strict for persons with disabilities. It needs to be updated as each child is unique with different parameters of needs.”

For Youth with Higher Service Needs

“We need more funding for youth in need of high need services in residential settings.”

“We need more access to small therapeutic residential treatment centers (with 24hr nurse and psychiatric care) for both kids in care and families seeking resources.”

For Preschool-Aged Children

“We were told she’s too young at age 2. Then we were told there are play therapists for her age but none that accept the state’s insurance. Her behavior is dangerous at times. We can tell something awful happened but do not have the tools to help.”

Increase and Retain Providers

The second largest category, with 256 responses, was the need to increase and retain providers. Top subcategories were payments and rates, long waitlists, and local access to providers.

Payments and Rates

In response to the lack of providers, respondents mentioned the need to raise payment rates and to pay providers on time. Many comments referenced providers no longer accepting Superior, not being reimbursed for services or not being reimbursed enough to cover expenses. Additionally, some providers mentioned not feeling supported by HHSC in resolving payment issues with Managed Care Organizations (MCOs) like Superior.

Lowering turnover and retention of providers is important for continuity of care with youth receiving services. More comments regarding continuity of care are discussed later in the report. The suggestions section of the report references more potential solutions for retaining current providers and incentivizing new providers.

“There is a lack of providers because the reimbursement rate is not sufficient to support staff adequately.”

“Providers are not being paid for their services. Then they end up quitting and these kids have to transition to another counselor. It disrupts care.”

“Make it easier for mental healthcare providers to receive adequate compensation in a timely manner.”

“Attract diverse, qualified people to enter the mental health profession and pay them a living wage.”

“We need to pay behavioral health providers the actual market cost, so they don’t have to leave for private practice to survive.”

Long Waitlists

Respondents commented frequently on the lack of mental health providers and cited long waits of two to six months to receive services as a common occurrence.

“The most common issue we run into in trying to support our youth is that there are not enough mental health providers.”

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

“When my foster placement was suicidal, we couldn’t get him inpatient care anywhere within 6 hours of us, and even the psychologists had several months of waitlist. That’s not acceptable for a child at true risk of ending their life.”

Local Access

Many respondents spoke to the need for more access to therapy where they live, and approximately half of those referenced a lack of services in rural areas.

“Our family lives an hour and half from The Woodlands/Houston area, and I waited for 2 years, yes 2 years, for my son to be able to get an appointment.”

“Rural West Texas does not have adequate outpatient or inpatient behavioral health treatment options for youth.”

“Provide more options at the local level. Our local Mental Health and Developmental Disabilities Center (MHDD) does not have a psychiatrist on staff, too much telehealth.”

Improve the Quality of Providers

Respondents negatively referenced the quality of providers in 218 comments. The top subcategories were continuity of care, need for individualized care, and accountability for evidence-based practices and time spent with youth.

Continuity of Care

Respondents shared how difficult it is for youth to have a stable therapeutic connection with high therapist turnover and when placements change multiple times. Continuity of care for these youth is impacted when therapy notes and data aren’t shared with caseworkers or between providers.

“I don’t know how many times I have heard a young person say that they were so tired of telling their story. By the third or fourth move, the child has given up and just refuses to talk to anyone about the underlying issues they are struggling with.”

“The youth are forced to change therapists every time they move placement, which is often! It takes months to get comfortable and open up to your therapist, and they don’t get that time. As soon as they get comfortable, they’re forced to start all over.”

More Individualized Therapy Needed

The quality of providers was often stated to be low due to feelings they are “just checking a box.” Respondents stated that treatment should be tailored to the child's needs and not just basic generalized services.

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

“Mental health disorders are often treated by medication. Trauma is healed through loving relationships, safe experiences to promote neurological rewiring, and tools to process feelings of fear and traumatic memories. We must ask: Are we actually providing safe, connective, and healing experiences for children when they enter foster care?”

“We are seeing clinicians that are not practicing evidence-based models such as DBT, CBT, exposure-based therapies for trauma. Putting a kid in the wrong kind of therapy, makes things worse. I think we should use our money to put them in the right kinds of therapy.”

“One of the biggest issues is long term residential facilities for youth with mental health needs.”

“Children that have experienced trauma have a brain that is wired differently. It’s not wired to connect; it’s wired to protect. Because of that normal counseling, normal sticker charts, normal everything does not work.”

Accountability for Treatment

Respondents want high-quality providers for youth that spend adequate time in treatment and implement evidence-based practices. It’s also important to note, that while telehealth was frequently noted as an avenue for increasing access to services, it was just as frequently faulted for creating low-quality therapeutic experiences.

“There’s a lot of evaluation, a lot of case management, a lot of screenings and intake, but very, very little real treatment.”

Improve the Quality of DFPS Services

Respondents expressed desire for improving the quality of DFPS services in 178 comments. The top subcategories were help connect families to services, have earlier interventions, and support recommendations by providers.

Help Connect Families to Services

Many respondents noted the lack of awareness of services available. Caregivers asked for help from DFPS to navigate the system and get connected to services and resources. Many responses spoke to the need for transportation services to help reach appointments. Respondents also discussed how caseworkers blame foster and adoptive parents when placements struggle due to behavior issues.

Help with Navigating the System

“There has been wonderful communication with CPS/OCOK workers in terms of kids needs but I was on my own on finding resources for the children.”

Behavioral Health Services for Youth in DFPS Care: Listening Session and Survey Feedback from Stakeholders

“CPS has called me when judges have asked more about DBT, and the judge will say ‘yes, we want it,’ and then there’s a disconnect in terms of getting it set up.”

“As a case manager, I find there is not enough information shared on services of any type for youth and families.”

Help with Transportation

“Many of our clients do not have reliable transportation, are not able to take off work to participate in services, or time after work to drive 35-40 miles for services.”

Help Foster and Adoptive Parents

“There is a definite gap for adoptive parents that are trying to seek help for their children when they hit “crisis mode”, usually around puberty, before they become addicted to drugs or end up in juvenile courts.”

“It is heartbreaking that parents who have stepped up to really help these children from hard places are then being charged with neglect and made it to be that it is a parenting failure versus a lack of resources and support.”

“Children may have been taken very early in life and later they’re diagnosed with reactive attachment disorder, specifically in boys. When they’re getting to be 12 to 16 years old, they can be very violent. They can be to the point where parents simply cannot handle these children, and then I’ve come to the department and then the department is treating the parents as though they are the problem.”

Caseworkers Should Follow the Recommendations of Providers

“RTC was recommended for a girl that had been sexually abused. That was denied by her case manager, and it led to so many more problems post adoption. It’s been crazy in our house. If she had been approved by her caseworker to get those services, we know that she would be healing right now, whereas right now she is struggling to even survive.”

Offer Early Intervention

Respondents asked for earlier interventions for youth. Some expressed that all youth in DFPS care have experienced trauma, and mental health services should be initiated for all youth in care.

“Over the years I have seen a “waiting to fail” mentality for services. We need to address issues early and consistently for this population.”

Improve Communication

Respondents noted in 84 comments the need for improved communication between caseworkers, service providers, and caregivers. The top communication concerns were caregivers needing updated service provider lists, caregivers needing more transparency regarding removals and placements, all parties requesting better access to provider therapy notes, and more involvement with schools and the education system.

More Transparency Regarding Removals and Placements

Foster parents spoke on the need for more transparency for why children are removed or are changing placements. Some respondents felt more information from DFPS would make for better initial matches between caregivers and youth leading to more stable placements.

“We knew nothing, and no one was giving us any information. It was like pulling teeth to get any case worker, anyone, to explain anything to us.”

Better Information Sharing from Providers

Caseworkers and caregivers both requested better access to provider therapy notes. As mentioned previously, respondents noted access to therapy notes is important for continuity of care and important for allowing DFPS to support service provision.

“Our foster kids are having to retell their traumas 3,4,5 times because there is no data sharing between providers.”

“Create a better way to receive therapist reports. Caseworkers have to bother the therapist for his/her notes, reports, etc.”

Communication with Education System/Schools and Courts

Respondents commented on the need for better collaboration with schools and the court system. Commentors also spoke on the need to educate caregivers and advocates on services available within the education system. Responses also noted that caseworkers and courts must communicate to keep youth in care out of the juvenile justice system.

“If a CASA advocate is not aware of Individualized Education Program (IEP) terms and how they work in relation to a school setting, it could be ineffective for the court to require the advocate to attend IEP meetings.”

“The lack of therapy referral through/from the school is embarrassing.”

“My frustrations stem from the issues that arise when a youth under 17 in foster care, commits a crime and ends up in the juvenile justice system. DFPS Caseworkers do not understand or appreciate that they are the parent or ‘other suitable person,’ and if they don’t appear for the detention hearing the youth will be detained.”

Suggestions

Throughout the listening sessions and surveys, respondents were asked for their ideas for how to improve behavioral health services. The following are the compiled solutions proposed by stakeholders from all three listening sessions and both surveys. Under each heading are solution-based suggestions for how to improve in this area.

Improving Continuity of Care

- Allow providers to follow the youth, even if it's through teletherapy.
- Mobile counseling units.
- Give a child a three-day supply of the prescribed medications at discharge to minimize the lapse of receiving medication when there are issues with Medicaid or the pharmacy.

Improving How Services are Provided

- Adjust CANS recommendations based on zip code. "Peer based support groups" is a useless recommendation if a given area if there are no available peer-based support groups.
- Schools should provide a space for and allow therapists to provide therapy to students during the day.
- Adopt a tiered framework (similar to response to intervention (RTI) in education) to provide services immediately.
- Early intervention – pre-load services so children do not end up in crisis.
- Fund kids and young adults for all needed services up to age 25 without question.

Improving Communication for all Stakeholders

- Living document of local providers.
- Universal release forms for information sharing.
- Build a relationship between speech/language providers and behavioral health.
- Continue the listening sessions as this is the key to change.
- Reach out to those that understand multiple disabilities and their interactions with trauma and behavior health (specifically children with autism, intellectual disability, language disorders etc.).
- For consistency with providers turning in therapy notes, a portal could be set up where the therapists submit their notes every month. The portal information could be accessed every month by CPS caseworkers or Child Placing Agency case managers to keep in compliance with obtaining those notes.

Determining and Funding Allowable Services

- Determine an existing clearinghouse (like the Title IV-E) and fully endorse Medicaid reimbursement for all supported evidence-based practices OR establish a Texas clearinghouse for the same purpose.
- Allow non-profit BH providers access to general revenue that is given solely to LMHAs for providing care to the foster care population.
- Unbundle service provision from LMHAs to allow multiple providers.
- Introduce a voucher system for therapy services.

Developing Training for Parents, Caregivers, Providers, and Caseworkers

- Train more respite providers.
- Provide training in Mental Health First Aid, Trauma-Informed Care and De-escalation to schools, first responders, churches, and communities to help the families get the support they need. Families need support that is available to help weekends and evenings when professionals are not available.
- Teach parents de-escalation techniques and other education for parenting/foster parenting a child with behavior health issues.
- More training for all caseworkers on trauma informed care.
- For the current therapists that are under STAR Health Foster Care Medicaid to be provided with the option to receive further training for other types of therapies that could be beneficial to our children in care.

Increasing the number of Providers

- Open the approved providers to encompass LPC-Associates, Masters student counselors, and other licensees working on their hours.
- Create data on providers and monitor it to see the trends of providers dropping out.
- Allow licensed/certified service providers who are not part of the Medicaid/Superior Foster Care system who are willing to provide services free of charge (such as an in-kind donation to a non-profit agency, volunteer hours, etc.) the opportunity to do so.
- Recruitment opportunities for providers to learn about Superior/STAR Health or taking form 2054s.
- Increase the number of trained respite providers.
- Have summer camps with trained respite providers. Use churches members to train and provide respite for a night or two. Help families find natural supports.

Future Plans

The new DFPS Office of Behavioral Health Strategy (OBHS) and new position of Chief Strategist for Behavioral Health were created to help DFPS better understand and address the behavioral health needs of children and families. OBHS will leverage the information gathered in this report to create a strategic approach to addressing the behavioral health needs of youth in DFPS care.

As noted throughout the report, youth in DFPS care are also served by Texas Health and Human Services Commission, Texas Education Agency, the court system, and for some, the Texas Juvenile Justice Department. The information gathered will be shared with DFPS leadership in conjunction with other state agencies committed to improving behavioral health outcomes for the youth and families we jointly serve. Agencies across the state must work together to help young Texans access the behavioral health services they need, and it will take all the agencies working in partnership to realize the improvements suggested.

Developed in collaboration with the Department of Family and Protective Services (DFPS) Office of Behavioral Health Strategy (OBHS) and the Management Consulting Group (MCG)

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