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**Overview:
Texas Resiliency and
Recovery
Service Delivery Model**

Children and Adolescents

What is the TRR model?

- In Texas, the service delivery system for community-based mental health services is the Texas Resiliency and Recovery (TRR) model.
- TRR model establishes who is eligible to receive mental health services, determines a recommended level of care, and provides guidance about level of care authorization.
- TRR model is driven by the intensity of need per individual's mental and behavioral health difficulties.
- TRR model values the individual's natural support systems and strengths to foster resilience and recovery



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Child and Adolescent Needs and Strengths Assessment

- Child and Adolescent Needs and Strengths Assessment (CANS) assessment tool is used to support decision making about children and adolescents, including eligibility for community mental health services, selection of the level of care (LOC), recovery/treatment planning, quality improvement initiatives, and monitoring of service outcomes.
- Completed upon intake for services and every 90 days thereafter
- Two versions developed to meet the needs of the developmental age of the child:
 - ▶ CANS 3-5 (children from 3-5 years old)
 - ▶ CANS 6-17 (children and adolescents from 6-17 years old)
- Standardized training and certification
 - ▶ Required annual re-certification from PRAED foundation



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Levels of Care

- The TRR LOCs are the building blocks of a system of care built on the foundational elements of resiliency and recovery.
- Most LOCs allow for great flexibility in the types of services provided.
- The individual and family determines what supports they may or may not need. The child/adolescent and caregivers are in the driving seat of their treatment services.



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Levels of Care by Order



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- LOC-0: Crisis Services
- LOC-1: Medication Management
- LOC-2: Targeted Services
- LOC-3: Complex Services
- LOC-4: Intensive Family Services
- LOC-YC: Young Child Services
- LOC-5: Transition Services
- LOC-YES: Youth Empowerment Services Waiver
- LOC-RTC: Residential Treatment Center Services
- LOC-EO: Early Onset
- LOC-TAY: Transition Age Youth

Level of Care 0: Crisis

Purpose for Level of Care

- The services in this LOC are brief interventions provided to individuals experiencing a mental health crisis.
- Services are intended to resolve the crisis, avoid more intensive and restrictive intervention, and prevent additional crisis events.
- Any service offered must meet medical necessity criteria.



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Level of Care 1: Medication Management

Purpose for Level of Care

- The services in this LOC are intended to meet the needs of children/adolescents whose only identified treatment need is medication management.
- The purpose of this LOC is to enable these children/adolescents to maintain stability and utilize their natural supports and identified strengths to help them transition to community-based providers and resources, if available.



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Level of Care 2: Targeted Services

Purpose for Level of Care

- The purpose of this LOC is to improve mood symptoms or address behavioral treatment needs, while building strengths in the children/adolescents and caregivers.
- The services in this LOC are intended to meet the needs of the children/adolescents with identified emotional *or* behavioral treatment needs that impair their overall level of functioning.



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Level of Care 3: Complex Services

Purpose of Level of Care

- The services in this LOC are intended to meet the needs of the child/adolescent with identified behavioral *and* emotional treatment needs.
- Child/adolescent may also exhibit moderate functional impairments that require multiple service interventions.



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Level of Care 4: Intensive Family Services

Purpose of Level of Care

- The services in this LOC are intended to meet the needs of the child/adolescent with identified behavioral and/or emotional treatment needs, who are involved with multiple child-serving systems, or who are at risk for removal from their home or community.
- LOC-4 provides intensive services to children/adolescents and caregivers delivered within a strengths-based team planning process known as **Wraparound**.



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Level of Care-YES: YES-Waiver

Purpose of Level of Care

- YES services are family-centered, coordinated, and effective at preventing out-of-home placement and promoting lifelong independence and self-defined success.
- Ages 3-18
- Ensure families have access to non-traditional support services identified in a family-centered planning process.
- Provide a more complete continuum of community-based services and supports.
- YES-Waiver provides intensive services to youth and families delivered within a strengths-based team planning process known as **Wraparound**.



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Intensive Case Management and Wraparound Planning

- Intensive case management (ICM) is utilized to develop a Wraparound/ICM plan using the Wraparound process: a family-centered planning process.
- Wraparound Planning Process Core Values:
 - ▶ Client centered and family driven
 - ▶ Builds on and develops natural supports
 - ▶ Culturally competent
 - ▶ Team approach
- National Wraparound Implementation Center (NWIC) is the model and training institution for Wraparound to ensure policy adherence for the delivery of ICM services.



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Level of Care RTC: Residential Treatment Center

Purpose of Level of Care

- The services in this LOC are intended to meet the needs of children/adolescents who are admitted to contracted Residential Treatment Centers (RTCs) through the HHSC/DFPS RTC Project.
 - ▶ LOC-RTC is not intended for youth admitted to the Waco Center for Youth or to private RTCs outside of the RTC Project.
- RTC Project goal is to reunite the caregivers with their children/adolescent after treatment is completed, and help transition them into the community. Youth should be referred to other services including LOC-4 and YES Waiver.



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Level of Care YC: Young Child

Purpose of Level of Care

- The services in this LOC are intended to meet the needs of young children (ages 3-5) with identified behavioral and/or emotional treatment needs. These young children may also exhibit a moderate functioning impairment requiring multiple service interventions.
- In this LOC, the participation of the caregivers in all services is strongly recommended.
- Children in this LOC are eligible for ICM.



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Level of Care EO: Early Onset

Purpose of Level of Care

- Specialized treatment approach for individuals experiencing their first episode of psychosis
- Ages 15-30
- Coordinated Specialty Care (CSC) Teams trained in the CSC model provide both the clinical and support services for these individuals, with a focus on resilience and recovery.
 - ▶ Not all LMHAs/LBHAS offer CSC services



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Level of Care TAY: Transition Age Youth

Purpose of Level of Care

- Youth discharging from Children's Mental Health Services (CMH) with intent to transition into Adult Mental Health Services. CMH services provided end the day before the youth's 18th birthday.
 - ▶ Youth who have a history of, or are currently high-needs
 - ▶ Involved in at least two social services agencies.
 - ▶ Youth may obtain skills necessary for success in transition to adulthood
- LOC-TAY allows youths to continue or to access ICM services past age 17



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Level of Care 5: Transitional Services

Purpose of Level of Care

- The services in this LOC are intended to assist child/adolescent in maintaining stability, preventing additional crisis events, and to continue mental and behavioral health engagement and services, or assist obtaining appropriate community-based services.



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Additional Resources



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- TRR Utilization Management Guidelines
 - ▶ 2016 Version: Children and Adolescents
- Family Guide (HHSC website)
- NWIC Training Calendar
<https://theinstitute.umaryland.edu/media/ssw/institute/texas-center-documents/FY-2020-Wraparound-Training-Calendar.pdf>



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Thank you

Children's Mental Health Team
Mental Health Programs, Planning, and Policy
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The Residential Treatment Center Project

**Strengthening Families,
Changing Lives**

Objectives



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- Overview
- History of the Residential Treatment Center (RTC) Project
- Eligibility Criteria
- Processes and Procedures

What is the RTC Project?



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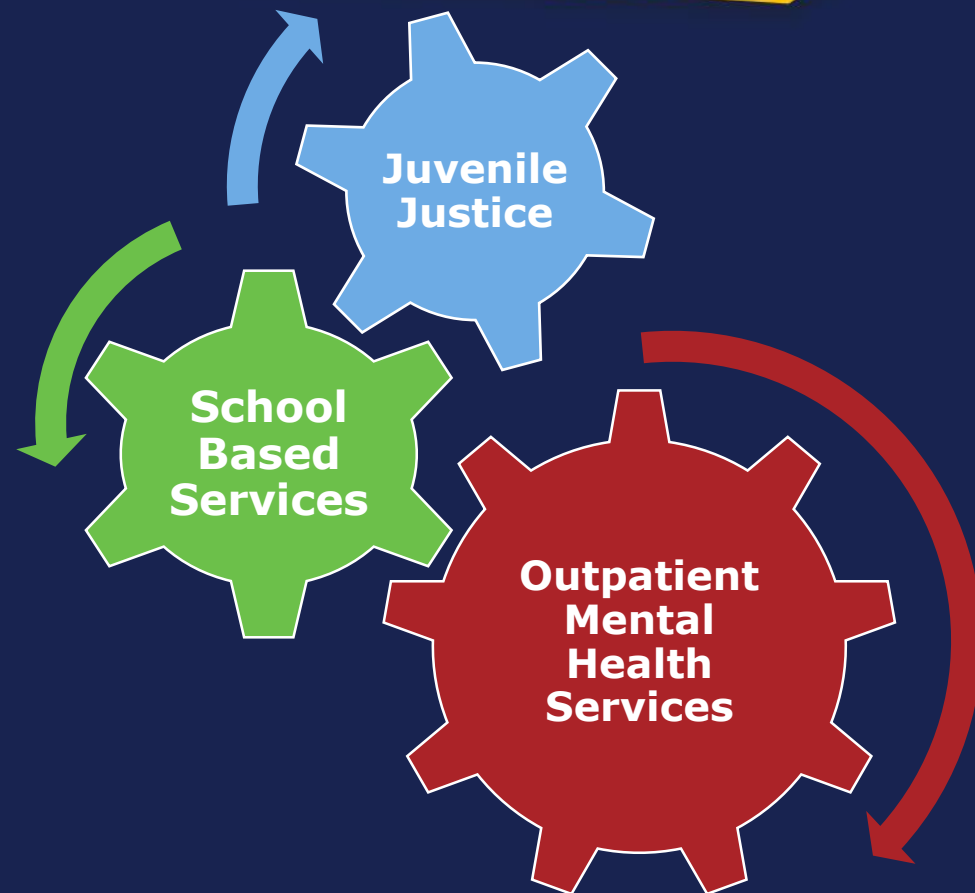
The RTC Project provides **intensive mental health support** for families who are **at-risk of surrendering parental rights** because they cannot access the proper **mental health care** for their child to remain at home.

Families At-Risk



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- Families who receive services through the RTC Project have children with complex mental health needs.
- Many families have experienced years of multi-system involvement across child-serving agencies and have exhausted community mental health resources.





Potential Impact of Surrendering Parental Rights



Potential Impact on Child

- Interrupted education
- Disruption of familial relationships
- Disruption of peer relationships
- Entry into the juvenile justice or child welfare systems
- Disruption of residential stability (e.g., multiple placements in residential treatment, group homes)

Potential Impact on Parent

- Grief, trauma, and loss
- Loss of parental rights
- Involvement with family court proceedings
- Legal determination of "*abuse, neglect or refusal to accept parental responsibility*"
- Placement on child abuse registry
- Marital/familial conflict
- Stigma and judgment from society



A Family-Focused Solution



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- Texas Family Code Chapter 262, as amended by Senate Bill 44, 83rd Legislature, Regular Session, 2013, created the Residential Treatment Center Relinquishment Avoidance Project.
- The RTC Project is a **joint collaboration** between the Texas Health and Human Services Commission and the Department of Family Protective Services.
- Families are matched with state-funded residential placement that meets the mental health needs of their child while **maintaining full custody and rights** as a parent or guardian.

RTC Project Goals – Keeping Families Together

- Serve children and youth ages 5-17 with a diagnosed serious emotional disturbance (SED) whose parents do not have the resources to access RTC placement
- Prevent families from surrendering their parental rights to the child welfare system by providing access to intensive residential treatment to address their child's mental health needs



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Overview of Roles



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- Receives initial referral
- Submits referral to the RTC Project
- Assists the family and LMHA/LBHA with submitting the referral paperwork
- Provides additional support to the family as needed, while the child is on the waitlist

Step 1:
Department
of Family
Protective
Services

- Provides oversight for the RTC Project
- Approves eligibility through the RTC Project
- Provides technical assistance and support for complex cases
- Sends referrals to RTCs that may meet the child's needs
- Approves continued placement and funding

Step 2:
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Commission

- Provides clinical treatment for the child
- Schedules treatment services, which include individual and family therapy
- Ensures family engagement in treatment process
- Assesses readiness for community transition, in collaboration with the family and LMHA/LBHA

Home

Step 4:
Residential
Treatment
Center

- Completes the Child and Adolescent Needs and Strengths (CANS) Assessment
- Coordinates outpatient services and referrals before and after placement
- Supports the family while the child is in placement
- Collaborates with the family, the RTC, HHSC, and DFPS to obtain necessary documentation for application

Step 3:
Local Mental
Health Authority/
Local Behavioral
Health Authority



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Eligibility Criteria

1. Child/youth is between the ages of 5-17;
2. Child/youth has a diagnosed SED;
3. Child/youth meets clinical criteria necessary for a residential level of care, as documented by psychological testing and medical records;
4. Child/youth has attempted to access community resources and their mental health needs cannot be met;
5. Family is at-risk of surrendering their parental rights due to the severity of their child's mental health needs; and
6. Family is willing and able to support the mental health needs of their child throughout the treatment process.

Referral Process



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Families interested in receiving support through the RTC Project must contact the Department of Family Protective Services at **1-800-252-5400** or www.txabusehotline.org.

Parents should mention that they are trying to access mental health resources through DFPS or refer to the *Mental Health Support Protocol*.



Referral Process



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HHSC and DFPS partner together to provide support for families.

- A DFPS caseworker is assigned to the family's case throughout the referral process and works with the family until the point that the child is admitted into placement.
- Based on the family's needs, they may also be eligible for other services through DFPS, such as Family-Based Safety Services.



Referral Process



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The LMHA/LBHA is another important partner during the referral process. The LMHA/LBHA supports the family by:

- Collaborating with the DFPS caseworker to gather and submit the required application materials.
- Connecting the family to additional community mental health resources and supports.



Determining Eligibility

- The LMHA/LBHA is also responsible for completing an assessment to help determine eligibility for the RTC Project.
- The LMHA/LBHA will schedule time to meet with the family and assess the child using a tool called the CANS Assessment.
- This assessment is also used to identify outpatient mental health services for the family while the child is waiting for placement.

Application Packet



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If the child is eligible for the RTC Project, the LMHA/LBHA and DFPS caseworkers will work with the family to:

- Submit a psychological evaluation, completed within the past year;
- Submit an informed consent document; and
- Complete a common application.

These documents are used to learn more about a child's history and treatment needs. The complete application is sent to RTCs most likely to meet the child's treatment needs.



Finding an RTC Placement



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Finding the best RTC placement for a child requires matching their individual treatment needs to the therapeutic strengths and specializations of the RTC facility.

- Many RTCs are trained to work with special populations based on diagnoses, age, or gender.
- Distance from a family's home is also a consideration for suitable placement.

Families are supported through this process and are eligible to continue to receive community services.

Preparing for Placement



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Scheduling Admission

- HHSC works with collaborating partners to connect the family to the admissions coordinator and answer questions about the admissions process.
- The family works with the RTC to identify a date for admission.
- The family is responsible for arranging transportation. Resources may be available as needed.

Payment for Services

- HHSC will cover the costs for room and board at the RTC facility.
- Medical, mental health, and dental services are paid for by the child's insurance. This includes any prescribed medication and routine or emergency care. Insurance is reviewed prior to the child's admission.

Admissions



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RTC's should provide the family with information about:

- Their rules and procedures;
- How to contact their child and their child's caseworker;
- How families are notified of medical emergencies and serious incidents;
- Where their child will attend school; and
- How families are contacted about their child's ongoing treatment, including changes to medication or treatment.



Family Rights and Responsibilities



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Families have the right to:

- Communicate regularly with their child;
- Be informed about and approve of any changes in treatment;
- Approve medication changes;
- Be provided with treatment and education records for their child; and
- Contact staff to discuss any questions or concerns regarding their child's treatment.

Families have the responsibility to:

- Be involved in their child's treatment;
- Participate in weekly family therapy; and
- Participate in weekly case management or services from the LMHA/LBHA.

Treatment Expectations



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Children participate in regular services which include:

- Weekly individual and group therapy with a licensed clinician;
- Weekly family therapy with a licensed clinician;
- Medication management;
- Ongoing medical care on a routine and as-needed basis;
- Educational services;
- Social and recreational services;
- Habilitative services, which support or improve a person's skills and functioning;
- Culturally appropriate services; and
- Spiritual and religious services.

Treatment Plan



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A treatment plan is developed for children within two weeks of admission.

- The treatment plan is reviewed regularly and updated based on the child's treatment needs and progress towards their goals.
- Families participate in monthly treatment plan meetings to learn more about their child's progress and provide input.

Family Expectations

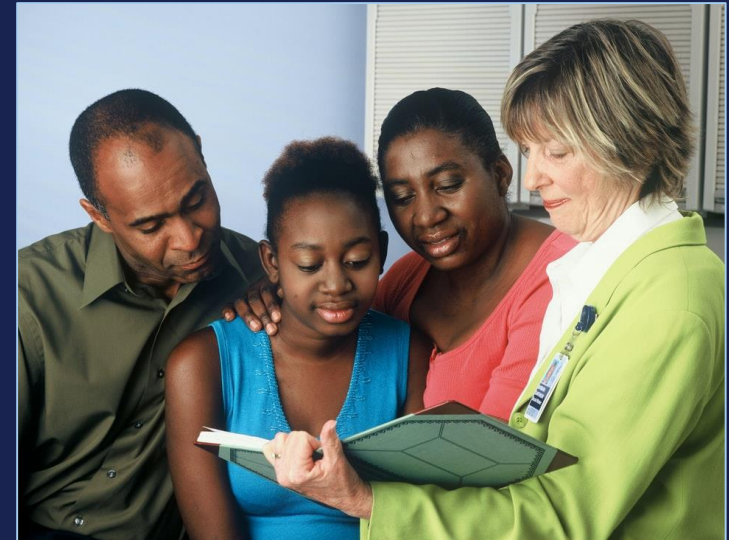


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Families are essential and important partners in the treatment process.

Families are expected to participate in:

- Regular treatment team meetings for their child.
- Weekly family therapy.
- Routine case management from the LMHA/LBHA.
- Skills training.
- Family partner services.



Community Expectations – Role of the LMHA/LBHA



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LMHA/LBHAs are expected to:

- Conduct all initial and on-going diagnostic assessments face-to-face or by telemedicine/tele-health with the individual to determine priority population eligibility.
- Participate in weekly treatment team meetings with the RTC staff.
- Provide ongoing services to the child's LAR while the child is in treatment.

Transition to Community Services



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Children will continue to need mental health services after they leave the RTC.

The RTC and LMHA/LBHA caseworkers work with the family to develop a transition plan. Transition services may include:

- Medication management;
- Community Resource Coordination Groups;
- Youth Empowerment Services Waiver;
- Case management or Wraparound services;
- Certified family partner services; or
- Peer support groups or other youth groups/activities.

Referrals to community services are made before the child's discharge.

Success



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The Relinquishment Avoidance RTC Project has been successful in diverting many families from relinquishment:

- Over **438** children referred since inception of project.
- **267** children placed in RTC beds.
- **57** children taken into DFPS Conservatorship since 2013.
- Over **70** children diverted from RTC placement due to community resources.



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Thank you

**Residential Treatment Center
Relinquishment Avoidance Project
RTCProject@hhsc.state.tx.us**



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YES Waiver 101

Simone Sawyer

Outreach and Engagement Specialist

What is the YES Waiver?



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- The Youth Empowerment Services Waiver is a 1915(c) Medicaid program that helps children and youth with serious mental, emotional, and behavioral difficulties.
- YES Waiver provides intensive services to youth and families delivered within a strengths-based team planning process known as **Wraparound**.



What is Wraparound?



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What is the YES Waiver?



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- YES services are:
 - family-centered and coordinated
 - effective at preventing out-of-home placement
 - effective at promoting lifelong independence and self-defined success
- The YES Waiver provides hope to youth and families.

YES Waiver Goals



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- Reduce out-of-home placements by all youth-serving agencies.
- Reduce inpatient psychiatric treatment.
- Provide a more complete continuum of community-based services and supports.



YES Waiver Goals



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- Ensure families have access to non-traditional support services identified in a family-centered planning process.
- Prevent relinquishment of parental custody.
- Improve the clinical and functional outcomes of youth with serious mental, emotional, and behavioral difficulties.

Eligibility Requirements



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Children and youth must:

- Meet demographic and clinical criteria;
- Be at risk for out-of-home placement due to the severity of their mental health needs;
- Meet criteria to be in a psychiatric hospital; and
- Have attempted other outpatient services, such as counseling offered through a community provider or school, and continue to need a higher level of care.
- Participants may not be dually enrolled in another 1915(c) or 1915(i) waiver or program

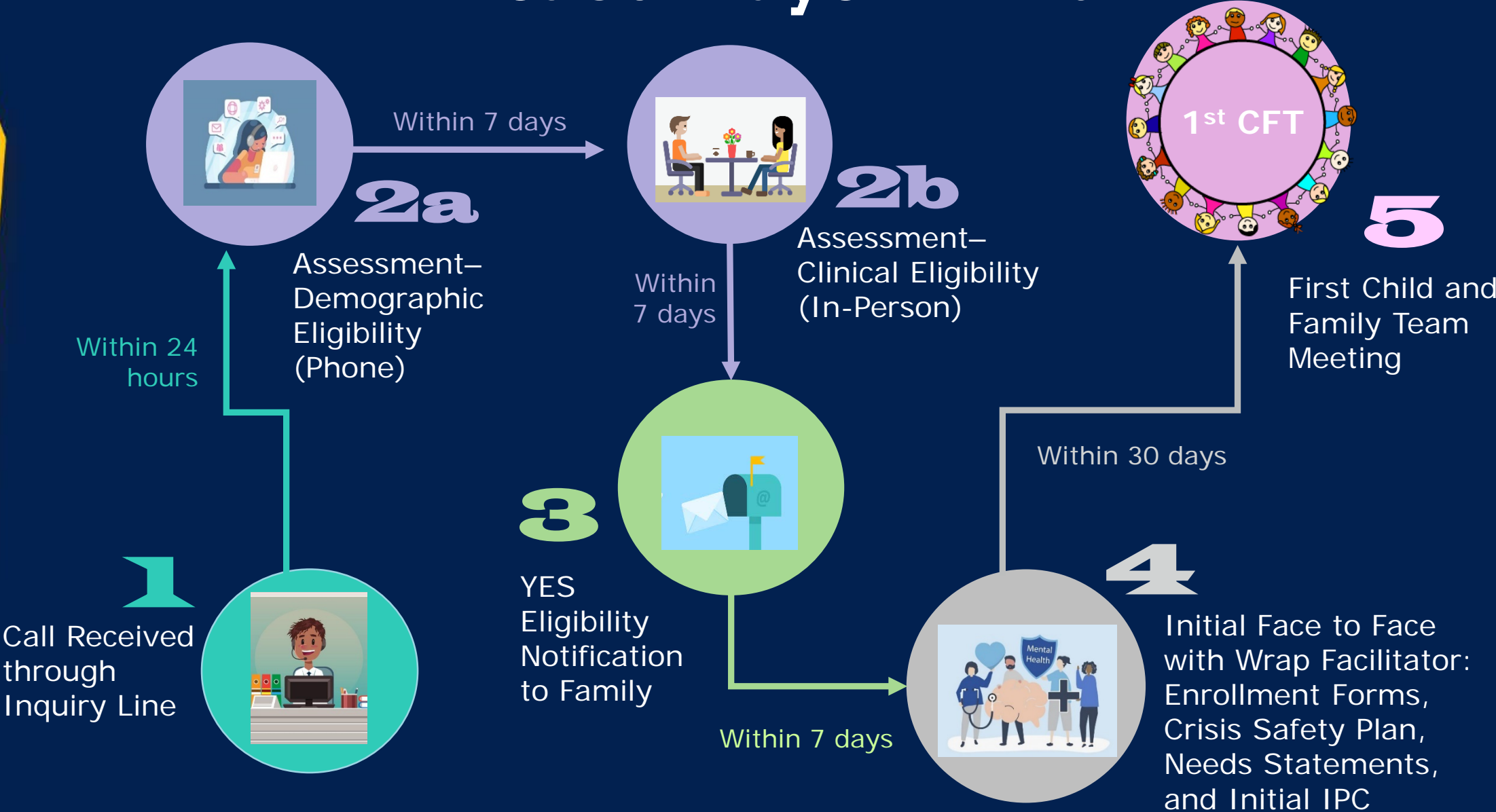
Demographic Eligibility



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- Ages 3 through 18
- Must reside in:
 - A non-institutional setting with the youth's LAR
 - The youth's own home or apartment, if legally emancipated
 - a public or private residential treatment center (RTC) (excluding the state operated facility, Waco Center for Youth) or public or private hospital with a planned discharge date of **30 calendar days or less**.
- Be eligible to receive Medicaid, under a Medicaid Eligibility Group included in the Waiver

First 30-Days in YES



YES Enrollment



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- Any youth who is found eligible for YES Waiver is enrolled for one year
- Clinical eligibility assessments are conducted annually to review ongoing eligibility
- No time limit for enrollment if:
 - Continue to meet criteria at annual renewal; and
 - Have not exceeded the age limit.

YES Waiver Service Array

- Adaptive Aids and Supports*
- Community Living Supports*
- Family Supports Services*
- Employment Assistance and Supported Employment
- Minor Home Modifications*
- Paraprofessional Services*
- Respite Services
- Non-Medical Transportation
- Transitional Services*
- Supportive Family-based Alternatives (SFA)
- Specialized Therapies
 - Animal-Assisted Therapy*
 - Art Therapy*
 - Music Therapy*
 - Nutritional Counseling*
 - Recreational Therapy*



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Roles and Responsibilities: Health and Human Services



- Conducts annual quality improvement reviews, and tracks and reports federal performance measures.
- Gives final approval for eligibility and Individual Plan of Care (IPC) documents.
- Approves adaptive aids, minor home modifications, and transitional services requests.
- Receives client and provider-to-provider complaints.
- Participates in the Fair Hearing process.

Roles and Responsibilities: Local Mental/Behavioral Health Authorities



- An LMHA/LBHA is contracted with the state to provide Medicaid state plan services to individuals who meet criteria.
- LMHAs/LBHAs utilize the mental health Uniform Assessment (UA) and YES Assessment which recommends participants into a specific Level of Care (LOC) based on their specific needs and strengths.
- LMHAs/LBHAs are the only providers approved to determine clinical eligibility for access to YES Waiver services.
- LMHAs/LBHAs are the only providers approved to provide Wraparound services for youth enrolled in the YES Waiver program.



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