



SCHOOLS AND YOUTH SUBCOMMITTEE ADDITIONAL POLICY RECOMMENDATIONS

In early 2008, the Schools and Youth Subcommittee of the MMHTFMC was asked to identify additional “Issues on the Horizon.” In response to this request, they reviewed the Children’s Mental Health Policy Consortium Policy Issues for 2006-2007, and identified the following three areas as particular priorities for the Austin/Travis County Community.

✚ A Coordinated “System of Care” for Children’s Mental Health.

Background: Often children with severe emotional disturbances receive services from multiple agencies. The various child-serving systems sharing the responsibility for these children, however, rarely work together. Current research indicates that the best method of intervention for children and adolescents with serious emotional disturbances is the “Systems of Care” approach, which specifies that services should be community-based, child-centered, family-driven, and culturally competent. The goal of this approach is for children to receive services that are integrated, with linkages between child-serving agencies and programs with mechanisms for funding, planning, developing and coordinating services across multiple agencies. This approach has been endorsed by President Bush’s New Freedom Commission Report on Mental Health.

Over the years, Texas has attempted to create a coordinated “System of Care” across state agencies to address the needs of children with severe emotional disturbances, first through Community Resource Coordination Groups (CRCG), and then later with the Texas Integrated Funding Initiative (TIFI). The TIFI was legislated to enhance the method in which services were provided, streamline administrative operations and expenses, and increase coordination between state agencies for children with severe emotional disturbances.

Frontline clinical staff often have limited knowledge and exposure to evidence-based practices with a “Systems of Care” approach. Universities educating mental health professionals do not routinely include training in “Systems of Care,” family and or peer operated services or other evidence-based practices in pre-professional education.

Recommendation:

- Texas should require all state agencies serving children and families to incorporate a “System of Care” approach with training to ensure the acquisition of skills to implement evidence-based and promising practices; and
- Texas should expand the Texas Integrated Funding Initiative statewide. Funding to expand the TIFI sites should be integrated with the above training ensuring acquisition of skills to implement evidence-based and promising practices within a “Systems of Care” approach as recommended by the President’s New Freedom Commission Report.

 **Medicaid and CHIP**

Background: In FY 2005, more than 2.1 million children were covered by Medicaid or the Child Health Insurance Program (CHIP) in Texas. Children covered by Medicaid are entitled to any medically necessary health care services. CHIP was developed for children whose families do not qualify for Medicaid and do not have access to affordable private health insurance. Mental health services under both CHIP and Medicaid do not adequately meet the needs of the children covered by these programs. Medicaid utilization rates for mental healthcare are extremely low in Texas which means that families are just not accessing the benefit. Families do not have adequate information about how to access services and what services are available. There is also a severe shortage of mental health providers willing to accept Medicaid and CHIP because reimbursement rates for Medicaid and CHIP are very low. Rate cutbacks have reduced physician’s fees to 1993 levels.

Recent changes in enrollment requirements for both CHIP and Medicaid have also made it even more difficult for families to access the mental health services that their children need. There has recently been a drop in enrollment in CHIP and Children’s Medicaid in the state. This drop seems to be a result of changes in the renewal process and policies for these programs, the collection of participation fees and the implementation of the State’s Integrated Eligibility and Enrollment (IEE) System. The 90-day waiting period is also problematic for youth who are experiencing a mental health crisis. When youth do not have access to insurance

they must utilize publicly funded services (like ER's, Community Mental Health Centers and Juvenile Justice) instead.

Recommendation:

- Texas should include information about mental health and behavioral health services under both Medicaid and CHIP for families in its outreach campaigns;
- Texas should remove the barriers for the CHIP renewal and application process by repealing the 90-day waiting period, and the assets test for CHIP coverage;
- Texas should instead implement 12 months of continuous eligibility for children in Medicaid and CHIP;
- Texas should restore cuts to Medicaid and CHIP physician and provider payment rates;
- Texas should ensure that a comprehensive mental health/behavioral health benefit be maintained in Medicaid;
- Texas should begin applying annual inflation increases to Medicaid and CHIP fees;
- Texas should enact a plan to bring provider rates up to Medicare levels; and
- Texas should ensure that experiments with cost sharing for children in poverty be carefully designed to ensure that preventive care is not discouraged, and that barriers are not created for ill children when their parents cannot pay.

 **Suicide Prevention**

Background: Suicide is the third leading cause of death among youth ages 15 - 24 in Texas. House Bills 2321 and 2322 of the 71st Texas Legislature directed the Texas Education Agency's (TEA) involvement with youth suicide prevention. These legislative efforts required TEA to furnish guidelines to larger school districts and appropriate local agencies (i.e., police, mental health centers) for establishing cooperative youth suicide intervention procedures and directed the TEA commissioner to create an advisory committee on youth suicide prevention. Additionally, House Bill 2382 directed the old legacy Department of Mental Health and Mental Retardation which is now the Department of State Health Services to designate a youth suicide prevention officer to serve as liaison to the Texas Education Agency.

Recommendation:

- Due to the continuing loss of Texas youth to suicide, Texas should reinstate the protections given to Texas youth by the 71st Texas Legislature regarding suicide prevention that was not included in the revised Texas Education Code.

