

Residential Treatment Center

A Collaboration Between HHSC and DFPS

Objectives



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

History of the Project



- Number of RTC beds funded by the state were limited
- Due to the shortage of affordable RTC beds in Texas for children and adolescents, families were forced to relinquish custody to the state in order to access services to treat the child's mental illness.
- Mental Health and Substance Abuse Division of the Department of State Health Services (DSHS) and Child Protective Services (CPS) consulted to address issues

History of the Project



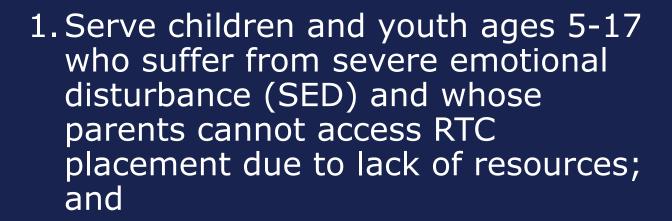
- Exceptional Item (EI) submitted for 10 Beds
- EI becomes rider to S.B. 44, 83rd Legislature, 2013, requiring further research and development
- Research study lead to the development of the relinquishment avoidance RTC Project (a collaboration between DFPS and HHSC)

History of the Project



- Initially, DSHS received enough funding to cover room and board for 10 RTC placements.
- The RTC Project officially launched with the first RTC placement in January 2014.
- The program gained funding to serve 30 additional children in the 84th Legislative Session, 2015, and funding for 40 beds increased as a result of the 85th Legislative Session, 2017.

RTC Project Goals



2. Prevent relinquishment to DFPS solely to obtain mental health services



Eligibility Criteria

- 1. Community resources are unable to meet the mental health needs of the child;
- 2. The SED makes it unsafe for the family to care for the child at home; and
- 3. The family has exhausted all of its resources.

DFPS refers youth who meet initial eligibility criteria to HHSC where abuse and neglect has been ruled out.



Referral Starts at CPS

- CPS is the family's first point of contact.
- CPS will open an investigation to ensure the child is eligible for the RTC Project and ensure there is no abuse or neglect.
- Once abuse or neglect is ruled out, CPS completes Referral Form 2037 and sends it to the DFPS State Office Mental Health Program Specialist (including a copy of the psychological evaluation) who will then forward it to the HHSC RTC Coordinator





Submitting A Referral to HHSC

- DFPS will:
 - Coordinate and communicate with the RTC Coordinator and other professionals throughout the referral process;
 - Provide services to the family as needed during the referral process, including crisis services;
 - Keep the case open until the child is placed in an RTC (or is found ineligible for an RTC Project bed); and
 - Consult with the State Office Mental Health Program Specialist to discuss next steps if the child is ineligible.



Receiving A Referral

- After receiving a referral from DFPS, HHSC will:
 - Refer family to their Local Mental Health Authority (LMHA) for a Uniform Assessment to start eligibility process
 - Obtain Child and Adolescent Needs and Strengths (CANS) data from the Uniform Assessment from the LMHA to finalize RTC eligibility determination



RTC Eligibility Determination

- If CANS scores indicate the need for RTC Services:
 - DFPS and the LMHA will be notified
 - Additional documentation from the LMHA will be requested:
 - The Common Application
 - Psychological Evaluation
 - The child or youth will be placed on the RTC waitlist and engage in services at the recommended level of care (LOC) at the LMHA until:
 - Application packet documentation is completed; and
 - An RTC bed becomes available at a facility that can address the clinical needs of the child



RTC Eligibility Determination

- If CANS scores do not indicate the need for RTC services:
 - DFPS and the LMHA will be notified and the LMHA shall offer services at the appropriate LOC indicated by the Uniform Assessment.
- If the child/youth is not Medicaid eligible:
 - The LMHA shall offer services at the appropriate LOC indicated by the Uniform Assessment or the next most intensive LOC in which service capacity exists



- Submit a completed application packet
- Assist family with choosing appropriate RTC



Bed Availability and Placement

- If an RTC bed is immediately available, placement ensues and the child/youth is admitted to RTC
- If RTC beds are full, the LMHA will offer the child/youth services in the recommended LOC if Medicaid eligible
- If child/youth is not Medicaid eligible, the LMHA will offer the most intensive LOC in which there is capacity to serve the child/youth pending RTC placement
- If RTC beds are full and the child/youth is experiencing a substantial wait, staffing is convened to help the family access community resources pending placement with the local Community Resource Coordination Group



Admission/Placement

- Application Packet is accepted by RTC
- Authorization by Children's Mental Health Manager
- Child/youth admitted
- HHSC funds the daily rate of the bed; Medicaid or other medical provider pays for Medical services
- LMHA updates the level of care to LOC-RTC once RTC admission takes place and provides services accordingly



Admission/Placement

- The average projected length of stay is six months; longer lengths of stay may be approved if clinically indicated.
- The RTC will submit monthly progress updates to the LMHA and RTC Coordinator.
- In order to follow treatment progress and prepare for discharge and re-engagement in LMHA services, the designated case manager from LMHA will perform routine case management through inclusion in regular meetings set by the RTC

RTC Admission



Services Expected from RTC

- The child/youth will:
 - Engage in weekly individual and group therapy
 - Participate in weekly family therapy
 - Receive psychotropic medication, as prescribed
 - Access to medical care
 - Appropriate grade level educational services
 - Well-balanced nutritional meals
 - Social, recreational, and habilitation services as indicated upon initial assessment
 - Chaplain services

RTC Admission



Family Participation

- LAR/guardian is expected to:
 - Participate in weekly family therapy
 - Receive routine case management from assigned case manager from LMHA
 - Participate in skills training for parents at the LMHA, as indicated
 - Receive family partner services from LMHA and/or RTC, as indicated



Discharge from RTC

- Discharge planning between the LMHA and the RTC will occur throughout placement.
- At least one month prior to the expected discharge date, the RTC shall hold a discharge meeting with the family to include LMHA staff and RTC Coordinator.
- Child/youth discharged

Metrics



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

- Over 412 children referred since inception of project
- 245 children placed in RTC beds
- 57 children taken into DFPS Conservatorship since 2013
- Over 50 children diverted from RTC placement due to community resources

Updates



- Open enrollment
- Addressing gaps and challenges with RTC's

Questions?



Thank you

Tovah Woodson, M.Ed

HHSC Program Specialist, Child and
Adolescent Services Unit

RTC Coordinator

Tovah.Woodson@hhsc.state.tx.us