REPORT/ CHILDREN'S MENTAL HEALTH

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The Residential Treatment Initiative to Avoid Parental Relinquishment:

2023 Report

Submitted to Texas Health and Human Services Commission

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Introduction

Background of the RTC Project

The Residential Treatment Center (RTC) Project was established in 2013 through the 83rd Texas Legislative session and funded through state general revenue, with additional investment made in subsequent Legislative sessions. The initiative is a partnership between the Health and Human Services Commission (HHSC) and the Department of Family and Protective Services (DFPS). The goal of the RTC Project is to provide treatment support for families with a child who may be placed into DFPS custody because of their mental health care needs. The RTC Project supports families by (a) connecting families to mental health services available in their community through their local mental health or behavioral health authority (LMHA or LBHA), and (b) paying for the cost of room and board in an RTC to meet their child's mental health needs when families do not have the resources to pay for residential placement.

Prior to June 2021, families were referred to the RTC Project through the DFPS. DFPS staff offered families the choice of referral to the RTC Project when a DFPS investigation of the family found no evidence of child abuse, but rather that the referral was solely due to a lack of access to intensive mental health services. Caregivers retain their parental rights and services are focused on supporting families in reunification following treatment. During the 87th Texas Legislature, Senate Bill 642 changed the structure of the program by eliminating the requirement for a DFPS abuse/neglect investigation in order to obtain the RTC referral (unless an allegation of abuse or neglect has been made) and allowing referrals to the program through the LMHA/LBHA.

Evaluation Overview

HHSC has contracted with the Texas Institute for Excellence in Mental Health (TIEMH) to conduct evaluation activities in support of the RTC Project. Over the course of time, TIEMH has undertaken different activities to address the current needs of the program. Previous evaluation reports are available on the TIEMH website. In 2021, TIEMH shifted its evaluation activities to focus on the experience of youth and caregivers within the RTC Project and provide feedback to HHSC and DFPS to support continuous quality improvement of the program. TIEMH engaged a variety of state stakeholders in defining the most critical evaluation questions and developed a protocol for gathering data from families and youth.

The RTC evaluation shifted to answer the following key questions, as identified by stakeholders:

Quality of Care

- Is the timeframe to placement reasonable?
- Is there strong communication between RTC and family to support the child's return?
- Is the experience of the caregiver blame and shame or respect and empowerment?
- Is the family engaged in decision-making and recovery planning?
- Are practices trauma-responsive?
- Is a safe and structured approach to treatment used?
- Are the RTC options that are available high quality?

Access to Needed Services

- Are caregivers linked to family skills training?
- Are caregivers linked to wraparound?
- Are caregivers linked to community supports?
- Is there support for school transition when the child enters and exits RTC placement?
- Is the family provided transition supports at discharge to support successful return?

Youth / Family Outcomes

- Is the youth living in a caring environment?
- Are returns to RTC placement avoided?
- Is the youth and family safe?
- Is the youth able to continue making educational progress?
- Does the youth return to live with their family?

At the time of program referral, LMHA/LBHA staff describe the opportunity to participate in the evaluation. The opportunity is a voluntary option to share information about the family's experience within the RTC Project to support on-going quality improvement. Families who consent to participate are interviewed during different phases of the RTC Project. Interviews are targeted to each phase, asking questions about relevant experiences and outcomes. Table 1 summarizes the three different phases: after referral to the RTC Project, after placement in an RTC, and after discharge from the RTC Project, which can occur with or without the child being served in residential care.

Table 1. *Interview Timeframes at Each Phase of Care*

Window	Interview Time Period
Event 1 – Referral to RTC Project	
Day 1 – 31	Entry on the RTC interest list
Day 90 – 120	Waiting for placement (if not yet placed)
Day 180 – 210	Waiting for placement (if not yet placed)
Event 2 – Placement in RTC	
Day 1 – 31	Entry into RTC placement
Day 180 – 210	Six months post-placement
Day 365 – 395	Twelve months post-placement interview
Event 3 – Discharge from RTC Program (may occur after Event 1 or Event 2)	
Day 1 – 31	Exit/discharge from the RTC Project
Day 180 – 210	Six months post-discharge
Day 365 – 395	Twelve months post-discharge
Day 1095 - 1125	Three years post-discharge

Participant Sample

Between August 16, 2022 and August 1, 2023, 229 families were referred for the RTC Project. Families resided in the catchment areas of 37 of the 39 LMHA/LBHAs within the state, with the highest number of referrals from primarily urban areas, including Travis, Harris, Bexar, and Williamson counties. While data was not available for all youth, the average age was 13.84 (SD=2.34, N=229). The following summarizes participation in the RTC evaluation:

- 73 caregivers (i.e., the child's legally authorized representative) completed the electronic consent form;
    - 68 caregivers provided consent for both caregiver and youth participation;
    - 5 caregivers provided consent for just the caregiver's participation (one youth did not meet age criteria);
    - 3 caregivers declined consent for participation;
- 52 caregivers were contacted to participate in the interview;
- 22 interviews were conducted with caregivers;
    - 15 interviews were conducted with caregivers after referral to the RTC; and
    - 7 interviews were conducted with caregivers after placement in an RTC.

Youth represented in the evaluation between August 16, 2022 and August 1, 2023 had a mean age of 13.18 years old (SD=2.32) and were comprised of 11 males and 11 females. Caregivers

who participated in the interviews included 17 mothers, two fathers and three other family caregivers.

When appropriate, results from the current reporting period are presented alongside results collected in Fiscal Year 2022 (FY22). The FY22 sample reflected only those waiting for RTC placement (N=13). Youth represented in the FY22 evaluation had a mean age of 12.88 years old (SD=1.95) and were comprised of eight males and five females. Caregivers who participated in the interviews included 10 mothers, one father and two other family caregivers.

Referral to the RTC Project

Fifteen caregivers were interviewed about the period following referral to the RTC Project, while the family was awaiting placement in residential care. During this phase in the project, the interview focuses on services, supports, or systems that the family has been involved in prior to referral, perception of the enrollment process, and perception of services and supports that have been offered.

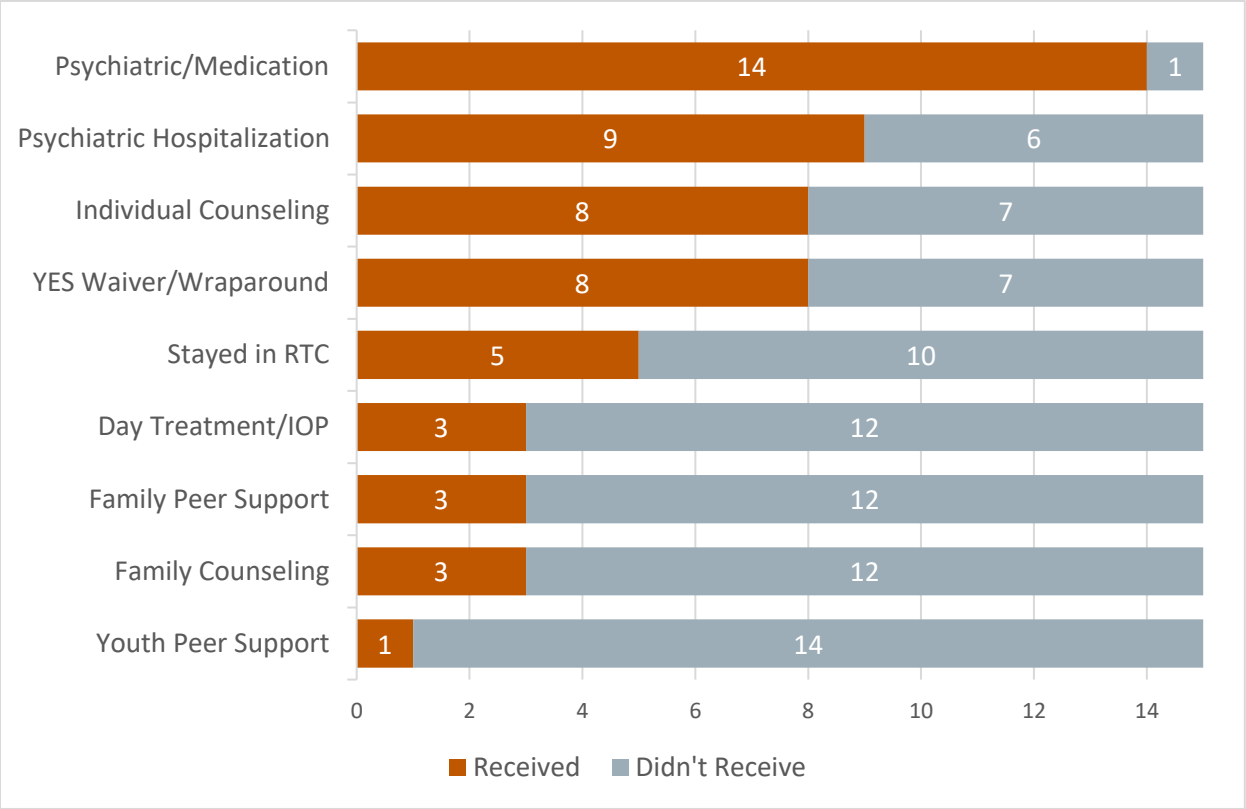
Experiences Prior to Referral

This section of the interview explores the experiences of families prior to their enrollment in the RTC Project. The aim is to understand the nature of the challenges that bring a family to enroll and the mental health services and supports that have been provided in the past.

Reason for Enrollment. Respondents were asked about the factors or reasons that led to their decision to participate in the RTC Project. Almost all caregivers reported that aggression and violent behavior were the primary concerns necessitating referral to the RTC Project. Caregivers reported incidents of physical violence, self-harm, sexual violence, verbal abuse, and rule-breaking. Caregivers reported significant concern about the safety of others living in the household and shared concerns about the safety of others in the school and community setting due to unsafe behaviors. Caregivers had taken multiple actions to try to protect the family and other community members. Additionally, many caregivers reported that they felt that the RTC Project was their final option because they had exhausted all other resources and means of support. Caregivers reported the need for 24/7 supervision and described multiple hospitalizations.

Services Prior to Enrollment. Participants shared their best recollection of the services that the youth had received prior to their application to the RTC Project. All youth had received previous mental health services or supports. Fourteen youth (93.3%) had received psychiatric or medication services and nine youth (60.0%) had experienced prior psychiatric hospitalizations. Additionally, five youth (33.3%) had stayed in a residential treatment facility prior to entering the RTC Project. The frequency of families experiencing different community-based mental health services and supports is illustrated in Figure 1. Families of twelve youth (80.0%) reported that they had received these mental health services and supports through the LMHA/LBHA prior to enrollment.

Figure 1. *Mental Health Services Prior to Enrollment*



Involvement with the CRCG. A Community Resource Coordination Group (CRCG) is a county-based groups of local partners and community members that work with parents, caregivers, youth and adults to identify and coordinate services and supports, including behavioral health, basic needs and caregiver support. They help people whose needs can't be met by one single agency and who would benefit from interagency coordination. Most families (73.3%) reported that they had been involved with the CRCG. Three families (20.0%) reported no involvement, and one family (6.7%) indicated that they were uncertain whether they had been connected to the local CRCG.

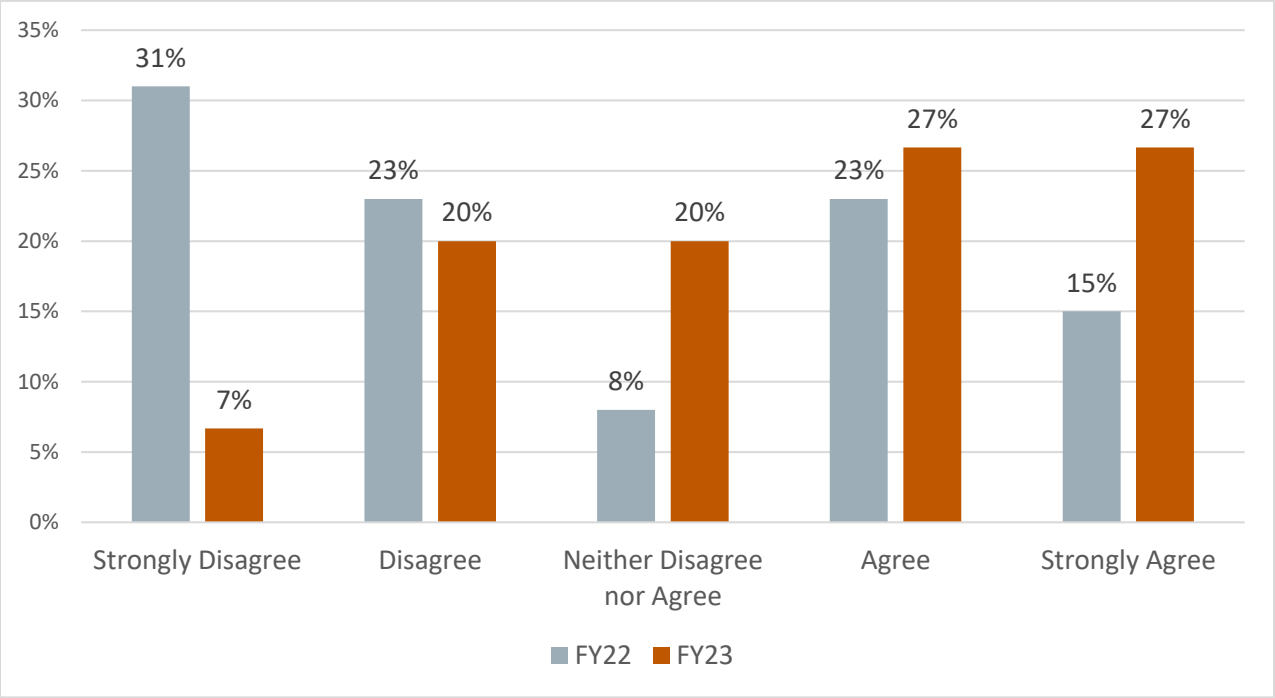
Experiences with RTC Project Enrollment / Quality of Care

During the enrollment phase, families complete various application materials, as well as a psychological evaluation and documentation of needs through the Child and Adolescent Needs and Strengths Assessment (CANS). Staff at the LMHA/LBHA serve as the primary contact and support the completion of all documentation. Additionally, the LMHA/LBHA will initiate appropriate services, if the family is not currently served, to provide mental health support while a placement is sought. This section of the interview seeks to understand the family's

experience with the enrollment phase of the RTC Project and any services and supports that are being provided while an RTC placement is being sought.

Clear Communication during Enrollment. With a goal of avoiding parental relinquishment of children in order to access mental health services, the RTC Project requires that caregivers actively participate in services to prepare for the youth's discharge from residential care. Additionally, families need to understand that an appropriate residential placement may not be available within a contracted RTC. Clear communication about the goals and limitations of the project help caregivers maintain reasonable expectations and facilitates transparency throughout the placement process. Respondents were asked if they were provided with a clear understanding of the RTC Project and its goals. Results are shown below in Figure 2. A greater proportion of respondents reported clear communication in the current year than was reported in the last reporting period.

Figure 2. *Caregiver Perceptions of Communication*



LMHAs/LBHAs have a *Family Guide to the RTC Project* that can be distributed during the enrollment phase to provide information to caregivers and support consistency in communication. Five of the 15 participants (33.3%) reporting that they had received the Family Guide and two (13.3%) reported that they were unsure.

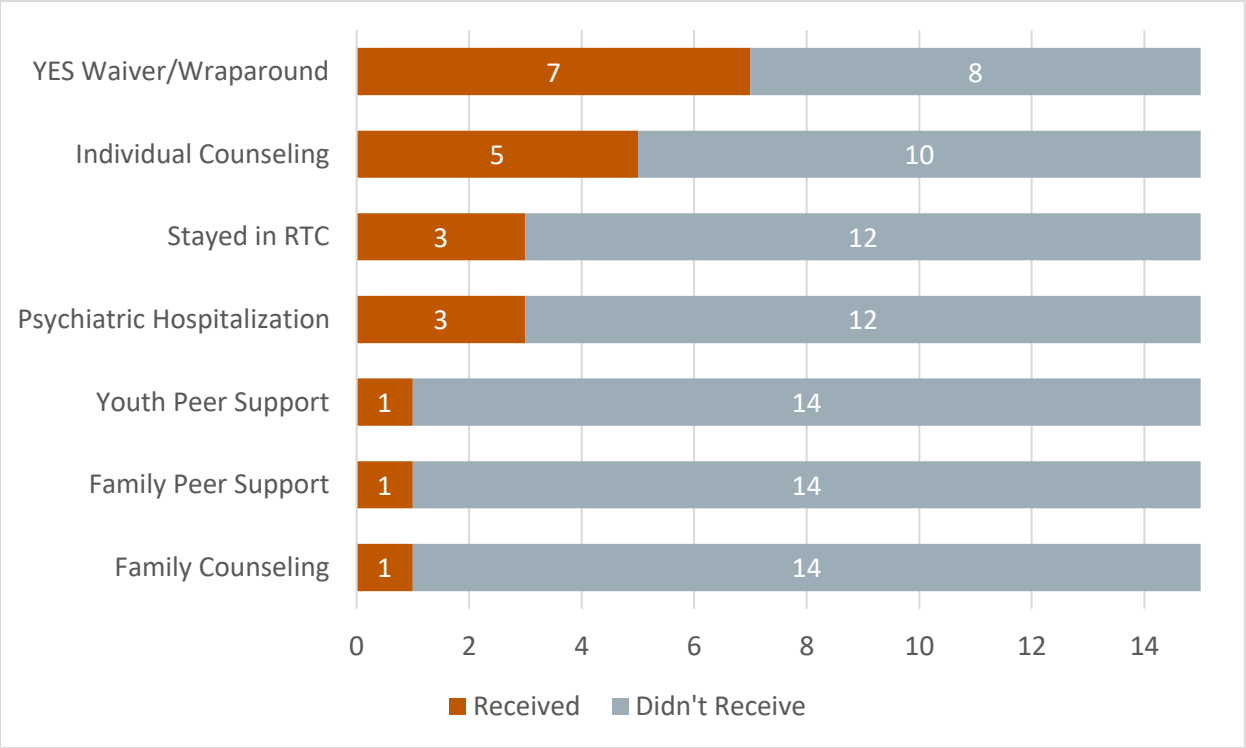
Suggestions for Improvement. All fifteen caregivers were asked if there were ways to make their enrollment process easier. Fourteen respondents provided suggestions for improvement, and one respondent indicated, “No, honestly they did the best they could do to make it very smooth.” The most common suggestion for improvement was around better communication between all parties. Some caregivers expressed frustration with what they felt was a lack of information, noting that it would have been helpful to have a more thorough understanding of the enrollment process and assistance with completion of specific processes (e.g., application, assessments, paperwork). Additionally, caregivers expressed a desire for more timely and consistent communication on where their family was in the process of being placed in a RTC. Overall, families expressed a desire to be kept more informed about their family’s status, with one caregiver expressing a desire to meet in person with not just with LMHA, but also with the state representatives of the program, in order to share information directly about the youth and the family. This perception was reflected in the statement: “It feels like someone sends a packet out, but after six months you start to wonder if it’s just sitting on a desk somewhere and not being looked at.”

Access to Needed Services

While a family is on the RTC interest list, the LMHA/LBHA aims to connect families to community-based services and supports to meet the family’s urgent needs while awaiting residential services. In some circumstances, families may receive intensive wraparound supports that may prevent the need for residential placement. Caregivers were interviewed about access to services and supports during this phase of the process.

Services Provided Following Enrollment. Participants were asked what services their child/youth was currently receiving while awaiting placement in residential care. All families reported receiving some mental health services and supports, and ten youth (66.7%) were receiving services through the LMHA/LBHA. The frequency and types of services currently being offered to families while on the interest list are presented in Figure 3. YES Waiver/wraparound (46.7%) and individual counseling (33.3%) were the most prevalent services. Few families were receiving family counseling (6.7%), family peer support (6.7%) or youth peer support (6.7%).

Figure 3. *Services Provided While on the Interest List for RTC Placement*



Services that Caregivers Desired. Caregivers were asked what services or supports they wished their family could receive at that time. Families offered a variety of suggestions for helpful services:

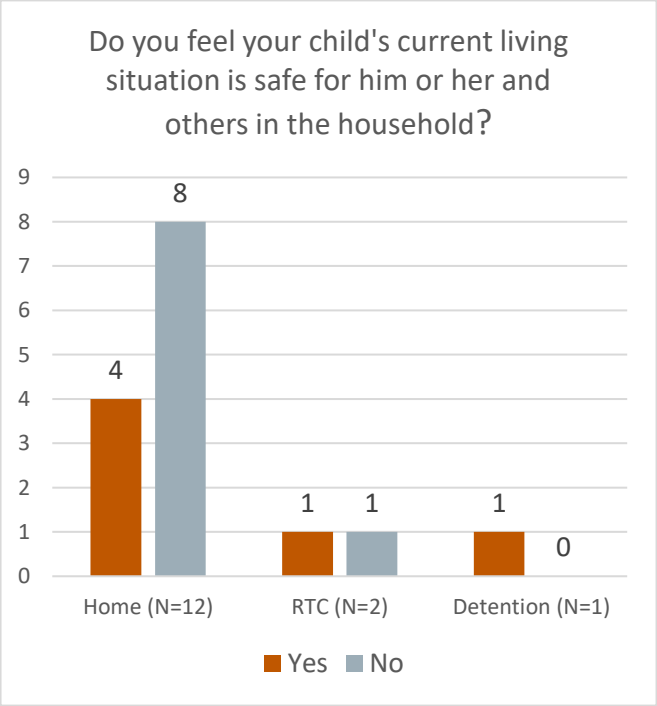
- Crisis respite care (5);
- Partialized hospitalization programming (PHP) with specialized care (2);
- Youth peer support (1);
- Sexual assault therapy (1);
- Home health nursing (1);
- Eye Movement Desensitization and Reprocessing Therapy (EDMR) (1);
- Applied Behavior Analysis therapy (ABA) (1);
- Equine therapy (1);
- Special needs camps and day camps (to support inclusion) (1), and
- Care in a step-down facility.

Functional Outcomes at RTC Project Entry

This section of the interview seeks to understand the functioning of youth as they enter the RTC Project across several key domains. This will serve as a baseline to examine changes over time and the youth and family progress through care.

Current Living Situation. Twelve of the children represented within the interviews were living at home with a family member. One youth was residing at a detention facility, and two youth were currently placed in a RTC. Caregivers were asked if they felt their child and others in the household/setting were in a safe living situation. Responses from all interviews are presented in Figure 4. Of those families whose child remained in the home, four families (33.3%) reported that the family was in a safe living situation. Caregivers expressed concerns about the risk to both the youth and others in the household. The caregiver of the youth in an RTC did not provide further information about their safety concerns.

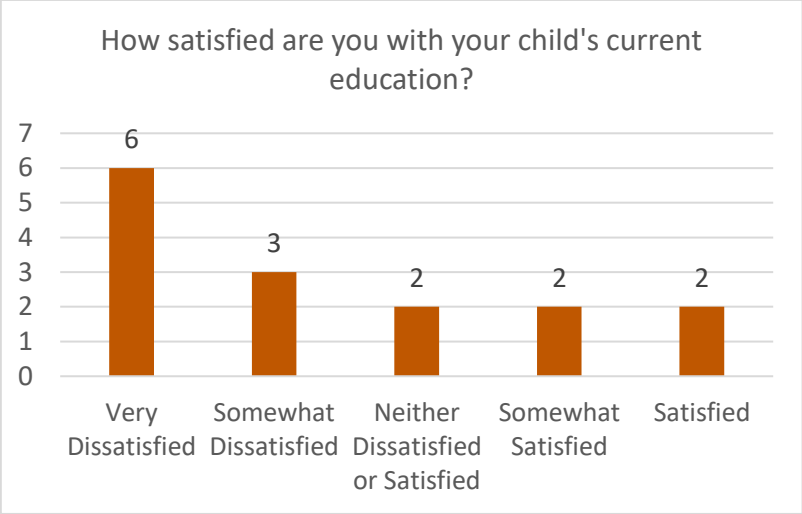
Figure 4. *Safety of Current Living Situation*



Involvement with the Legal System. Most youth had not been involved with the juvenile justice system (60.0%). However, six youth were involved, with one experiencing arrest in the past 6 months, one placed in detention, and one serving on probation or parole. Three of the six youth were involved in the justice system in more than one way.

Education and Employment. Eight caregivers (53.3%) reported that their child is attending school regularly. Five caregivers (33.3%) reported that the youth is attending school, but not regularly and two individuals (13.3%) reported that their child did not attend school in the last six months. Caregivers were asked if they were satisfied with their child/youth's current educational outcomes and results are presented in Figure 5. Most families reported dissatisfaction with their child's educational experience (60.0%). Some caregivers reflected that they were happy with the school, teachers, and education that their child is receiving, but the dissatisfaction centered on how the youth was supervised or how their challenges were being handled. Two caregivers felt that the youth were passed through without gaining the skills for the next grade level or that they were not provided the supports they needed to succeed.

Figure 5. *Family Satisfaction with Education*



Seven youth have been suspended from school within the past six months (46.6%). None of the children/youth represented in the evaluation are currently employed.

Satisfaction with Decision to Enroll in RTC Project. Caregivers were asked the question, "At this point in time, I think that choosing the RTC Project was the right thing for my child?" Eleven out of the fifteen participants (73.3%) selected either "agree" or "strongly agree" with the statement, with three respondents (33.3%) selecting "strongly disagree", "disagree" and "neutral" responses.

Placement in an RTC

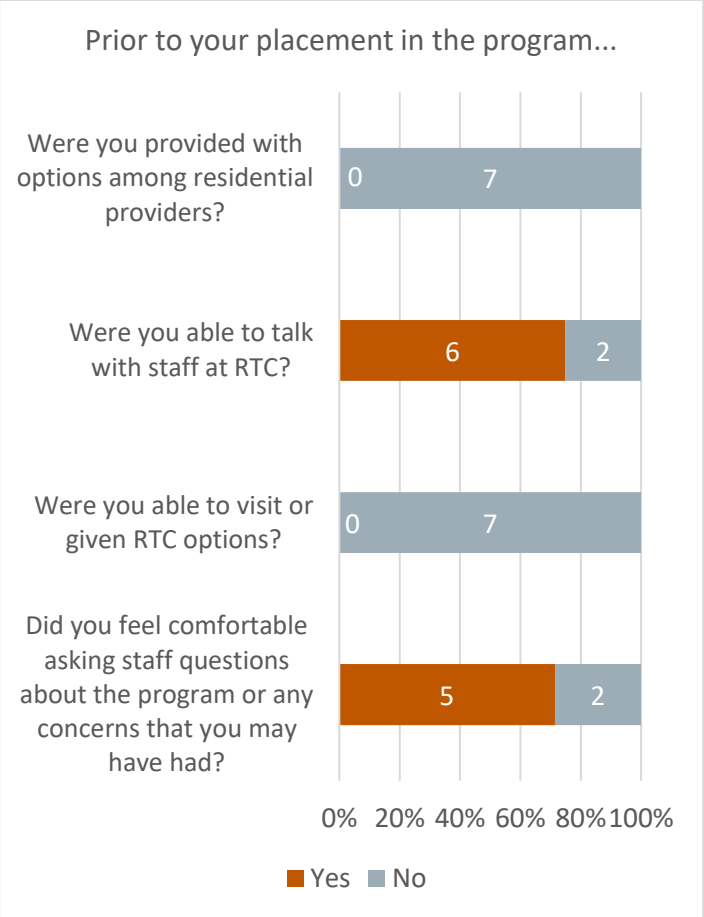
Participant Sample

Seven caregivers of youth currently placed in an RTC were interviewed to learn about their experiences. The youth had spent between one and nine months in placement (M=3.71; SD=2.49). All caregivers reported that this was their child's first time in placement. There were five different RTCs where youth were residing: Renewed Strength, Everyday Life, Center for Success and Independence, Helping Hand Home for Children, and Triple 7 Ranch.

Experiences Two Months Prior to RTC Placement

Services and Supports. In the two months prior to the youth's placement in RTC, five caregivers (71.4%) reported that their child was hospitalized for a behavioral health challenge. Five families (71.4%) reported that they were receiving mental health services from the LMHA/LBHA during this time (e.g., counseling, skills training, Yes Waiver, wraparound), while two (28.6%) were not. When asked about their satisfaction with the services they received prior to their child's RTC placement, four of the five were "satisfied" or "very satisfied." One caregiver reflected that they were "very dissatisfied."

Figure 6. *Experiences with Early RTC Engagement*



Decisions about Parental Relinquishment. Since one aim of the RTC Project is to prevent parental relinquishment to child welfare due to serious mental health challenges, caregivers were asked if they considered relinquishing their parental rights in the two months prior to placement. Most caregivers (71.4%) indicated that they had not

considered this; with two (28.5%) reporting “yes.”

Experience with Initial RTC Engagement. Caregivers were asked several questions about their experience learning about the RTC program and meeting staff. Results are presented in Figure 6. No caregivers reported they were provided choices among residential providers; rather they were presented with the RTC that had accepted their child in placement. Six caregivers (85.7%) reported they were able to speak with RTC staff prior to the youth’s arrival, but none were able to visit the facility in advance. Five caregivers (71.4%) expressed that they felt comfortable asking staff questions regarding the program or raising concerns that they had.

Experience with RTC Care

Caregivers were asked several questions about their experience with the care provided by the residential facility, including their satisfaction, involvement in decisions about their child, and indicators of high-quality care. Caregivers were also provided an opportunity to note what they found helpful in the residential program and any areas of improvement through open-ended questions.

Satisfaction with Care. When asked to rate the caregivers’ overall experience with the residential placement, four caregivers (57.1%) reported “very positive,” and two caregivers (28.6%) reported it was “positive.” One caregiver (14.3%) described their experience as “very negative,” noting concerns about communication, family involvement, and openness to feedback.

Family Involvement. Four respondents (57.1%) reflected that they “strongly agree” when asked if they were a necessary and important part of the RTC team and involved in making decisions. One caregiver (14.3%) said they “agree” with the statement and two (28.6%) indicated they “neither “agree nor disagree.” Caregivers generally reported that they felt comfortable asking questions and discussing concerns, with five (71.4%) reporting “strongly agree,” one reporting “agree” and one reporting “strongly disagree.” When asked if RTC staff takes the time to answer their questions and address any concerns, four caregivers (57.1%) reported “strongly agree,” two reported they “agree,” and one reported strong disagreement.

Best Practices and Quality of Care. Caregivers were asked the extent to which they experienced certain best practices, such as the use of a strengths-based approach and continued family involvement with the youth. When asked if they have been allowed to communicate with their child as much as they have wanted to, three caregivers reported “strongly agree,” two reflected “agree,” and the remaining two reflected “neither agree nor

disagree." When asked if their child was able to spend time at home or the caregiver could attend family events, one (14.3%) reflected "strongly agree," four (57.1%) stated "agree," one reflected a neutral response, and one (14.3%) indicated "strongly disagree." Respondents were more consistently positive when asked if their family's cultural, spiritual, and language needs have been met (71.4% "agree" and 28.6% "strongly agree"). Additionally, caregivers also affirmed that their child's strengths and positive activities were discussed during team meetings (71.4% "agree" and 28.6% "strongly agree").

Strengths and Opportunities for Improvement. When asked what they thought was most helpful during their child's stay at the RTC, caregivers identified that the additional structure and routines were helpful for their child; caregivers also reported that team meetings were helpful for the family. The frequency of mental health services (e.g., multiple times per week) were also noted by caregivers, along with the availability of specific interventions (i.e., DBT, family therapy, individual counseling). When asked about any changes they would recommend to improve their placement experience, caregivers reported that they would like more communication between themselves and staff, such as wanting more discussion around understanding the needs of the family, information about the program itself (e.g., website, FAQ), and ensuring family visits don't interfere with scheduled activities. One family member expressed the desire for direct communication from staff when incidents happen, so that caregivers are not hearing only from the youth.

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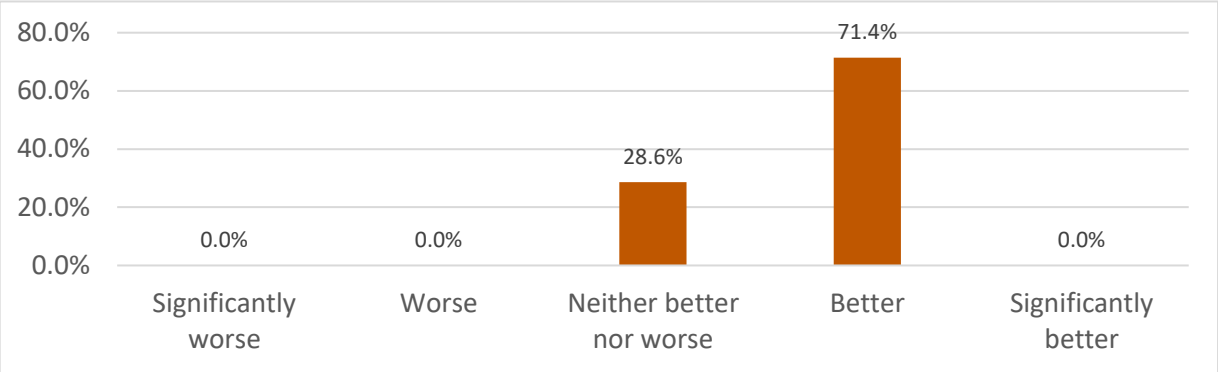
Functional Outcomes in RTC Care

Current Living Situation. Caregivers were asked if they felt their child and others in the household/setting were in a safe living situation. In contrast to families who were waiting for RTC placement, all families interviewed reported that the youth and family were in a safe living situation, with three (42.9%) reflecting "agree" and four (57.1%) reporting "strongly agree."

Improvement in Symptoms or Behavior. Caregivers were asked to reflect on the emotional and behavior difficulties that their child was experiencing prior to placement and to compare how they are currently doing. Five caregivers (71.4%) responded that their child was doing "better" and two (28.6%) responded "neither better or worse." No respondents indicated that their child was "significantly better," "worse," or "significantly worse. When asked to reflect on the stress and struggles that their family was feeling prior to the placement, one caregiver (14.3%) reported that they were "significantly better" and five (71.4%) reported they were "better." One caregiver (14.3%) reported that they were "neither better or worse." One caregiver stated that their stress levels were "through the roof", but that there has been a reduction in that stress and worry as a result of the program. The following is a statement was made by one of

the respondents, “We can breathe, there is no heaviness in the house, no chaos, no looking over our shoulder.”

Figure 7. *Perception of Symptom and Behavior Change*



Preparation for Family Reunification. None of the caregivers interviewed had yet to discuss discharge plans with RTC staff. When asked if they feel they have received the services and supports that would prepare them for discharge and family reunification, three caregivers (42.9%) indicated that they had, and the other four (57.1%) felt that they had not. Four out of five caregivers (80.0%) reported feeling “neither unprepared or prepared” for their child’s discharge, with one caregiver (20.0%) reporting they felt “very unprepared.”

Satisfaction with Decision to Enroll in RTC Project. Caregivers were asked the question, “At this point in time, I think that choosing the RTC Project was the right thing for my child?” All respondents reported that choosing the RTC Project was the right thing for the youth and their family, with five (71.4%) indicating they “strongly agree” and two (28.6%) indicating they “somewhat agree.” Five out of seven caregivers (71.4%) reported that they “strongly agree” that their current treatment facility was the right place for the youth, with one (14.3%) indicating they “agree” and one (14.3%) reflecting a neutral response.

Conclusion

Limitations

The current report reflects the experiences and perceptions of a relatively small number of families enrolled within the RTC Project. These experiences are important, because they continue to inform the behavioral health system; however, they may not be representative of other children and families served through the program. It should be noted that this sample included families in the early phases of the RTC Project, both while on the interest list awaiting RTC placement and during the early stages of placement. We have not yet had the opportunity to interview families who have left the RTC Project or those in later stages of RTC placement. Additionally, the sample does not yet allow for the evaluation of individual youth and families across multiple time points, allowing for the comparison of outcomes longitudinally. The findings highlighted below should continue to be considered preliminary, as the sample of respondents continue to grow.

Key Findings

Referral to the RTC Project / Waiting on Interest List

1. The youth who enter the RTC project have generally had various mental health interventions, including psychiatric hospitalizations and intensive outpatient services. The majority were involved with the LMHA/LBHA prior to a referral to the RTC Project, and almost three quarters were involved with the local CRCG. Many caregivers report feeling like the RTC Project is a "last resort."
2. During the reporting period, caregivers of children referred to the RTC Project reported significant stress and caregiver strain while waiting for placement. They frequently report feeling that they lacked information, were uncertain about procedures, and would benefit from additional communication. They expressed a desire for more frequent communication on what steps were happening and their current status. Despite these concerns, caregivers had more positive ratings of communication during this year than the previous year.
3. The *Family Guide to the RTC Project* provides information to caregivers on the steps involved in the project and sets expectations for what will happen during placement. In the current fiscal year, the majority of respondents (53.3%) reported they did not receive this guide and two (13.3%) were "unsure."

4. Families were receiving mental health services after entering the RTC Project while waiting for placement in an RTC. Most families (66.7%) were receiving services through the LMHA/LBHA, with YES Waiver services and individual counseling the most commonly reported. Families identified a variety of additional mental health services that they would have liked to have, with crisis respite services the most commonly reported (33.3%).
5. Functional outcomes at this phase of the RTC Project reflected significant, multi-system concerns. Families reported significant concerns for the safety of the youth and other family members. Many youth had been involved in the legal system (40.0%), had irregular or no school attendance (46.6%), or had been suspended from school in the past six months (46.6%).

Placement in an RTC

1. Caregivers had no involvement in the selection of the residential facility and were unable to visit the facility prior to the child's placement. Some caregivers reported wanting to have more information on what to expect and how to prepare they child for the RTC stay. They reflected wanting more information on the website or an FAQ document that would help them and their child know what to expect.
2. Most caregivers reported that they were considered an important part of the treatment team at the RTC and that they could ask questions or raise concerns with RTC staff and that these questions/concerns would be addressed.
3. Caregivers reported that their families cultural, spiritual, and language needs were met by the RTC and that the strengths and interests of their child was a focus of discussions. Most, but not all caregivers, reported that they could speak with their child as often as they wanted and could attend family visits or have the child come home for a visit.
4. Caregivers reported that the additional structure and routine within the RTC was helpful for their child, along with the increased frequency of interventions and treatment team meetings. The primary area of improvement noted by caregivers was communication between the RTC staff and caregivers, across a variety of domains.
5. While many functional outcomes cannot be examined at this time point (e.g., school attendance, employment), the majority of caregivers reported that they believed their child's symptom or behavior concerns had improved, as well as reporting less chaos and caregiver strain within the household. All caregivers reported their child and other family members were currently in a safe living situation.
6. The families who participated in the interviews had not yet discussed their child's discharge with the RTC, and none reported feeling prepared for the child to return home at this time.

Recommendations

Many recommendations that were provided in the FY22 Evaluation Report continue to reflect areas for improvement in the current reporting period. Additional opportunities garnered from the responses from caregivers in the current reporting period include:

- HHSC should develop a policy that standardizes the expectation for communication during the period where the family is waiting for possible placement in an RTC. For example, LMHA/LBHAs could be expected to conduct bi-monthly calls with family members to share how many RTCs have received their information; how many, at that time, have indicated they are unable to accept the child; and how many are continuing to consider the application.
- The state system (HHSC and LMHAs/LBHAs) should continue to develop and expand intensive outpatient interventions, such as multi-systemic therapy (MST), crisis respite programs, and youth mobile crisis teams.
- HHSC should encourage contracted RTC programs to create a welcome packet for families that would provide information about RTC programming, daily schedules, and suggestions for preparing for entry. As LMHAs/LBHAs support families in transitioning to the RTC placement, they should support families in asking for a welcome packet, as well as provide information on ways that they can actively be involved in their child's treatment.
- RTC programs should incorporate discharge planning into treatment team discussions early in care, focusing on strategies to support both the young person and their family in feeling prepared for this reunification. On-going discussions over the entire placement period are likely to reduce the anxiety and stress that some families feel about reunification and increase transparency.
- The HHSC Children's Mental Health Strategic Plan, required in the 90th Texas Legislative Session, should reflect on the existing and optimal continuum of care that would intervene early with families presenting with the issues commonly seen in the RTC Project, with the goal of reducing the number of families needing residential care. Additionally, an appropriate RTC is not available for some families who enter the RTC Project, and the strategic planning committee should consider options that would meet the safety and treatment needs of this population of youth.