REPORT/ CHILDREN'S MENTAL HEALTH

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The Residential Treatment Initiative to Avoid Parental Relinquishment:

2022 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.

Evolution of the RTC Project Evaluation

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. Initially, TIEMH conducted a qualitative study of project implementation and the experiences of stakeholders in the child welfare, community behavioral health, and residential systems. In subsequent years, TIEMH conducted a process evaluation tracking the number of children served in the program, their reasons for exiting the program, as well as examining the services and outcomes of the LMHA/LBHA supports provided both during and following residential placement of children. These reports are available on the TIEMH website.

With the growth of HHSC's capacity to track and monitor metrics related to the children served in the program and the types of services that are received, TIEMH is shifting its evaluation activities to focus on the experience of youth and caregivers within the RTC Project and providing feedback to HHSC and DFPS to support continuous quality improvement of the program. As a component of this shift in focus, HHSC requested that TIEMH gather feedback from key stakeholders in the RTC Project to inform the new evaluation focus and the key questions that should drive its development.

Stakeholder Feedback Informing the Evaluation Redesign

TIEMH conducted an initial stakeholder feedback session with HHSC and DFPS staff who provide state-level oversight to the RTC Project. The team met and presented an overview of a draft plan and facilitated discussion of high priority evaluation questions. TIEMH asked questions to identify areas of feedback that DFPS and HHSC believed would help the state continue to develop the program and strive to address any barriers that families experienced. The state stakeholders expressed interest in understanding the following key areas:

- Experiences of families when interacting with different partners in the process (e.g., LMHA/LBHA, HHSC, DFPS);
- Family experience of inclusion and voice in treatment decisions;
- Services that families receive to prepare for care of youth following residential care;
- Satisfaction with family therapy and family team meetings while placed in residential care;
- Mental health services or supports that families believe would help reach their goals;
- Perceived adequacy and quality of RTC discharge plans;
- Adequacy of services and supports provided following discharge to maintain outcomes.

TIEMH also sought feedback from a stakeholder workgroup that meets to discuss the RTC Project and child relinquishment, coordinated by the Hogg Foundation for Mental Health and the Texas Alliance of Child and Family Services. This workgroup consists of about 50 individuals, representing advocacy organizations, provider-representative organizations, state agencies, and family leaders. TIEMH members provided a brief overview of the evaluation plan and sought feedback from members using a survey tool, Thought Exchange. The tool asked one question: "What are the most important areas of outcomes that should be gathered from families and young people involved in the RTC Project?" Meeting participants were able to share multiple ideas to respond to the question and then rate the responses from others on a five-point rating system. Following the meeting, the Thought Exchange survey was sent to all members to continue participation; it was also sent out to LMHA/LBHA RTC Liaisons to gather additional feedback from this stakeholder group. Table 1 presents the evaluation questions

(edited for clarity and collapsing of similar ideas) that were shared by participants, broken into three key domains: quality of care, access to needed services, and youth and family outcomes.

Table 1. *Important Evaluation Questions Identified by Stakeholders*

Quality of Care	Access to Needed Services	Youth / Family Outcomes
• Is the timeframe to placement reasonable?	• Are caregivers linked to family skills training?	• Is the youth living in a caring environment?
• Is there strong communication between RTC and family to support the child's return?	• Are caregivers linked to wraparound?	• Are returns to RTC placement avoided?
• Is the experience of the caregiver blame and shame or respect and empowerment?	• Are caregivers linked to community supports?	• Is the youth and family safe?
• Is the family engaged in decision-making and recovery planning?	• Is there support for school transition when the child enters and exits RTC placement?	• Is the youth able to continue making educational progress?
• Are practices trauma-responsive?	• Is the family provided transition supports at discharge to support successful return?	• Does the youth return to live with their family?
• Is a safe and structured approach to treatment used?		
• Are the RTC options that are available high quality?		

Based on this feedback, the evaluators developed a series of interview questions and survey responses to capture important outcomes and family perceptions of the experiences with the services and supports offered through the RTC Project. The questions within the survey/interview are centered around these three focus areas, as well as the characteristics of families served by the program.

Current Evaluation Methodology

The current evaluation is a hybrid process and outcome evaluation. The purpose is to provide timely and constructive information to key stakeholders to support continuous quality improvement and decision-making. The evaluators will provide feedback to program

administrators at least quarterly throughout the year, in conjunction with an annual report summarizing responses throughout the year. The following procedures were developed during the reporting period and implemented in March 2022.

At the time of program referral, LMHA/LBHA staff describe the opportunity to participate in the evaluation. This opportunity is framed as a voluntary option to share information about the family's experience within the RTC Project to support on-going quality improvement. Families are informed that their decision does not impact their care within the program and they may decline to answer any questions or stop participating at any time. If families agree to participate, they sign a consent form for themselves and/or their child (if 11 or older). When a guardian provides consent, the evaluator will describe the opportunity to the youth and obtain assent. The evaluation team has provided training to the RTC Liaisons at LMHA/LBHAs in these processes and reinforced it through written documentation.

Families are interviewed during different phases of the RTC Project. Interviews are targeted to each phase, asking questions about relevant experiences and outcomes. Table 2 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 2. *Interview Timeframes at Each Phase of Care*

Window	**Interview Time Period**
Event 1 – Referral to RTC Project	
Day 1 – 31	Entry on the RTC waitlist
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

Following consent, evaluators reach out to family members using their preferred contact information. The purpose of the evaluation is explained again and any questions are answered.

Families participate in a brief phone interview, lasting approximately 30 minutes. Modifications to the evaluation protocol and changes to the informed consent process were the evaluation team's initial focus, followed by training of RTC liaisons located in LMHAs/LBHAs to obtain consent from families for participation in the evaluation. Therefore, current year results reflect interviews that were conducted between May 2021 and July 2021.

Context During the 2022 RTC Project Evaluation

A variety of factors impacted the operation of the RTC Project during the 2022 fiscal year. While the physical health risks of COVID-19 decreased over the year, many impacts remained. The pandemic was one factor that led to HHSC's continuing challenge in placing children in residential placements. Many residential programs experienced staffing shortages over the year, which led to reductions in capacity. With increases in payment rates by DFPS, HHSC payment rates were not competitive, resulting in RTCs choosing to place children in DFPS conservatorship.[1] Children with intensive behavioral health needs, aggressive behavior, and co-occurring intellectual disabilities had the most difficulty in finding an appropriate placement. To support the capacity of contracted RTCs to serve children with complex behavioral health needs, HHSC has contracted for a vendor to provide training and technical assistance to support best practices at residential facilities and community-based organizations.

Participant Sample

Between March 1, 2022 and August 15, 2022, 45 families were referred for the RTC Project. This represented 24 of the 39 LMHA/LBHAs within the state, with the highest number of referrals from urban areas, such as Harris and Tarrant counties. While data was not available for all youth, the average age was 14.04 (SD=3.06, N=33). The following summarizes participation:

- 20 caregivers (i.e., the child's legally authorized representative) completed the electronic consent form;
    - 17 caregivers provided consent for both caregiver and youth participation;
    - 2 caregivers provided consent for just the caregiver's participation (one youth did not meet age criteria);
    - 1 caregiver declined consent for participation.
- 20 caregivers were contacted to participate in the interview; and
- 13 interviews were conducted with caregivers.

[1] HHSC notes that, as of February 2023, the RTC Project has increased its reimbursement rates from Intense to Intense Plus, as described by the DFPS rate methodology.

Youth represented in the 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

All participating caregivers were interviewed during 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.

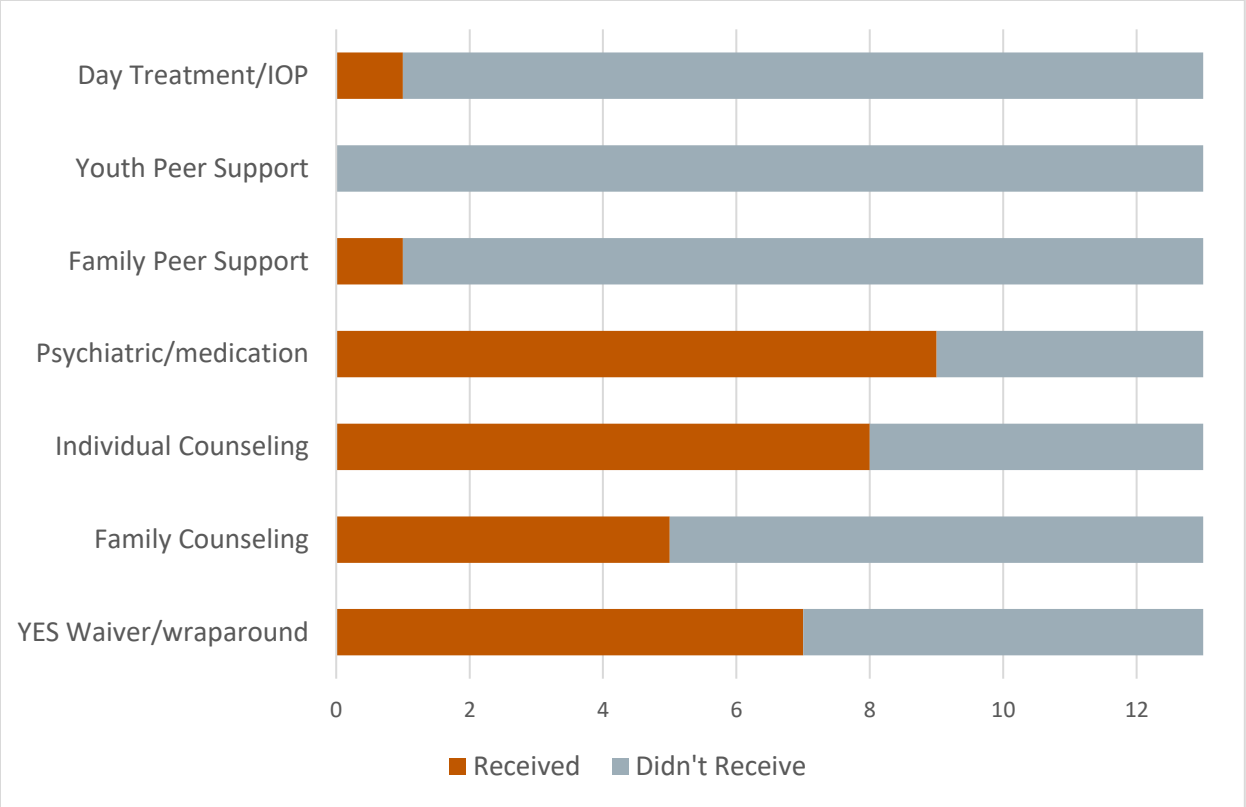
Experiences Prior to Referral

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 that led them to consider the RTC Project. All caregivers reported that aggression and violent behavior was the primary concern necessitating referral to the RTC Project. Caregivers reported incidents of physical violence, sexual violence, destruction of property, and rule breaking. Caregivers reported concern about the safety of others in the household and had taken multiple actions to try to protect the family. Caregivers also shared concerns about the safety of others in the school setting due to unsafe behaviors. Many respondents reported that the RTC Project felt like their final option, and that they have exhausted all other options. Parents reported significant stress and reported a sense of desperation and powerlessness.

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. Nine youth (69.2%) had experienced prior psychiatric hospitalizations. Three youth (23.1%) had received residential treatment 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 nine youth (69.2%) reported that they had received services from the LMHA/LBHA prior to enrollment.

Figure 1. *Mental Health Services Prior to Enrollment*



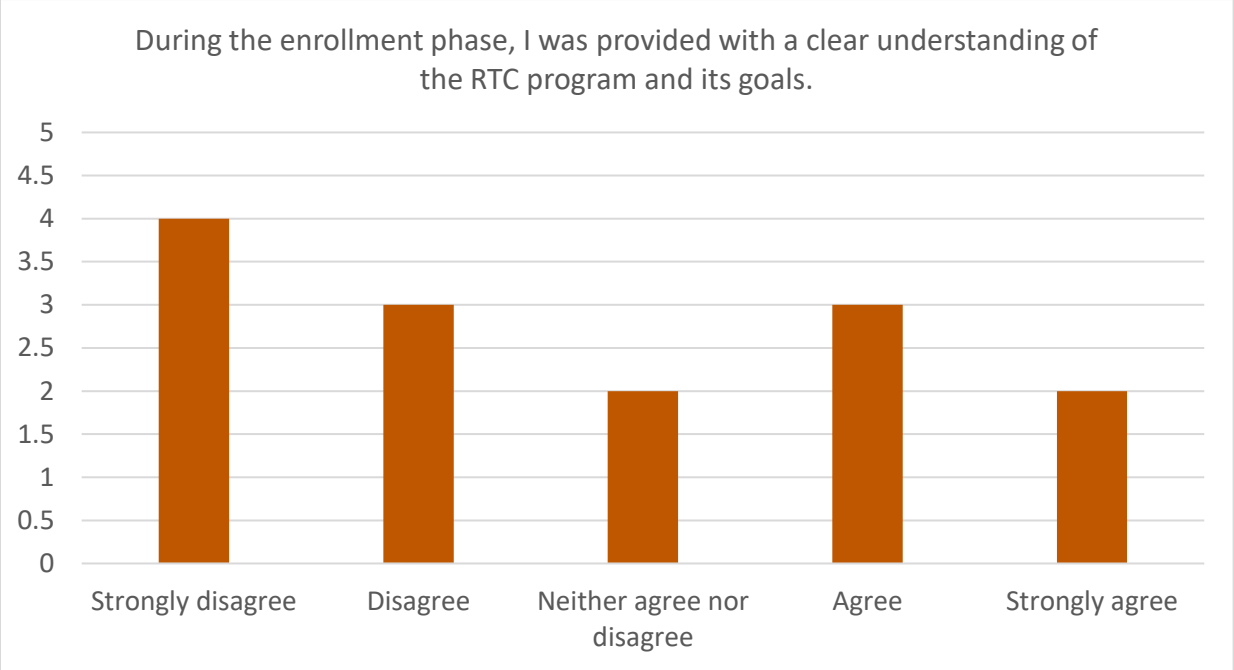
Involvement with the CRCG. A Community Resource Coordination Group (CRCG) is a county-based groups of local partners and community members that work with parents, caregivers, youth and adults to identify and coordinate services and supports, including behavioral health, basic needs and caregiver support. They help people whose needs can't be met by one single agency and who would benefit from interagency coordination. Most families (61.5%) were uncertain whether they had been connected to the local CRCG. Three families (23.1%) reported no involvement and two (15.4%) indicated that they had been involved with the 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 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 maintains 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. The results were mixed, with a slightly larger proportion of caregivers reporting they did not receive a clear understanding of the program and its goals.

Figure 2. *Caregiver Perceptions of Communication*



HHSC recently developed and distributed a *Family Guide to the RTC Project* that can be used during the enrollment phase to support consistency in communication. Nine participants were asked if they received the guide, with one (11.1%) reporting that they had received it. This question will continue to be asked to ensure use of the guide across the state to improve communication.

Suggestions for Improvement. Caregivers were asked if there were ways to make the enrollment process easier. Three respondents did not provide any suggestions for improvement, and one respondent indicated that it was "pretty easy." However, many families expressed a desire for better communication between all parties. Some felt frustrated due to a

breakdown in communication, noting there were too many people involved and they received conflicting information. They shared a desire for introductory emails or documents that could provide a clear description of the process and what to expect. One family felt it would be helpful to have someone walk through the application with them, as it is lengthy and can feel overwhelming. Families also wanted regular status updates, in order to understand what progress was being made. Some caregivers expressed that they felt lost in the process and anxious, feeling as if their only hope was not communicating back with them.

Some respondents indicated that interactions during the enrollment process could be more trauma-informed. One family requested that staff review the records in advance to limit the need for the family/child to re-tell their story multiple times. One family described feeling judged or blamed by Child Protective Services staff as a parent, and felt pressured to accept the referral into the RTC Project. Furthermore, some expressed the desire to have been more empowered as a caregiver to make informed decisions.

Families are living in the extreme, parents need to be heard and need to be given the route they need to take to help their child.

Several families requested more resources in order to help them make informed decisions. For example, a list of RTCs was provided, but families wanted to understand more about each of the facilities, the services offered, and the residential accommodations. Families also indicated it would be helpful to have information on different scenarios and what the options would be in each scenario. Overall, families expressed experiencing significant stress and anxiety. Staff working with families can reduce the traumatic distress by empowering families to make decisions on the behalf of their child and understand the options that are available to them at different points.

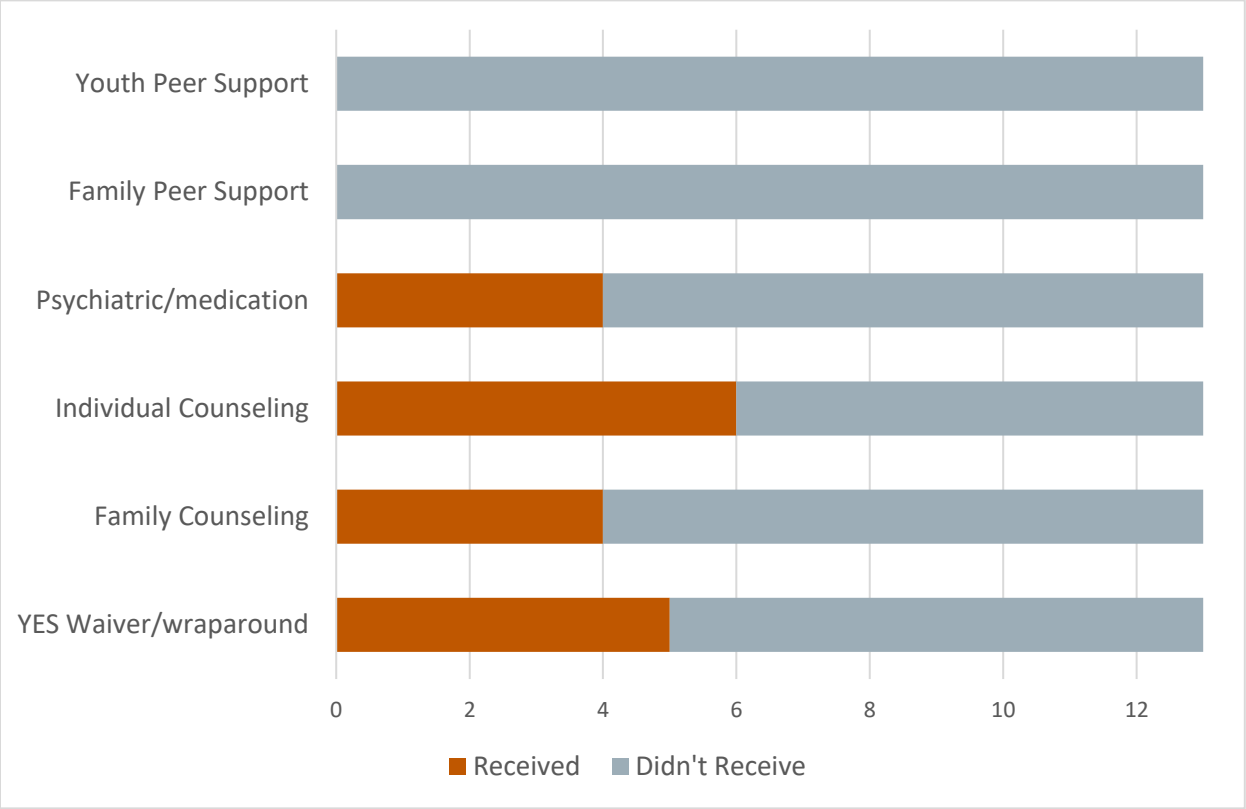
The waiting game is the hardest because families are living in chaos because we're having to wait.

Access to Needed Services

During time on the waitlist, the RTC Project connects families to community-based services and supports to support the family's functioning while awaiting residential services. In some circumstances, families may receive intensive wraparound supports that may meet the family's needs and prevent the need for residential placement. Caregivers were interviewed about access to services and supports.

Services Provided Following Enrollment. Participants were asked what services their child/youth was currently receiving while awaiting placement in residential care. All but one family reported receiving some mental health services, and nine (69.2%) were receiving services through the LMHA/LBHA. The types of services currently being offered to families are presented in Figure 3. Individual counseling was the most prevalent service. No families were receiving family or youth peer support.

Figure 3. *Services Provided While Awaiting 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:

- Peer support from a Certified Family Partner (4);
- Youth Empowerment Services (YES) Waiver;
- Crisis Respite (2);
- Family Therapy;
- Youth Peer Support;
- Skills Training;
- Supported Education and Employment Services (SEES);
- Trade training;

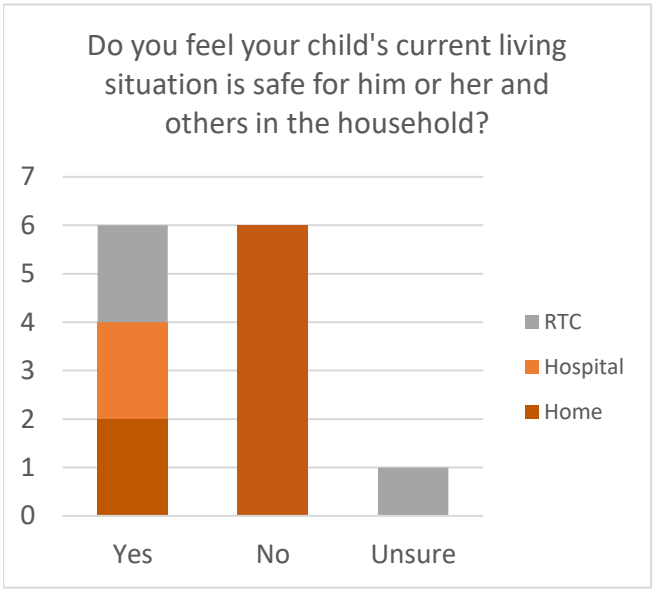
- Outpatient services;
- Intensive psychotherapy;
- Dialectical Behavior Therapy (DBT);
- Equine therapy;
- Day Camps (to support inclusion); and
- Supports/services for siblings.

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. Eight of the children represented within the interviews were living in the home with a family member. Two youth were residing in a psychiatric hospital setting, and three youth were currently placed in a residential treatment center. 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, two families (25%) reported that the family was in a safe living situation. No families with children in an RTC or hospital stated that they felt their child or others were unsafe (one reported uncertainty).

Figure 4. *Safety of Current Living Situation*



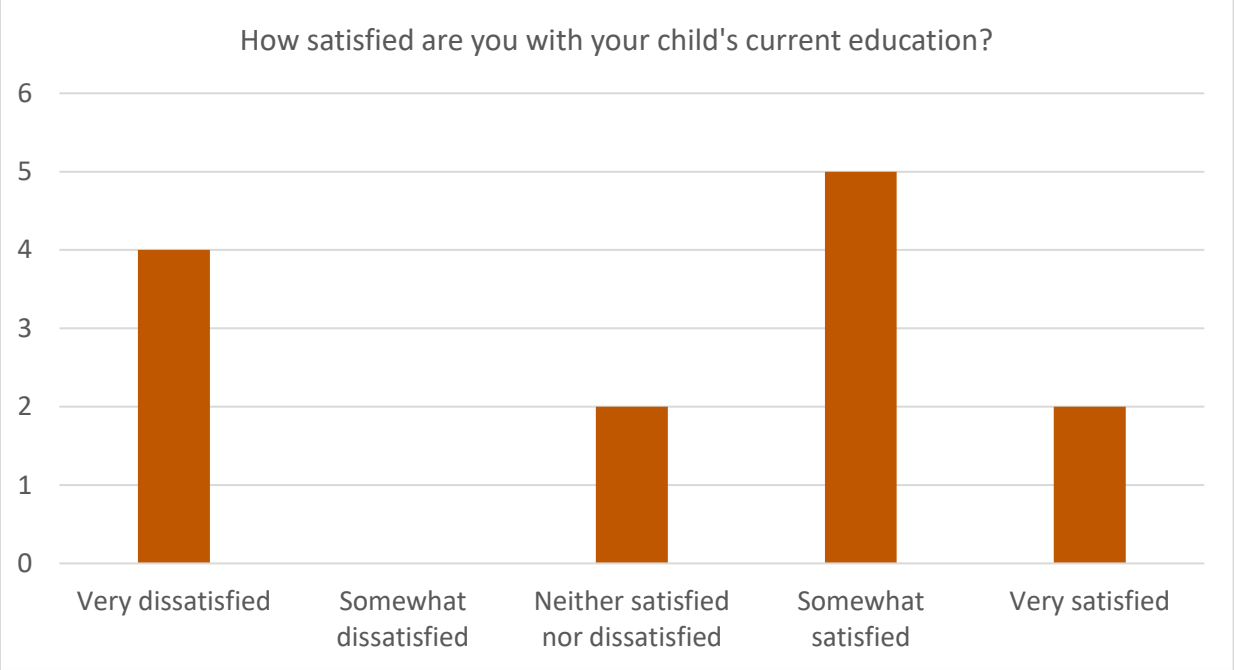
Involvement with the Legal System. Most youth had not been involved with the juvenile justice system (69.2%). However, four youth were involved, with two experiencing arrest in the past 6 months, two placed in detention, and two serving on probation or parole. Two of the four youth were involved in the justice system in more than one way.

Education and Job Experiences. Six caregivers who were interviewed (46.2%) reported that their child is attending school regularly. Three caregivers (23.1%) reported that the youth is

attending school, but not regularly and four individuals (30.7%) 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 were somewhat satisfied with their educational experience, but some expressed dissatisfaction. Several families felt that it took too long to establish accommodations or that the educational supports were not helpful. One caregiver felt that the youth was passed through without gaining the skills for the grade level.

Six youth have been suspended from school within the past 6 months and two additional youth have been expelled from school. None of the children/youth represented in the evaluation are currently employed, but one youth had a volunteer position.

Figure 5. *Family Satisfaction with Education*



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?" Ten out of the thirteen participants (76.9%) selected either "agree" or "strongly agree" with the statement, with three respondents (23.1%) providing a neutral response.

Conclusion

Limitations

The current report reflects the experiences and perceptions of a 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 primarily included families referred after March 2022 to the RTC Project or those discharged prior to receiving a residential placement. Their experiences within the program are informative, but do not reflect specifically on the care received during residential care or following discharge from this setting. Further data collection is necessary to create a larger sample of participants and diversify the time points at which their experiences are assessed. The findings highlighted below should be considered preliminary, as the sample of respondents continue to grow.

Initial Findings

1. Caregivers of children referred to the RTC Project are experiencing significant stress and caregiver strain while waiting for placement. They frequently report feeling that they lack information, are uncertain about procedures, and would like additional communication.
2. The HHSC RTC Project team has developed a family guide to provide additional clarity to caregivers on the steps involved in the project and expectations for what will happen during placement. This is likely to meet an important need expressed by many caregivers.
3. All but one family reported that they were currently receiving mental health services. Families described some non-traditional supports that their family was receiving, such as equine therapy, in addition to more traditional services.
4. Families whose child was in a hospital or residential setting reported that they believed their child was safe (one reported uncertainty). Only families whose child remained in the home reported feeling like their child or others in the household may be unsafe.
5. The most frequently requested service or support by caregivers participating in the interview was family partner peer support. No families reported receiving this service currently.[2]

[2] Families with children admitted to RTC facilities through the RTC Project are authorized for Family Partner Supports through their LMHA/LBHA. Certified Family Partners use their lived experience to support families in advocating for their child, navigating the service system, and participating fully in care planning.

6. No participating caregivers reported dissatisfaction with their decision to enroll in the RTC Project.

Recommendations

Despite these limitations, some initial recommendations are presented for consideration:

- Families enrolling in the RTC Project have likely experienced a variety of traumatic experiences, including the difficult decision to seek residential care. All staff members involved with families during this period, including staff from LMHA/LBHAs, DFPS, and HHSC, should utilize trauma-informed practices to the best of their ability. These practices should include:
    - Utilize existing documentation, such as the common application and psychological evaluation, to the extent possible to minimize the family's need to repeat previous experiences to multiple care providers;
    - Provide crisis management and stabilization services, such as in-home respite, paraprofessional services, and mobile crisis outreach, to support the safety of the child and other family members while waiting for residential placement;
    - Build trust by providing clear communication to the family about the goals of the RTC Project, what to expect at different phases of the process, and any limitations that may exist; identifying one key staff member to support navigation within the RTC Project can minimize the chances for miscommunication when caregivers must engage with many different professionals;
    - To the extent possible, provide families with opportunities to make informed choices about options that are available to them, including considering more than one placement when available;
    - Work collaboratively with families to understand what factors are most important to them in a residential facility or community-based services, and
    - Provide an atmosphere that validates families for their efforts to obtain appropriate services and supports for their child and provide opportunities for families to learn about available resources and how to access them.
- Ensure all families receive the written guide to the RTC Project at referral or enrollment. This guide outlines what can be expected at each phase of the initiative and describes the rights and responsibilities of the child and their caregivers. The guide also documents the steps a family member can take to address concerns or discuss any issues in care. It would be beneficial to have the guide available on the website for families.

- Many families reported involvement with law enforcement or school discipline prior to enrolling in the RTC Project. Educating these professionals about intensive community-based service options, such as Multisystemic Therapy (MST) and YES Waiver, and supporting appropriate referrals could ensure that families are linked with effective care prior to the need for out-of-home care. The expansion of MST in some communities could be an effective alternative to residential care, if youth are referred in a timely manner.
- The state should consider expanding the crisis system to include Family Crisis Response Teams that focus exclusively on responding to behavioral health crises in children, adolescents, and their families. Examples of best practices can be found here. Family Crisis Response Teams would provide support to families to de-escalate unsafe behaviors, stabilize crisis situations, and support linkages to appropriate community resources. These services may prevent the need for residential care by providing families with critical supports to allow the family to maintain the child in their community.
- Families entering the RTC Project may benefit from a referral to a knowledgeable and experienced family partner. The provision of peer support is another trauma-informed practice and can provide families with needed support during this difficult period of waiting to access care. Certified family partners in this role should receive training to understand the RTC Project and residential care, if they have not had lived experience with these programs/systems.