

Summary of Changes to the Child and Adolescent Texas Resilience and Recovery Service Delivery System for community mental health services. [August 19, 2013]		
	Resiliency and Disease Management (RDM)	Texas Resilience and Recovery (TRR)
Implementation Dates	End Date: August 31, 2013	Full Implementation Date: September 1, 2013
	More Information: Broadcast Message #66 (August 17, 2012) Re: Update on RDM Re-design Progress	
Guiding Principles	<ul style="list-style-type: none"> • Disease management • Diagnosis driven services 	<ul style="list-style-type: none"> • Recovery oriented • Needs & Strengths Driven • Intensity paradigm for levels of care (LOC) • Youth Driven /Family Focused • Engagement in care • Systems of Care Principles • Fidelity to evidence-based practices
	More information: 1) Broadcast Message #66 (August 17, 2012) Re: Update on RDM Re-design Progress 2) Texas Resilience & Recovery: FY2014 Utilization Management Guidelines Child & Adolescent Services.	
Uniformed Assessment	<ul style="list-style-type: none"> • Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG) <ul style="list-style-type: none"> -Ohio Youth Problem Severity Scale - Ohio Youth Functioning Scale • The use of the TRAG and Ohio scales will be discontinued starting September 1, 2013. The last day that an individual can be assessed using the TRAG is August 31, 2013. 	<ul style="list-style-type: none"> • New Uniform Assessments for specific age groups: Child & Adolescent Needs & Strengths (CANS) <ul style="list-style-type: none"> -Texas CANS 6-17 for children/youth ages 6-17 - Texas CANS 3-5 for children/youth ages 3-5 The Texas CANS 3-5 must be used for a 6 year old if he/she is intended to be authorized into LOC-YC. • Providers will continue to complete Section 2 (Community Data) and Section 3 (Authorization) • Start Date: September 1, 2013
	More Information: 1) Broadcast Message (MSG) #66 (August 17, 2012) Re: Update on RDM Re-design Progress 2) Broadcast Message # 0698 New Uniform Assessment, TRR, Client Assignment and Registration System (CARE) / Clinical Management for Behavioral Health Services (CMBHS) Transition, July 5, 2013	

Levels of Care	<ul style="list-style-type: none"> • Service Packages(SP) based on Internalizing or Externalizing Diagnosis: <ul style="list-style-type: none"> - SP 1.1 Externalizing Disorders and moderate level of impairment - SP 1.2 Internalizing Disorders and moderate level of impairment - SP 2.1 Multi-Systemic Therapy (MST) [Discontinued in 2012] - SP 2.2 Externalizing Disorders and moderate to high functional impairment in diverse settings. - SP 2.3 Internalizing Disorders and a moderate to high problem of severity or functional impairment. - SP 2.4 Major Disorders: Children/Youth diagnosed with Bipolar Disorder, Schizophrenia, Major Depression with Psychosis or other psychotic disorders and are not yet stable on medication. - SP 4 After Care - SP 0 Crisis - SP 5 Transition • No level of care for young children 	<ul style="list-style-type: none"> • Clinical needs identified on the CANS will be used to determine appropriate level of care. • Children/youth are expected to transition to a lower LOC as strengths are identified and resilience built. • The new Levels of Care (LOC) were designed as a continuum of Intensity driven services. The intensity of services are based on severity and complexity of needs and the identified strengths: <ul style="list-style-type: none"> - <i>LOC-0 Crisis Services</i> (For new clients only) Note: Crisis service array is included in all levels of care for existing clients. - <i>LOC-1 Medication Management Services</i> (Recovery / Low Emotional, Behavioral Needs & Life Domain Needs) - <i>LOC-2 Targeted Services</i> (Emotional Needs OR Behavioral Needs) - <i>LOC-3 Complex Services</i> (Emotional, Behavioral and/or Life Domain Needs) - <i>LOC-4 Intensive Family Services</i> (Multi-System Involvement) - <i>LOC-YC Young Child Services</i> (Ages 3-5 or Comparable Developmental Stage) - <i>LOC-5 Transitional Services</i> • Clear numerical order provides information on intensity of services, from lower level of intensity (1) to higher level of intensity of services (4) • New LOC-YC provides developmentally appropriate services including assessment (CANS 3-5) and treatments: Level of Care Young Child (LOC-YC)
More info: 1) TRR: FY2014 Utilization Management Guidelines Child & Adolescent Services. 2): Broadcast MSG # 0698 of July 5, 2013 mentioned above. 3) Broadcast MSG # 108 Fair Hearing Decision Instructions		
Reasons for Deviation	<ul style="list-style-type: none"> • Clinical Need • Resource Limitations 	<ul style="list-style-type: none"> • Clinical Need • Resource Limitations

	<ul style="list-style-type: none"> • Consumer Choice • Continuity of Care • Other 	<ul style="list-style-type: none"> • Consumer Refused • Continuity of Care • Other
<p>More info: TRR: FY2014 Utilization Management Guidelines Child & Adolescent Services, Appendix F: Reasons for Deviation.</p>		
<p>Service Array</p>	<ul style="list-style-type: none"> • Core and Add-On services 	<ul style="list-style-type: none"> • Core Service: The services in a level of care that are essential and are expected to be delivered to all persons to support recovery. • Adjunct Service: Clinically indicated services that are customized and may be delivered to support the recovery of the individual. • Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis • The authorization for each LOC includes all core and adjunct services, as well as the crisis services array. • There is no need for additional authorization to provide adjunct services.
<p>More information: 1) TRR: FY2014 Utilization Management Guidelines Child & Adolescent Services.</p>		

<p>Available Treatments/Protocols</p>	<ul style="list-style-type: none"> • Psychiatric treatment /medication treatment • Cognitive Behavior Therapy (CBT) is the approved counseling modality. Parent Child Psychotherapy/Dyadic Therapy, Trauma-Focused Cognitive Behavior Therapy, Family Therapy and Play Therapy are allowed. • Defiant Child, Defiant Teen, Bloomquist’s Skills Training for Children with Behavior Problems are the approved skills training protocols. 	<ul style="list-style-type: none"> • Evidence-based Practices are the primary treatment modalities. • <u>Counseling (EBPs):</u> CBT, TF-CBT, Dyadic Therapy (Parent Child Interaction Therapy is the primary recommended treatment for LOC-YC and Parent Child Psychotherapy/Dyad Therapy is allowed), Family Therapy, Play Therapy. <i>Required in FY 14:</i> CBT <i>Allowed in FY 14:</i> TF-CBT, Dyadic Therapy, PCIT, Play Therapy, Family Therapy • <u>Skills Training:</u> Aggression Replacement Training® and Skillstreaming, Seeking Safety, Nurturing Parenting (Tertiary treatment) Programs, Defiant Child, Defiant Teen, Preparing Adolescents for Young Adulthood <i>Required in FY 14:</i> ART®, Skillstreaming, Seeking Safety, Defiant Child/Teen, PAYA <i>Allowed in FY 14:</i> Nurturing Parenting, Bloomquist (for skills training provided to the LAR in LOC-YC if Nurturing Parenting is not available). <i>Not allowed in FY 14:</i> Bloomquist’s skills training for ages 6-17 • <u>Wraparound:</u> Required for the provision of Intensive Case Management. • <u>Psychiatric treatment/medication treatment</u>
<p>More Information: 1) TRR: FY2014 UM Guidelines Child & Adolescent Services. 2) Performance Contract FY 2014 3) Training requirements outlined in Information Item A. 4) FAQ CMH Protocols Version 2.</p>		
<p>Performance Measures</p>	<ul style="list-style-type: none"> • Focused on monthly minimum hour targets per individual • Clinical outcome measures utilized CA-TRAG • Family Partner minimum hours measured only in 2.2., 2.3, or 2.4 	<ul style="list-style-type: none"> • Average hours measured across the population in each LOC. FY2014 will serve as a benchmarking year for average hour contractual targets. • Clinical improvement to be measured by use of the Reliable Change Index (RCI) using CANS scores. • Family Partner performance measure utilizing encounter data
<p>For more information:Performance Contract Notebook, Information Item C: Service Targets, Outcomes and Performance Measures</p>		

Fidelity (QM)	<ul style="list-style-type: none"> Fidelity standards were created by DSHS 	<ul style="list-style-type: none"> National standards are used for the implementation of evidence-based practices
Data Systems	<ul style="list-style-type: none"> Client Assignment and Registration System (CARE) 	<ul style="list-style-type: none"> Clinical Management for Behavioral Health Services (CMBHS)
	<p>More Information:</p> <ol style="list-style-type: none"> Broadcast Message # 0698 New Uniform Assessment, TRR, Client Assignment and Registration System (CARE) / Clinical Management for Behavioral Health Services (CMBHS) Transition, July 5, 2013 	