



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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**To:** Executive Directors & Behavioral Health Directors  
Local Mental Health Authorities (LMHAs)

**From:** Ross Robinson, Director *(RCR)*  
Community Mental Health and Substance Abuse, Program Services

**Re:** Update on Resiliency and Disease Management (RDM) Re-Design Progress

### **Background:**

Over the past two years, Department of State Health Services (DSHS) personnel, representatives from Local Mental Health Authorities (LMHAs) NorthSTAR and Value Options, and members of the advocacy community have worked together to make necessary and beneficial changes to the Resiliency and Disease Management (RDM) system. Feedback has been obtained through meetings and from on-site visits conducted by DSHS Programs Services staff members who represented adult and child/youth mental health services. This broadcast message provides a summary of critical findings from those meetings and visits, as well as information regarding major developments in the RDM re-design process.

### **Summary:**

During their visits to LMHAs, DSHS Program Services Staff received the following feedback regarding RDM:

- Structure: "Front-Line" staff report the structure provided by RDM has been helpful.
- Appropriateness: Services as outlined for adults in the Utilization Management Guidelines generally meet client needs. Children's Services need refinement.

DSHS Program Services Staff also received feedback about areas within the system that can be strengthened and improved. The recommended changes listed below are based on additional feedback from the LMHA site visits, data, other states' information, research in evidence-based practices, and the work of the RDM Oversight Workgroup Committee and sub-committees.

### **Adult Services:**

- Modify five of the domains of the Adult TRAG
- Offer an Annual Extended Review Option for Adults

For Children/Adolescents, the site visits revealed that more changes were needed. The feedback included requests for fewer service packages and reported problems with the implementation of the Ohio Scales. In response to this feedback, the committee has been reworking the Children's Mental Health service packages so that fewer are needed. We also anticipate a separate Early Childhood service package for children ages 3 to 5 that utilizes dyad therapy for them and their primary caregiver. Another major change will be the implementation of a new assessment for Children and Adolescents: the Child and Adolescent Needs and Strengths (CANS) assessment.

#### Draft Changes to Adult TRAG

The following are changes to language within 5 domains of the Adult TRAG:

- Domain 3 (Psychiatric-Related Hospitalizations): Addition of language reflecting length of hospitalization(s)
- Domain 4 (Functioning): Addition of clarifying language (e.g. removing the statement that factors are "relative to the person's normal level of functioning.")
- Domain 6 (Housing): Addition of clarifying language as it applies to students and individuals living with family members
- Domain 8 (Criminal Justice Involvement): Significant changes related to parole, probation, and release from incarceration
- Domain 9 (Depressive Symptomatology): Change domain name to "Quick Inventory of Depressive Symptomatology (QIDS)." The domain scores will be solely dependant upon the QIDS score.

In addition, the following are proposed changes in criteria requirements and will impact the packages to which consumers are recommended:

- Allow individuals with a diagnosis of Major Depressive Disorder (MDD) with Psychotic Features who have a score of 3, 4, or 5 in the Psychiatric-Related Hospitalizations domain to be recommended into Adult Service Package 4.

The following change was proposed to the workgroup but was not recommended:

- Allow individuals with a diagnosis of MDD without Psychotic Features who score a 4 on Functional Impairment and a 3, 4 or 5 in Housing Instability, Employment Problems, Criminal Justice Involvement, or Co-Occurring Substance Use to be recommended into Adult Service Package 3.

Although the subcommittee did not recommended the above change, DSHS is supportive of a case-by-case evaluation as appropriate of consumers who meet these criteria to determine if it is clinically justified to override the consumer into a higher service package.

The RDM subcommittee is working with representatives from the Information Management Consortia and other IT representatives throughout the state to address implementation issues, and to develop a timeline for implementation of these changes.

#### Addition of an Annual Extended Review for Qualifying Staff

Feedback from LMHA site visits revealed that a number of staff who provide services for Adult Service Package 1 individuals maintain very large caseloads. However, the site visits also revealed that a number of centers have worked to limit Adult Service Package 1 caseloads to 60-160 consumers per clinician. These staff members are in a position to provide quality clinical services to the persons they serve. The Department and LMHAs have a shared interest in maximizing the clinical care provided to consumers rather than relying upon assessments to

assure that clients are regularly seen, and that workers have some information regarding clients' overall status and needs.

DSHS is committed to ensuring that workers are in a position to meet with the persons they serve on a regular basis, which will allow them the time to develop rapport. To accomplish this, DSHS is committed to the ideal that caseworkers should have reasonable caseload sizes. Based on a recommendation from Center representatives, the department is proposing the addition of an annual extended review option for Centers whose Adult Service Package 1 staff members are carrying caseloads of 250 or fewer. The department is supportive of those LMHAs who have lower caseloads, and DSHS does not recommend that caseloads are increased to this level. However, this was seen as a reasonable goal for those Centers whose staff members maintain caseloads as high as 350 persons or greater.

At this time, the department is working with LMHAs, other stakeholders, state, and local IT System Representatives to develop a plan to implement this option as soon as possible.

#### Child and Adolescent Needs & Strengths (CANS) Implementation

Based on the work mentioned above, it has been recommended that the CANS replace the CA-TRAG and the Ohio Scales. The CANS was chosen for several reasons:

- It is a multi-purpose tool that also may function as a comprehensive assessment, a sorter, and an outcome measurement tool.
- It may serve to aid in treatment planning.
- It is a validated instrument that is currently used in 27 states.

The RDM Oversight Workgroup and Children's Mental Health (CMH) Sub-committees are developing an implementation timeline for the CANS. The timeline currently under development will outline the go-live date for each phase. The CANS rollout is expected to occur in 3 stages:

1. Early Adopter Implementation
2. Statewide collection of assessment data
3. New CMH Service Packages and Sorter go live

#### *Early Adopter Implementation*

The department is working with several LMHAs that have volunteered to become early adopters of the CANS. These centers will collect CANS assessment data that will be used to refine the proposed new service packages, and inform development of business rules used to recommend level of care treatment for consumers.

#### *Statewide Collection of Assessment Data*

The department will collect assessment data statewide in order to identify outcome benchmarks and refine business rules associated with sorting into service packages.

#### *New CMH Service Packages and Sorter Go Live*

The proposed new service packages and sorter will go live in conjunction with the Clinical Management for Behavioral Health Services (CMBHS) system. The department and RDM Sub-committees are working with the CMBHS Team to develop a specific implementation timeline.

#### Adult Strengths and Needs Assessment (ANSA)

There has been interest within the RDM Oversight Workgroup Committee in changing

assessment and treatment planning options for adults, as well. Although the adult packages and the sorter are working well, the plan is to determine by FY12 whether sufficient resources exist to make this change. The department is preparing to accept ANSA data from any Center that may be in a position to be an early adopter.

If any additional centers are interested in becoming CANS or ANSA early adopter sites, please contact Amy Lee at 512-206-4561 or [Amy.lee@dshs.state.tx.us](mailto:Amy.lee@dshs.state.tx.us).