



**November Children's Health Coverage  
Coalition Meeting**  
Friday, November 16, 2018  
11:00 a.m. – 1:00 p.m.

**Children's Health Coverage Coalition and OTA Meeting Minutes**  
**Friday, November 16, 2018 @ TMA**

**Present:**

Holly Gursslin- TIEMH-UT,  
Zahra Barsi- Methodist Healthcare Ministries,  
Sebastien Laroche – Methodist Healthcare  
Ministries,  
Alison Boleware – TMA,  
Nancy Walker – Consulatant representing Harris  
Health,  
Christina Hoppe – CHAT,  
Ashley Harris – United Ways of Texas,  
Mary Allen – TACHC,  
Leah Gonzalez – HFTX/TWHC,  
Alissa Sughrue – NAMI TX,  
Laura Guerra-Cardus – CDF TX,  
Helen Davis – TMA.

**On Conference Line:**

Linda Litzinger - Texas Parent to Parent,  
Melissa McChesney – The Center for Public Policy  
Priorities,  
Leela Rice – Texas Council of Community Centers,  
Betsy Coats- MAXIMUS.

**Meeting Chair:** Adriana Kohler, TCFC

**Meeting Scribe:** Kevin Caudill, CPPP

**1. Introductions [5 minutes]**

**2. Texas LAUNCH [Holly Gursslin, 25 minutes]**

- Refer to presentation materials attached in email.

**3. A Talk with New TX HHSC Commissioner [Courtney Phillips, 10 minutes]**

- Commissioner Introduction
  - Commissioner Phillips comes to Texas from Nebraska and Louisiana and started at HHSC about one month ago (October 2018). She oversees around 60,000 employees, including the Medicaid and CHIP division.
  - Commissioner would like to return for a more in depth discussion on where we are and where we want to go.
  - Emphasized building partnerships, hearing from families, and bringing together diverse groups to get input.



# CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

## November Children's Health Coverage

### Coalition Meeting

Friday, November 16, 2018

11:00 a.m. – 1:00 p.m.

- “Round Robin” style introduction to the groups present. Issues and priorities raised by groups included:
  - Accurate data on maternal mortality rates.
  - Mental health and substance abuse disorder coverage and prevention for parents and children.
  - Expanding coverage and issues with access to care/network adequacy.
  - Supports for families with children with medically-complex conditions.
  - Care coordination for kids in Medicaid managed care.
  - Help families navigate the health system.
  - Robust provider networks.
  - Easily understandable communications to families on Medicaid/CHIP coverage.
  - Emphasis on the “whole child” and improving health and wellbeing outcomes
  - Insurance for low income Texans.

#### **4. CHCC Legislative Agenda Discussion and Vote [Adriana Kohler, 80 minutes]**

- See attached documents in email for draft.

##### Under “Section 1. Improve Continuity of Coverage”

- Eliminate the sentence starting “at a minimum” because this gives legislators a second option when 12-month continuous eligibility for kids in Medicaid is the most effective and the goal we seek. Action item: work with Anne and others to change the language.
- For the third bullet on coverage for youth aging out of foster care: attendees commented that it was unclear whether the problem is transition from STAR Health to STAR Plan, or is the problem annual renewal. The main issue is challenges with youth verifying their residency on an annual basis. Action item: Work with Alissa to clarify this language.

CHAT mentioned support for tele-mental health options, like Child Psychiatry Access Program (CPAP) and would like to ensure hospitals have the option to play a role in the future.

##### Under Section 4, Medicaid Managed Care:

- Question about whether the provider ombudsman policy proposal is to help providers troubleshoot issues, or is it to add a clinical advisor to help families navigate Medicaid managed care issues. Group discussed that this proposal is to enable HHSC to have staff person to troubleshoot issues for a provider. Currently, there is no provider ombudsman, and this would give an option for providers.
- Access to coverage and women's health piece: modify language to allow for flexibility during session. “tailored covered option,” replace with “Improve maternal and child health by supporting initiatives to ensure women of reproductive age receive 12 months’ continuous coverage for preventive, primary and specialty care before, during, and after pregnancy.”

**VOTE: Approved.**

##### **Tabled for future business:**

- Delegate a point person or lead on each priority.



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**Action Items:**


- **To sign on to the CHCC legislative agenda, organizations must affirm via email that they'd like to sign-on and be listed as a supporting organization (can send logos as well). Please affirm via email to Arinda Rodriguez at [rodriguez@cphp.org](mailto:rodriguez@cphp.org).**

**Upcoming Dates:**

Legislative Briefing Jan 24, reserved LCC 1-4 PM.

Email Anne Dunkelberg ([dunkelberg@cphp.org](mailto:dunkelberg@cphp.org)) and Adriana Kohler ([akohler@txchildren.org](mailto:akohler@txchildren.org)) to help with planning for Lege Briefing.

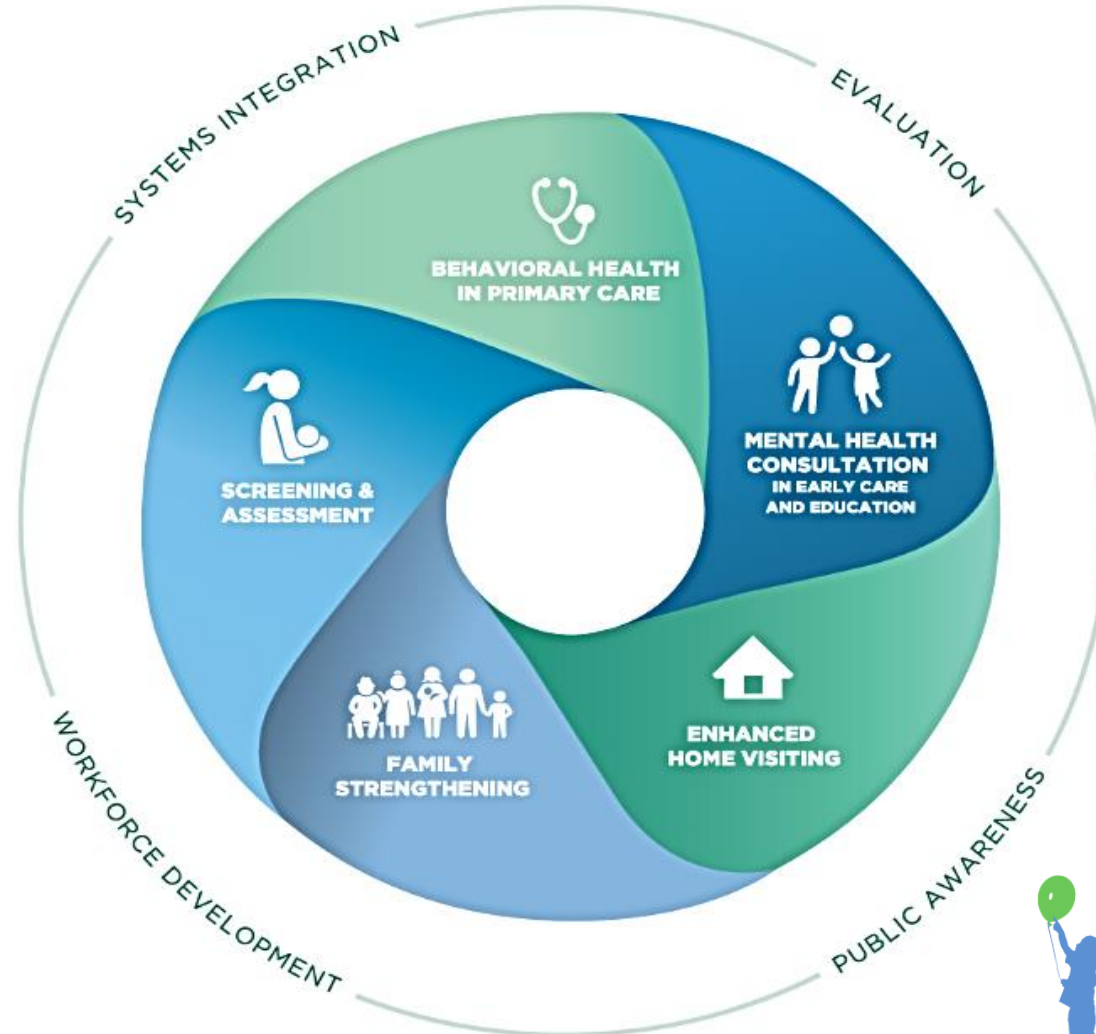
**Meeting adjourned at 12:56 pm.**



# **Project LAUNCH**

**Linking Actions for Unmet Needs in Children's Health**

Funded by SAMHSA,  
Project LAUNCH is a  
national initiative for  
supporting the  
**social emotional  
development,  
mental health,  
and wellness**  
of all children age 0-8





## Infrastructure Building Grant with a Mix of State & Local Efforts

### Texas LAUNCH Core Strategies



**Early Childhood Screening** (*all communities*) – Increase the number of children who receive developmental and social-emotional screenings to identify potential delays and refer families to community providers;



**Parent Strengthening** (*all communities*) – Increase effective parenting practices through evidence-based programming: Parent Cafés & Incredible Years parenting classes;



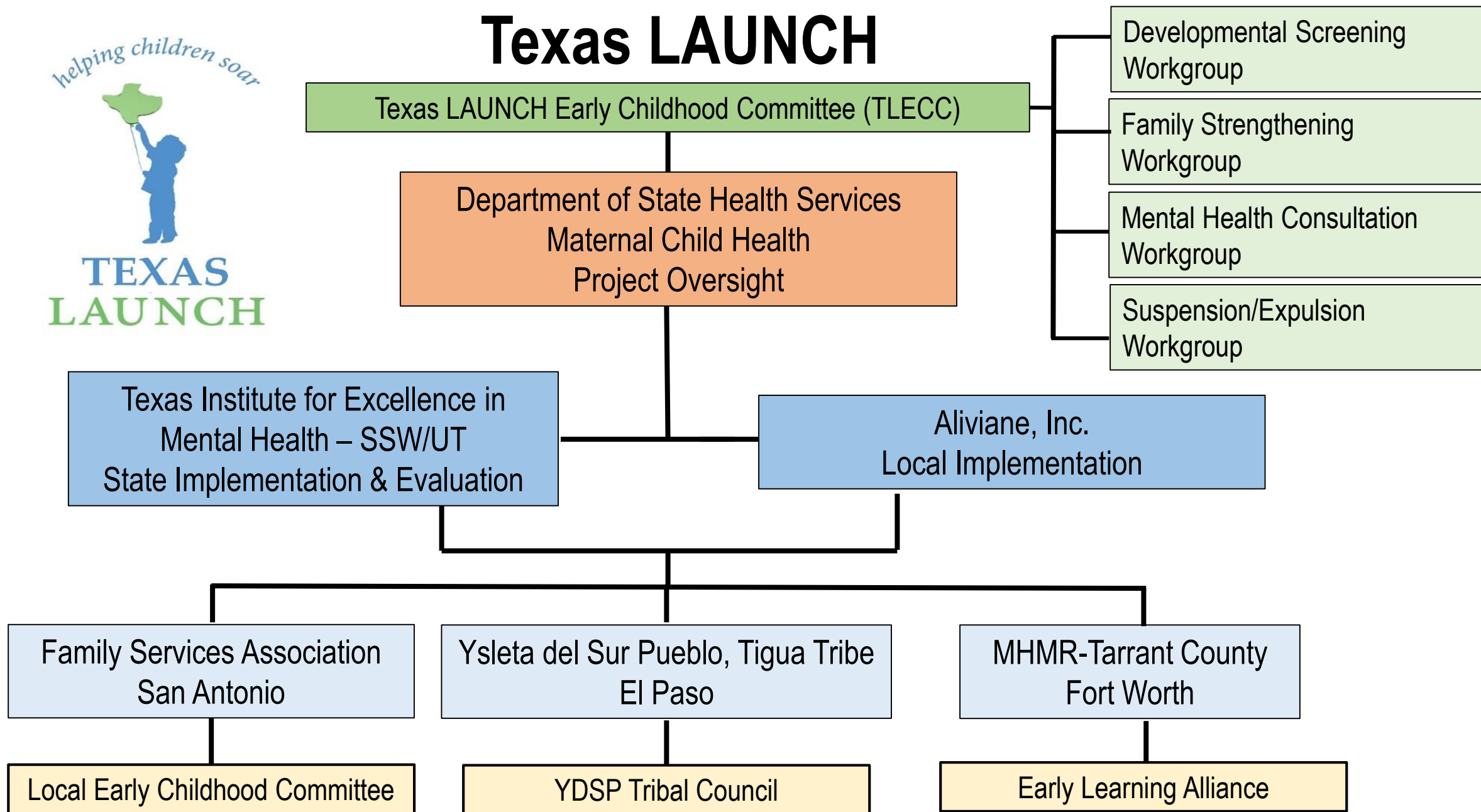
**Mental Health Consultation** (*select communities*) - Increase the number of: early child care, education, and home visitation providers able to support children's social and emotional development and address challenging behaviors within care settings



**Building Early Childhood Competency in the Workforce** (*state infrastructure*) - Supporting training in infant and young child mental health, trauma-informed practices, and the dissemination of evidence-based screening and parent training practices targeting young children.



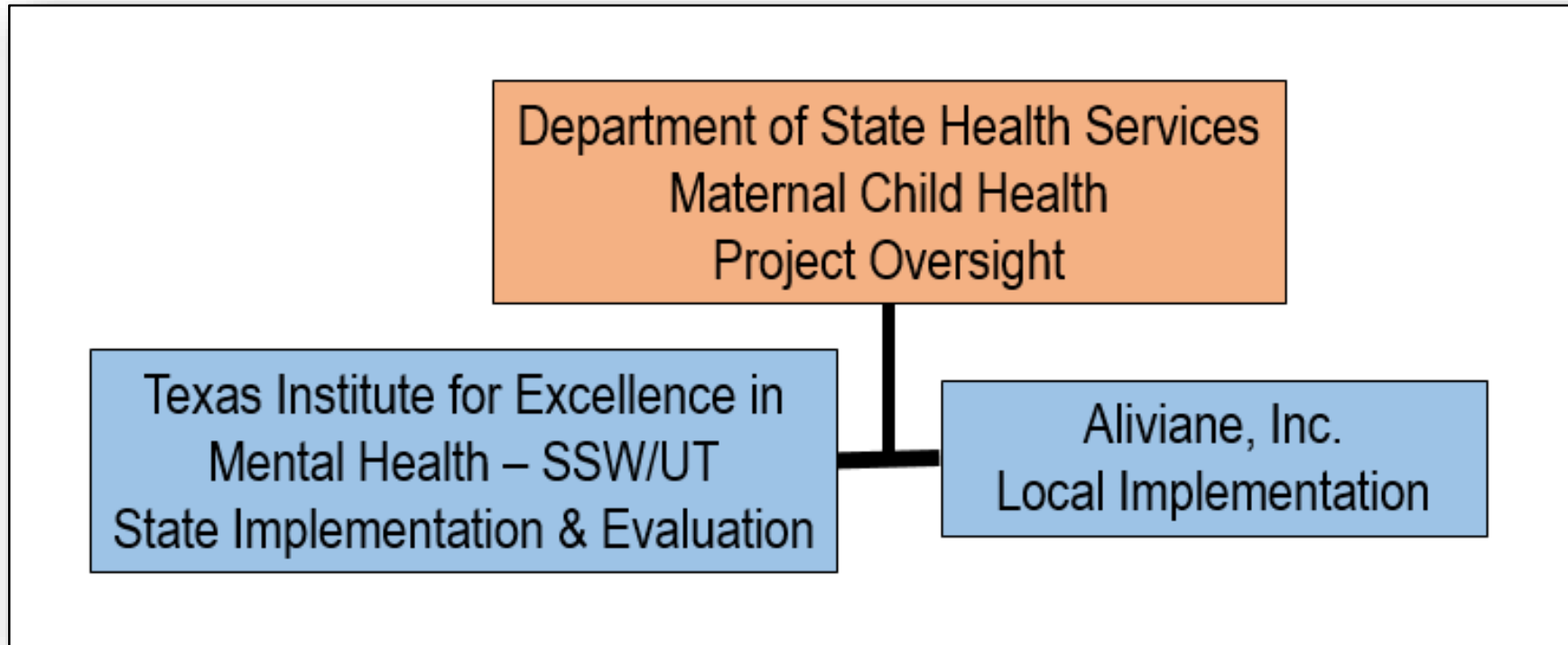
# Texas LAUNCH



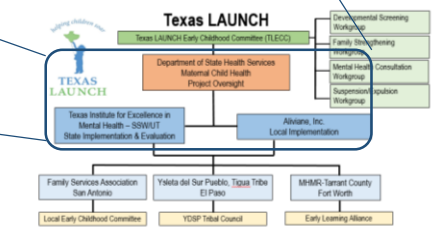
# Texas LAUNCH

Linking Actions for Unmet Needs in Children's Health

Texas LAUNCH collaborative builds on the success of the national initiative and previous state grant in El Paso



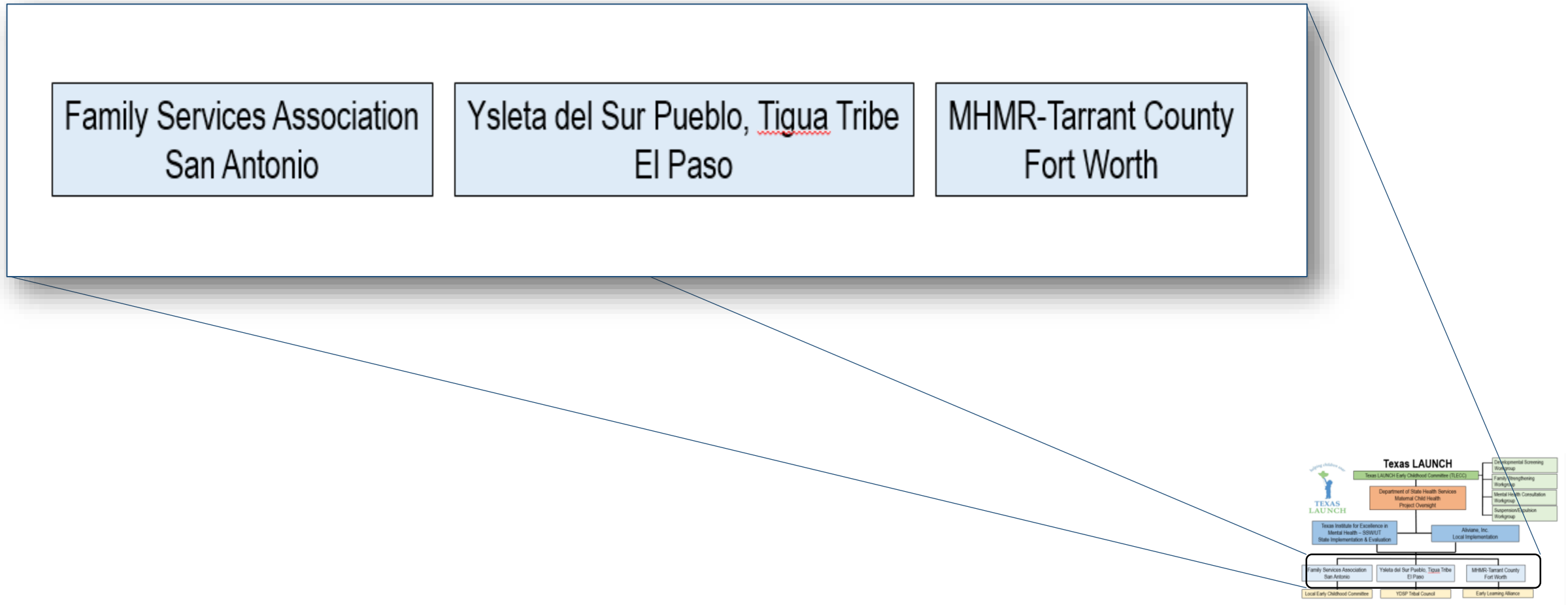
Grant Period: October 2015 – September 2019





## Linking Actions for Unmet Needs in Children's Health

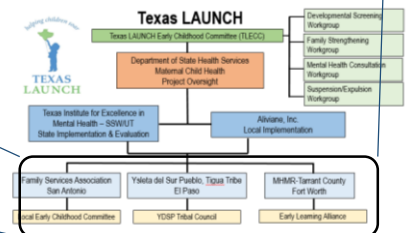
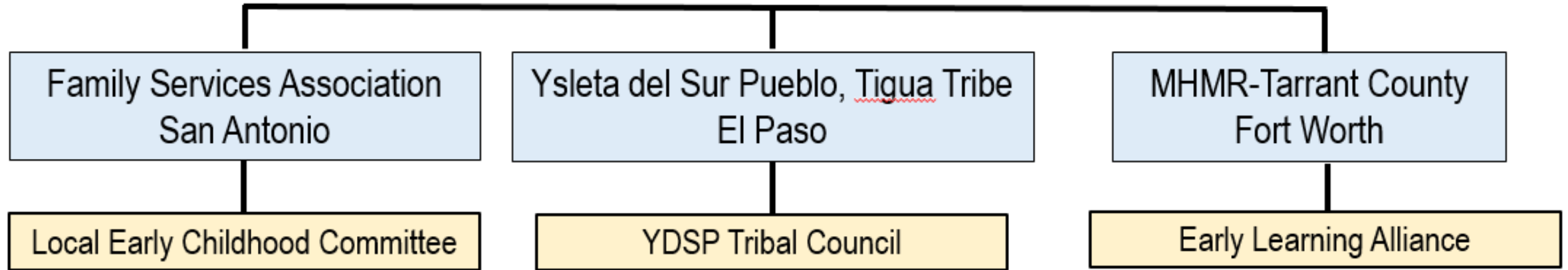
# Texas LAUNCH expansion communities



# Texas LAUNCH

Linking Actions for Unmet Needs in Children's Health

Requirement of grant to  
have local early  
childhood wellness  
councils



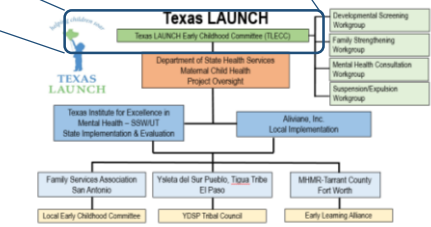
# Texas LAUNCH

Linking Actions for Unmet Needs in Children's Health



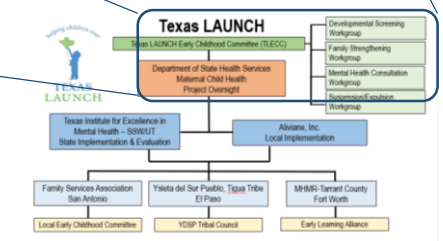
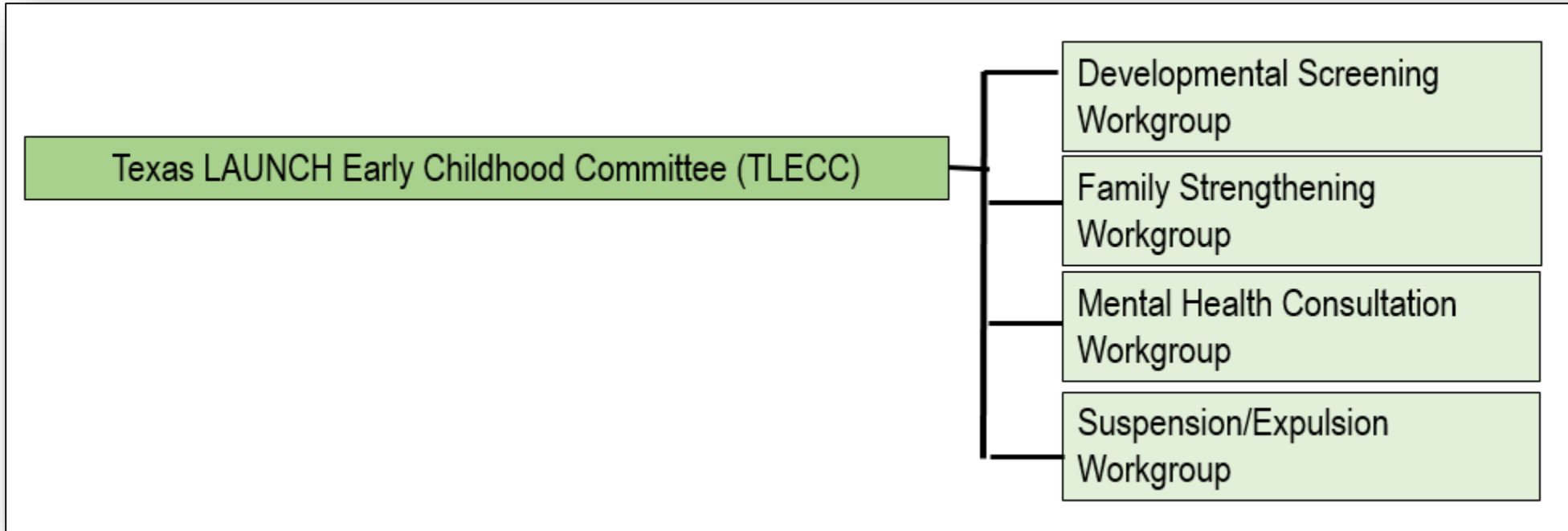
## Texas LAUNCH Early Childhood Committee

- Mission: We exist to support the success and wellness of young children and their families throughout Texas.
- Vision: Communities empower families to raise children to reach their full potential.
  - Memorandums of Understanding with Partners
  - Parent Leadership
  - Oversight of Texas LAUNCH project
  - Host to core strategy workgroups: Developmental Screening, Family Strengthening, Mental Health Consultation and Suspension/Expulsion.



# Texas LAUNCH

Linking Actions for Unmet Needs in Children's Health

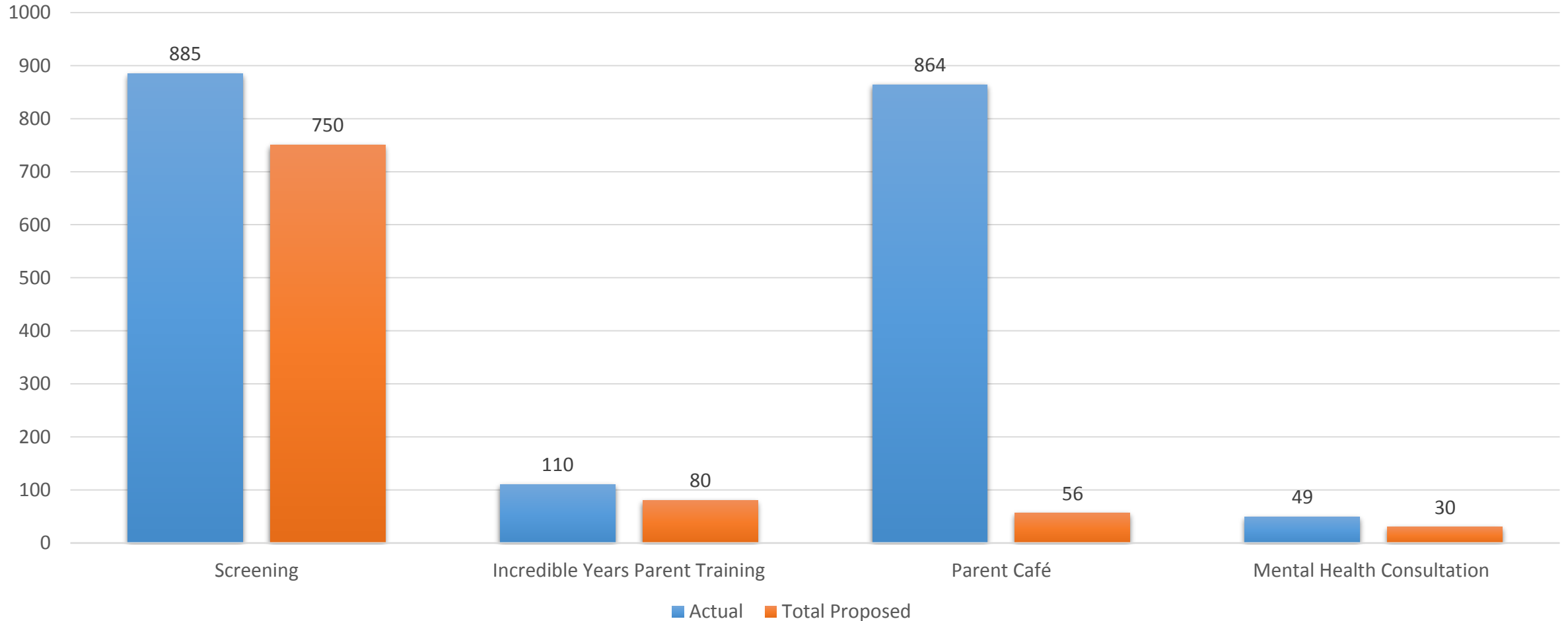


# Texas LAUNCH

Linking Actions for Unmet Needs in Children's Health



## Progress Towards Proposed Grant Goals: Year 3



## Disparity Impact Statement/Plan

- Examination of disparities in access, use, and outcomes
- Strategies aimed at disparate populations
- Monitoring of impact
  - State gathers data on ethnicity and gender - access to services
  - Local expansion communities looking at zip code areas
    - Postpartum Depression Screening – YDSP
    - Access to Parent Strengthening Programs – Las Vegas Trails – FW
    - Suspension/Expulsion in rural SA
- Data/Outcomes share with local wellness council and state workgroups



## Perceived Gaps & Needs Identified via LAUNCH:

- Mental Health Consultation and HealthySteps as reimbursable services - Medicaid/CHIP
- Access to Developmental Screening Data beyond the number screened:
  - coding data education, results, referrals via Medicaid/CHIP
- Re-institute the Zero-to-Three: DC:0-5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood so we can provide services to kids without stigmatizing diagnostic codes, such as ICD codes

## **Mental Health Consultation (MHC):**

A service delivery model that supports early care and education providers in promoting social emotional development and preventing behavioral health concerns in young children. Other states and the Texas Head Start models require an MHC to be a licensed clinician who works collaboratively with early childhood providers, programs, and families to improve their ability to prevent, identify and treat young children with potential behavioral or mental health concerns.

- State Efforts
  - State workgroup dedicated to building the infrastructure of MHC in Texas
    - Created a statewide definition – working on dissemination, researched national and state efforts in ECMHC, compared MHC competencies with the [TX IMH Endorsement](#), discussing funding opportunities
  - Workforce development via training from [Georgetown University's ECMHC](#)
- Local Expansion Efforts
  - Ft. Worth & San Antonio are exploring the possibility of proposing new Medicaid policies/changes to existing policies that would allow for the reimbursement of MHC services provided through primary care or in early care and education programs. Additional information is needed before a proposal is submitted to the Texas Health and Human Services Commission.

## HealthySteps:

A program developed by Zero to Three that is a unique, evidence-based pediatric primary care program committed to healthy early childhood development and effective parenting so that all children are ready for kindergarten and success in life. HealthySteps specialists, housed in primary care offices, helps to broaden the primary care team, enabling time-strapped providers to offer comprehensive support and highest quality care.

- Local Expansion Efforts

- Ft. Worth MHMRTC expansion community began implementing HealthySteps in August 2018, placing seven providers in three pediatric offices. HealthySteps specialists currently provide support by conducting ASQ developmental and behavioral health screenings in the pediatrician's offices, are available to help families in understanding their child's development, and assist when a referral is needed for other services.

## Work Moving Forward:

- ❖ State workgroup (subcommittees) could be supported by other identified state agencies and initiatives
- ❖ Preschool Development Block Grant – Re-establishment of the Federally mandated Texas Early Learning Council
- ❖ [SSW-MH-TTC](#): South/Southwest Mental Health Technology Transfer Center Region 6 – Texas Institute for Excellence in Mental Health (TIEMH)
- ❖ HOPES funding
- ❖ Continuation of local services via other grant funding

## How Can You Get Involved?

- ❖ Share the [Texas LAUNCH](#) initiatives with your colleagues/supervisors/stakeholders to share information on early childhood
- ❖ Read and share the information on the [Texas LAUNCH website](#), [Facebook page](#) and [newsletters](#).
- ❖ Representation on State Council and workgroups
  - Developmental Screening, Family Strengthening, MHC, Suspension/Expulsion
- ❖ Focus on Early Childhood (0-5) in discussions

# Thank You

**Holly Gursslin M.Ed., NCC, LPC-S**

**[holly.gursslin@austin.utexas.edu](mailto:holly.gursslin@austin.utexas.edu)**

**Senior Project Coordinator**

**Texas Institute for Excellence in Mental Health**



# Texas LAUNCH

Linking Actions for Unmet Needs in Children's Health



Project LAUNCH is a national initiative to promote the wellness of young children from birth to 8 years of age by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Project LAUNCH was initiated by the Substance Abuse and Mental Health Services Administration in 2008, and a total of 55 sites have been funded nationwide. The initial Project LAUNCH site in Texas was led by Aliviane, Inc. in El Paso. In 2015, Texas was awarded a cooperative agreement to expand the successful strategies implemented in El Paso to three additional Texas communities,

Texas LAUNCH aims to build upon the success of the El Paso project by using four targeted behavioral health promotion and prevention “core strategies” (see side bar). Each of the strategies will be implemented within; Ysleta del Sur Pueblo in El Paso, Tarrant County MHMR in Fort Worth, and Family Services Association of San Antonio, Inc. Targeted efforts to reduce health and behavioral health care disparities in each community will also be undertaken. Each local community will develop an early childhood wellness council to oversee the efforts and build partnerships among early childhood providers.

A partnership between the Texas Department of State Health Services (DSHS), Aliviane, Inc., and the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin will support the three participating communities in implementing Texas LAUNCH. State partners will support expansion through policy and infrastructure improvement activities, coordination of training and technical assistance, and the completion of an evaluation. The Texas LAUNCH initiative aims to serve 1000 children and families over the four years.

Visit Texas LAUNCH: <http://sites.utexas.edu/mental-health-institute/texas-launch/>

Contact: Ramah Leith, MPH at [Ramah.leith@dshs.texas.gov](mailto:Ramah.leith@dshs.texas.gov)  
or by phone at 512-776-2021

## Project LAUNCH “Core Strategies”

- Increase screening and assessment in a range of child-serving settings
  - Focus on child care providers, Head Start staff, primary care, and home visiting staff
  - Communities will receive training and technical assistance to help engage community staff in the use of tools and screening programs
  - Communities will identify or develop tools to support appropriate referrals following positive screens
- Provide family strengthening and parent skills training
  - ‘Incredible Years’ program will be implemented in all communities to enhance parenting skills, reduce behavioral problems, and reduce parenting stress
  - Parent Cafés will be implemented to extend skills training to additional parents
- Implement early childhood mental health consultation
  - The project team will seek opportunities to support the implementation of mental health consultation in one or more communities
- Build early childhood competency in the workforce
  - The project will expand opportunities for the workforce to gain an understanding of child development, trauma-informed practices, relationship-based interventions, and evidence-based practices for this population



Texas Department of State  
Health Services

The University of Texas at Austin  
Texas Institute for Excellence  
in Mental Health  
School of Social Work



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# CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

## 2019 Policy Priorities

### ❖ **Budget**

1. Ensure adequate funding for critical health programs aimed at improving maternal and children's health. This includes preventing reductions in critical health services or payments that would jeopardize access to and quality of care for children and mothers. Strong investment is needed in:
  - Medicaid, Children's Health Insurance Program, CHIP perinatal
  - Early Childhood Intervention (ECI)
  - DSHS programs and initiatives designed to improve maternal health

### ❖ **Improve Continuity of Coverage – prevent youth and adults from losing coverage and falling through the cracks**

1. Ensure children receive 12 months of continuous eligibility in Medicaid, like the Children's Health Insurance Program. At a minimum, restore Texas Children's Medicaid eligibility to sequential segments of 6-month continuous eligibility, which was our state policy from 2002-2014.
2. Establish auto-enrollment for 19-year-olds who age out of CHIP and Children's Medicaid, to seamlessly access care via Healthy Texas Women program
3. Establish streamlined transitions and renewal processes for Texas youth who age out of foster care and transition from STAR Health (age 18-21) to a STAR plan (age 21 – 26).

### ❖ **Increase Access to Health Coverage**

1. Improve maternal and child health by creating a tailored coverage option for women to access to care before, during, and after pregnancy.

### ❖ **Make Improvements to Medicaid Managed Care System**

1. Provide clear, easy-to-use resources to Medicaid clients, families, doctors and other care providers on care coordination services provided in each STAR program.
2. Enforce network adequacy standards and make Corrective Action Plans more transparent.
3. Establish a repository at HHSC of Medicaid client inquiries, complaints, requests for appeals – including inquiries made to health plans, HHSC, ombudsman, and legislators – so HHSC can better track trends and emerging issues.
4. Increase consumer supports for Medicaid clients and families seeking to appeal a denial or reduction of care. This includes providing staffing, training, and authority for the HHSC Ombudsman to educate and support Medicaid Managed Care enrollees throughout the MCO internal appeals and the Medicaid Fair hearings process; and providing a clear, user-friendly roadmap for Medicaid clients on the internal appeals process and fair hearing process.



# CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

## 2019 Policy Areas of Support

*These items are additional areas supported by CHCC, but have not been prioritized in 2019 or are being spearheaded by a partner coalition.*

### Coalition Key:

- CHCC – Children’s Health Coverage Coalition
- TWHC – Texas Women’s Healthcare Coalition
- TCHM – Texas Coalition of Healthy Minds
- CPRT – Child Protection Roundtable
- TPHC – Texas Public Health Coalition
- TCPTP – Texas Campaign to Prevent Teen Pregnancy
- CTN – Cover Texas Now
- SUDC – Substance Use Disorder Coalition

### ❖ **Budget**

1. Ensure adequate funding for critical health programs aimed at improving maternal and children’s health. This includes preventing reductions in critical health services or payments that would jeopardize access to and quality of care for children and mothers. Strong investment is needed in:
  - Texas’ women’s health programs (TWHC)
  - Mental health and substance use treatment and recovery programs (TCHM, SUDC)
  - Family Violence Program, HHSC Exceptional Item #34 (CHCC)
  - Behavioral Interventions for Children w/ASD, HHSC Exceptional Item #44 (CHCC)
  - Prevention and Early Intervention Services, DFPS Exceptional Item #8 (CPRT)
  - Services for Early Psychosis, HHSC Exceptional Item #19 (TCHM)

### ❖ **Improve Continuity of Coverage – prevent youth and adults from losing coverage and falling through the cracks**

1. Streamline renewal processes for families by enabling those with multiple kids enrolled in Medicaid or CHIP to renew coverage for each child on the same date every year (CHCC, CTN)
2. Direct HHSC to evaluate options for streamlining enrollment and referral process from CHIP perinatal to the state’s Family Planning Program (CHCC)

### ❖ **Increase Access to Health Coverage**

1. Support legislation to create comprehensive coverage for Texas’ low-income adults, improve maternal health, and enhance the financial security for parents striving to do the best job of raising their children and providing for their families (CTN)

❖ **Promote innovative strategies that improve access to quality health care**

➤ **Telehealth Strategies**

1. Fund exceptional item #49, Pediatric Telemedicine Grant Program for Rural Texas (CHCC)
2. Medicaid coverage for and promotion of virtual pregnancy medical homes (CHCC, TWHC)

➤ **Transportation Strategies**

3. Make improvements to non-emergency Medicaid transportation benefit so that more mothers and their children can travel to critical medical appointments. Promote innovations and partnerships with health plans so that Medicaid transportation options work more effectively for families (CHCC)

❖ **Improve Behavioral Health**

1. Create a Child Psychiatric Access Program (CPAP) to further enable primary care physicians to provide behavioral health services to children (CHCC/TCHM)
2. Promote use of integrated care that combines medical and behavioral health by covering the Collaborative Care Model approach through Medicaid (TCHM)
3. Direct HHSC to further promote best practices and training on screening and brief intervention around substance use issues, including providing trainings and materials to a range of health professionals (e.g., pediatric, family planning, primary care, and mental health providers), caseworkers, judges, and attorneys on Outreach, Screening, Assessment, and Referral Centers (OSARs) in their local area and materials on where to refer a person for substance use intervention (TCHM, SUDC)

❖ **Make Improvements to Medicaid Managed Care System**

1. Create an Independent Provider Health Plan Monitor to address issues between providers and plans (CHCC, CTN)

❖ **Improve Access to Family Planning and Contraceptive Care**

*In addition to policy priorities listed above under Budget, Continuity of Care, and Access to Health Coverage:*

1. Improve access to contraception through CHIP by covering as a benefit in CHIP or allowing dual enrollment of clients in CHIP and HTW (TWHC)
2. Improve maternal health and birth outcomes by covering postpartum contraception through CHIP Perinatal (TWHC)
3. Require Medicaid and private health plans to cover 12-month supply on contraception at one time (TWHC)
4. Allow minors who are parents to consent to contraception (TCPTP)

❖ **Improve public health to reduce health care costs**

1. Raise the age of tobacco purchases to age 21 (TPHC)