



Children's mental and emotional development and behavioral health are intertwined with their overall wellbeing, yet, the benefits of mental wellbeing reach far beyond individual children and families.¹ Society reaps rewards from supporting the mental health of children, because it reduces costs in the health, education, and criminal justice systems and increases stability, productivity, and safety community-wide.²

Are we making smart investments?

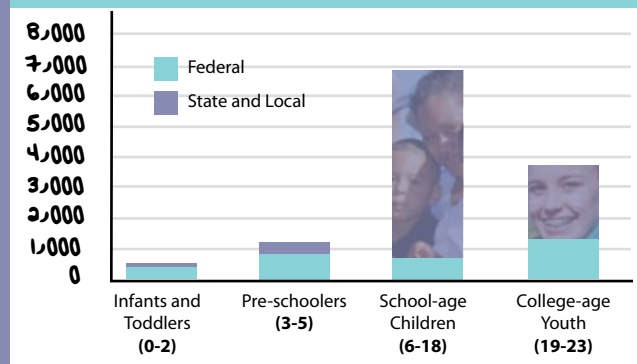
When it comes to children's mental wellbeing, Texas is not investing enough, nor is it investing wisely. Our state incurs significant losses when it fails to address the mental health concerns of Texans. Severe mental health challenges and substance abuse cost Texas businesses billions of dollars in lost productivity each year and more than 1.6 million permanent jobs. Spending and lost tax dollars related to mental illness and substance abuse cost the state about \$13 billion annually.³

By investing in prevention and early intervention strategies and identifying and treating youth when concerns arise, Texas has the opportunity to avoid the high costs associated with untreated mental illness and reap the benefits of a healthy, productive workforce. Unfortunately, it remains a largely unrealized opportunity. Public investments in Texas children's education and development⁴ are lowest in the earliest years, when return on investment tends to be the greatest.

CHILD MENTAL WELLBEING

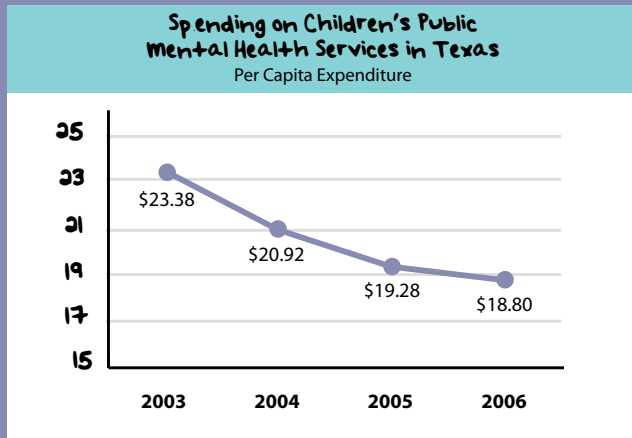
Childhood represents a time of critical development in the mind, in part because it is when a significant amount of our lifetime brain development occurs. More than 85% of total growth in the human brain occurs right at the beginning of life. Science has found that early experiences have the power to forge positive or negative changes in the structure of the brain, affecting the neurological architecture in ways that can determine later learning success, health outcomes, and social and emotional behavior. By promoting healthy mental development and providing appropriate and timely interventions to children with mental health or behavioral challenges, Texas can help ensure more children have the ability to reach their potential.

Texas per Child Investment by Age

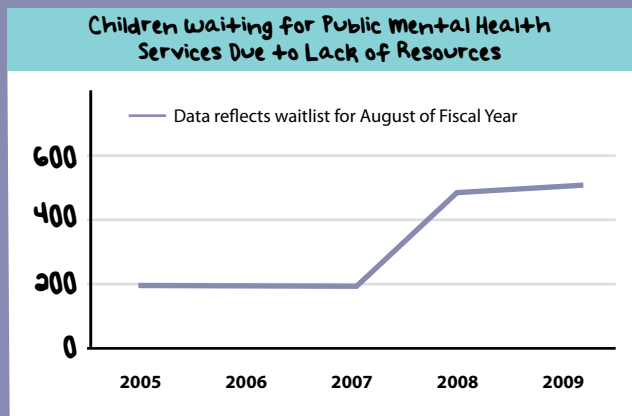


Source: Voices for America's Children, The Child and Family Policy Center, and Texans Care for Children. (2005) Early Learning Left Out: Investments by Child Age on Education and Development.

Over the past decade, Texas has ranked at or near the bottom amongst the states in spending on public mental health services for all age groups, and it spends only about 15% of this funding on children.⁵ Spending on children's public mental health in Texas in recent years has consistently decreased.⁶ Access to community mental health services is not an entitle-



Source: National Association of State Mental Health, Health Program Directors Research Institute, Inc. (NRI Inc.)



Source: Department of State Health Services, Division of Mental Health and Substance Abuse Division

ment and is instead tied to available resources.⁷ As of August 2009, 512 children and youth with serious disorders were waiting for services because of a lack of resources, a 147% increase from 2005.⁸

More than half of the individuals with a mental or behavioral disorder in their lifetime report that problems started in childhood or adolescence.⁹ About one in five youth have a diagnosable mental disorder.¹⁰ Intervening early is more effective than waiting until problems become more severe and can prevent some disorders from worsening.¹¹ Treating issues early is also more cost effective.¹² While state law calls for an emphasis on community-based early intervention services for children at risk of developing severe mental health problems,¹³ the trend in Texas is to provide services only after serious issues arise—when a crisis occurs, when a child is arrested, or when an overwhelmed family gives up custody of a child. Often, there are earlier warning signs prior to these events, such as family distress, difficulties in child care or school, or unidentified mental disorders. Instead of investing in promotion, prevention, and early intervention services, the state has focused on crisis services.¹⁴

In Texas, 10 state agencies and various local entities, including various health and human service agencies, the education system, and the juvenile justice system, each provide some type of mental health services or supports to children and youth. For many children, schools serve as the main provider for mental health services and supports,¹⁵ and primary care physicians provide the majority of prescriptions to children for psychotropic medication.¹⁶ However, there is no entity to coordinate these activities with authority, or to provide leadership in setting overarching priorities in children's mental health policy.

Despite a largely fragmented system to support the mental health of children and youth, and severe lack of investment in prevention, early interventions, and treatment, Texas has taken some encouraging steps in recent years and boasts some pockets of innovation. Prior to 2009, Texas did not have a formal infrastructure to facilitate communication, coordination, or collaboration across the various state agencies that provide services to children and families. That year, the Texas Legislature established two bodies to address this void: the Council on Children and Families, which addresses issues impacting all children and families in the state, and the Task Force for Children with Special Needs, which focuses on children with chronic illnesses, intellectual or other developmental disabilities, or serious mental illness. Improving high-level interagency coordination is an important element of improving outcomes for children and families across the state.

The Legislature also made investments to bring home-visiting programs into some communities across the state, and with increased federal funding becoming available, more communities may benefit from this evidence-based practice that produces positive outcomes in many areas of child well-being. The state also increased funding for crisis services and to bring down waitlists for child and adolescent community mental health services. State grants have been provided to local probation departments to help divert youth from the Texas Youth Commission, and some communities have chosen to provide youth with mental health services as part of their effort. The Texas Integrated Funding Initiative (TIFI) assists some communities in building an infrastructure known as systems of care to serve youth with serious emotional disturbance and has helped five Texas communities to secure federal grants to support their ongoing systems-of-care efforts, bringing in millions of federal dollars to the state.

Unfortunately, recent gains in investments stand to be erased as the state addresses significant budget shortfalls projected for the coming years. In 2010, state agencies were directed by the Governor and Legislative Budget Board to identify a schedule of planned budget cuts amounting to up to a 15% reduction of agency funding levels as passed in 2009.¹⁷ If the Legislature chooses to implement these cuts, about 2,600 children and youth stand to lose community mental health services in Texas.¹⁸

What Texas Can Do:

- Adequately fund community mental health centers so that they can provide evidence-based, developmentally appropriate interventions.
- Require greater coordination across state and local agencies providing mental health services and supports to children.

What You Can Do:

- Contact your legislators and let them know promoting young peoples' social and emotional health is as critical as providing them with services when problems arise.
- Raise awareness about the need for effective mental health services and supports in your community by inviting a representative of your local National Alliance on Mental Illness (NAMI) chapter to speak to your community group.
- Participate in Children's Mental Health Awareness Day each May to help raise awareness and reduce stigma.

Are we supporting mental wellbeing for all children?

In 2007, Texas ranked last among states in the rate of children with emotional, developmental, or behavioral problems who received mental health treatment. While many children throughout the United States go without needed mental health services, in Texas the rate trails nearly 20 percentage points behind the national average.¹⁹

Depending on many factors, including where they live, their families' income, their health insurance status, and the demographic they are identified with, many Texas children face additional barriers to receiving care.

Rural Children

Children and families living in rural areas in Texas face a lack of services and must often travel long distances to address children's mental health needs.²⁰ While most regions in Texas have a shortage of mental health professionals, the need is especially acute in rural areas.²¹ In all of Texas' 177 rural counties, there are only five child psychiatrists.²² Mental health providers in rural areas face the challenges of attracting, training, and keeping professionals, especially those with child and adolescent expertise, who are willing to work in relative isolation from other professionals and with limited continuing education and technical assistance available to help them stay abreast of advances in research and practice.²³

Family Income

One in four children in Texas lives in poverty.²⁴ Children living in poverty are at greater risk for mental health challenges that can last into adulthood.^{25, 26} Unfortunately,

mental health services in low-income communities are often more limited in terms of both quantity and quality, which makes it difficult for some families to get the help their children need.²⁷ A child living in a higher income household in Texas stands a greater chance of receiving mental health treatment than does a Texas child living in poverty.²⁸

Health Insurance Status

Having health insurance is not a guarantee that children can receive mental health care, but it improves their access to services. Unfortunately, an estimated 24% of Texas children in 2010 were uninsured.²⁹ Passage of federal health care reform will provide many of these children with access to coverage. Reform calls for both public and private insurance plans to provide minimum benefit packages, which are to include mental health services. Until federal regulations are written, however, it is unclear what services will be covered. Thanks to federal parity requirements, mental health benefits must be provided at the same level as physical health coverage. Prior to parity legislation, families frequently encountered more restrictive service limits, higher co-pays, and lower spending caps on mental health services as compared to other health services.

Even with health care reform, there will remain uninsured children in Texas. It is not yet clear the impact reform will have on the public mental health system in Texas,³⁰ but it is critical that the public mental health system continue to serve children who lack health insurance.

Race/Ethnicity

Non-white children make up about 60% of Texas's child population.³¹ People of color are diagnosed with mental disorders at rates similar to whites, but the impact of mental illness is different,³² as they are less likely to receive care

and the care they do receive tends to be of poorer quality.³³ These disparities are also found in childhood. Children of color are less likely than white children to have their mental health needs met.³⁴ While

Latino children are more likely to experience some mental health disorders compared to their white peers,³⁵ they are the least likely to receive treatment for mental health concerns.³⁶ Within the child welfare system, black children are less likely to receive counseling services than their white peers.³⁷

When children of color do receive treatment, it often does not meet their needs.³⁸ Schools, social agencies, and the legal system are more likely to refer minority children than white children to restrictive placements, such as residential treatment, foster care, or detention, rather than community-based interventions.³⁹ Doctors have been shown to spend more time with white patients than they do with patients who are not white; this time translates to providing white patients with more information and allowing them more input into their treatment options.⁴⁰

A Texas child has less of a chance of receiving mental health care than any other child in the country.

Language

Finding providers, services, programs, and resources in languages appropriate for people with limited English proficiency can be challenging. Children from families where English is not the primary language are less likely to access medical care, and when they do seek treatment, their caregivers report health care providers spend limited time with the child and do not adequately explain things to the family.⁴¹

Texas has initiatives to address health disparities and border health issues, but they largely do not address mental health. The Office for the Elimination of Health Disparities within the Health and Human Service Commission and the Office of Border Health within the Department of State Health Services track youth suicide rates and mental health workforce trends respectively, but have a primary focus on physical health. In 2005, Texas received a federal multiyear grant to undertake the ambitious goal of transforming its mental health service system into one that “promotes wellness, resilience, and recovery.”⁴² Many of the goals of the Texas Mental Health Transformation Project aim to improve access to quality services for children in the state;⁴³ however, aside from the local activities of a few community collaboratives funded through the project, no statewide mental health transformation strategies specifically address issues of disparities.

In addressing disparities in mental health services for children, Texas has the potential to improve services for all children.

What Texas Can Do

- Require training programs for mental health professionals to include strategies that are effective in identifying and treating mental health concerns in the various populations that access services in Texas.
- Provide financial incentives, such as training stipends, tuition assistance, and loan repayment programs, to mental health professionals working in underserved areas.

What You Can Do

- Reach out to a parent of a child with mental health concerns and share your experience or let them know about supports that are available in the community.
- Start or join a support group for families encountering mental health challenges
- Volunteer in a program that promotes healthy child development, like an afterschool or mentoring program.
- If someone in your community is having challenges in finding appropriate services, let your elected officials know.
- If you are a mental health provider, involve family members in a child’s treatment, recognizing the primary role parents play in their children’s wellbeing, and provide services and materials to families in the language they speak.

Fostering healthy social and emotional development early in life

In the first years of life, children acquire skills, behaviors, and beliefs that stay with them into adulthood. It is a unique window of opportunity to promote children’s healthy social and emotional development, a cornerstone that supports their successful functioning in family, school, and community throughout life.

While many children come out of early childhood prepared to do well in school and life, others do not. The interaction of a child’s genes, early experiences, and first relationships lead a considerable number of young children to develop—or be at risk of developing—social, emotional, or behavioral problems that significantly interfere with their lives. Some children are at higher risk, including those living in low-income neighborhoods and children whose parents have a mental illness.^{44,45} Overall, an estimated 10-14% of children under the age of 6 have difficulties that impact their functioning, development, and school-readiness.⁴⁶

These early challenges can start small, but if left unaddressed, can lead to troubling consequences. In a 2007 survey of Texas child care programs, 66% said they had children in care with a suspected or diagnosed behavioral or emotional difficulty, and 60% admitted asking a parent to remove a child from their program.⁴⁷ Young children are removed from public school classrooms at alarming rates, with pre-kindergarten students in Texas expelled at twice the rate of older students, in grades K-12.⁴⁸ Between 2000 and 2006, 103 school districts in Texas removed approximately 500 pre-kindergarten and kindergarten students.⁴⁹ Problems continue in the early grades, with about 2,700 first graders in Texas having been removed from their classrooms between 2000 and 2006 and placed in Disciplinary Alternative Education Programs.⁵⁰ This is especially troubling, since a history of disciplinary referrals at school is the single greatest predictor of future incarceration.⁵¹

When problems arise in early childhood, early identification and interventions are crucial. Not only is it more effective to address issues before they become more serious, it is less costly. Intervening early increases the chance of preventing further social and academic difficulties.⁵² Early interventions also promote school retention, help schools be more productive, strengthen social attachments, and reduce crime, teenage pregnancy, and welfare dependency.⁵³

For children with challenging behaviors or social and emotional difficulties that go unaddressed, however, the outlook is not good.⁵⁴ Children who have behavior problems during early childhood often continue to have problems when they enter school, not just with their behavior, but also with their academic performance and with being accepted by their fellow students.⁵⁵ Young children with behavior problems often require significantly more services through special education, remedial education, mental health, and

juvenile justice systems.⁵⁶ They are at greater risk of school failure, dropping out of school, delinquency, and adult incarceration.⁵⁷ In addition to the significant toll these outcomes take on children and families, they also come at a great cost to victims of delinquent crime and taxpayers.

Supporting the social and emotional development from the earliest years and intervening early when problems arise is a win-win situation for families and society.

High-quality screening tools are available to help professionals identify children at risk for social, emotional, and behavior concerns.⁵⁸ The American Academy of Pediatrics recommends children receive periodic developmental screening during well-child visits.⁵⁹ However, many young children do not receive them.⁶⁰ A recent federal study examining state's screening rates for children enrolled in Medicaid, in which Texas was included, revealed that 76% of children failed to receive all the screens they should have, and 41% did not receive any of the required screenings.⁶¹ Children from birth to age six enrolled in Medicaid in Texas are required to receive standardized developmental screenings. However, not all approved screening tools are designed to address social, emotional, or behavioral concerns.⁶² Researchers have found physicians identify fewer than half of children with serious emotional and behavioral disturbances when relying solely on their clinical judgment.⁶³

Research suggests that interventions targeting parenting skills can cut in half the harmful impact of poverty on children's development.⁶⁴ Research-based home-visiting programs are widely recognized as positively impacting children's development. Such programs improve parent-child relationships and promote healthy child development. They also provide early detection of developmental delays and help prevent child maltreatment.⁶⁵ Other parent education programs have been shown to substantially reduce antisocial behavior in children.⁶⁶ However, the majority of families in Texas do not have access to home-visiting and parent education services.

Early child care settings also play a key role in a young child's social and emotional development. Quality early education programs provide long-term social benefits to children, including better peer relations, less truancy, and less antisocial behavior.⁶⁷ These programs are especially cost-effective for low-income children.⁶⁸ Child care staff should have a sound understanding of child development and skills needed to appropriately address children's individual needs. Unfortunately, the quality of child care programs in Texas is generally low, with training requirements, group sizes, and staff ratios typically falling well below nationally recognized standards.⁶⁹

A large number of children are removed from early care and education programs because the programs are ill-equipped to address challenging behavior. Providing child caregivers with access to behavioral health consultations is the leading best practice to prevent expulsions from child care set-

tings.⁷⁰ At least 29 states offer consultations to caregivers to address behavior problems and promote child social and emotional development,⁷¹ but Texas is not one of them.

Through implementation of these effective early intervention strategies Texas can promote early academic and social success, while also fostering healthy development that will serve Texas children over their entire lifespan.

Young children are removed from public school classrooms for behavioral reasons at alarming rates. Pre-kindergarteners in Texas are expelled at twice the rate of K-12 students.

What Texas Can Do:

- Require the use of standardized developmental screenings that detect social, emotional, and behavioral concerns in primary care settings.
- Ensure early childhood caregivers and teachers have appropriate training to support the social and emotional development of children and are able to identify potential concerns and refer families to resources.
- Provide professional caregivers with access to early childhood behavioral consultations to avoid removal of children from child care programs.

What You Can Do:

- Seek out opportunities to learn about child development, so you can help foster healthy social and emotional growth in children in your life as they progress through different ages and stages.
- Invite an elected official to visit your child's day care program, and let him or her know the importance of good child care.

Schools on the frontlines for children's behavioral health

Mental health plays an important role in a student's ability to achieve academic success. Schools recognize this, and most have some programs and policies in place to support mental and behavioral health. The American Academy of Pediatrics has identified schools as being "the primary providers for mental health programs and services for many children."⁷² In fact, a national study found that 20% of students had received some mental health service during the school year.⁷³ The study did not determine the nature of these services, their effectiveness, or the level of unmet need for students who access services—and those who do not. As the environment in which most children spend most of

their days, schools are in a prime position to help identify and provide or link students to mental health services.⁷⁴ Currently, schools are not doing an adequate job of addressing the mental and behavioral health concerns that can prevent some students from learning.⁷⁵

Texas estimates 11% of its children between the ages of 9 and 17 have a diagnosable mental illness.⁷⁶ Many more students are confronted with social, family, or behavioral challenges that get in the way of learning. When problems go unaddressed, many bright students struggle academically. Others get into trouble, finding themselves pushed out of classrooms and towards the juvenile and criminal justice systems. Some students move through school without causing trouble and getting fine grades, but struggle later; because their early mental and behavioral issues were left unidentified or untreated, these children may become young adults who have difficulty finding or keeping stable employment, housing, and relationships. Early identification of and support for issues that arise can prevent bigger challenges that require more intensive interventions.

Under the federal Individuals with Disabilities Education Act (IDEA), schools are mandated to provide students eligible for special education with services to ensure they receive appropriate education. Some students with emotional disturbances are eligible for special education, but they tend to be under-identified.⁷⁷ The Texas Department of State Health Services estimates there to be more than 167,000 children between the ages of 9 and 17 in Texas with a mental illness serious enough to interfere with their functioning at home or school.⁷⁸ Yet in 2009, just over 30,000 students between the ages of 6 and 21 received special education services in Texas due to emotional disturbance.⁷⁹ Those who do qualify for special education services can receive counseling, behavioral plans, and positive behavioral interventions and supports as part of their Individualized Education Plan (IEP).⁸⁰ Even with these additional supports, 50% of students with serious emotional disturbances drop out of school nationwide.⁸¹

Response to Intervention (RtI) is a framework used in the general education setting to help identify students struggling in school before they fall too far behind. It provides them with a range of evidence-based interventions and closely monitors their progress to help them catch up.⁸² While RtI usually focuses on academics, it can also be used to reduce behavior problems.⁸³ By expanding the use of RtI to address behavioral concerns, schools can help students do better academically, while also helping to address their mental health needs.

In its guidance to school districts using RtI to address behavioral concerns, the Texas Education Agency (TEA) sug-

gests the implementation of a Positive Behavioral Interventions and Support (PBIS) approach.⁸⁴ PBIS is a process that links students to graduated, evidenced-based interventions aimed at improving their learning and behavior.⁸⁵ All students benefit from implementation of campus-wide PBIS

interventions, such as clear rules and expectations and having all school staff model and reinforce positive behaviors. For students who require more targeted interventions, such as those with mental or behavioral

health concerns, these interventions are applied either in a group setting or through an individualized plan based on students' needs. PBIS is the recommended intervention for dealing with challenging behavior in children with disabilities.⁸⁶ Schools that implement PBIS school-wide have been shown to see improved academic performance, fewer disciplinary problems, and a greater sense of safety on campus.⁸⁷ Some schools have seen up to a 60% reduction in disciplinary incidents following school-wide implementation of PBIS.⁸⁸

Texas already has several resources to assist school districts in implementing these best practices. School districts can receive technical assistance on RtI through regional Educational Service Centers (ESCs), TEA, and through some universities, including the Building Capacity for Response to Intervention Implementation project within the Meadows Center for Preventing Educational Risk at The University of Texas at Austin. The Texas Behavior Support Initiative (TBSI) assists local school districts in implementing PBIS and the Texas Collaborative for Emotional Development in Schools (TxCEDS) provides school districts with guidance on how to integrate behavioral health into RtI and PBIS models. Texas schools have access to these resources, but they are not required to use them, nor are they required to use RtI or PBIS. Despite TEA's encouragement of school districts' use of RtI, as of 2008, "a significant number" of schools "across the state (had) yet to adequately prepare for full implementation of an RtI process."⁸⁹ As of 2009, there were more than 800 campuses actively participating in the TEA sponsored Texas Behavior Support Initiative (TBSI) project.⁹⁰ Other schools in Texas are implementing PBIS, however it is not known how many, nor how closely they follow best practices.

Most schools offer some range of services to support student mental and behavioral health, but these strategies are often fragmented and limited in scope. Texas schools cite counseling as the most successful strategy to support students' mental health,⁹¹ yet many counselors find themselves increasingly saddled with responsibilities unrelated to counseling, most notably responsibilities related to administering academic performance tests.⁹² In 2004, Texas elementary school counselors spent less than a third of their time on behavioral health counseling; high school counselors spent only 12% of time on it (despite that risk for mental illness

1 in 3 special education teachers feel they lack the training, support, or supervision to handle students' behavioral health.

and suicide spike in adolescence).⁹³ High ratios may also be a concern. Districts are required to have one guidance counselor for every 500 elementary school students in its district.⁹⁴ The TEA-recommended ratio is at least one counselor for every 350 students.⁹⁵ High caseloads can prevent students with serious behavioral health concerns from receiving the more intensive attention they may need, and it can lead to other students with less obvious concerns falling through the cracks.

School nurses and health centers see many students whose concerns are related to social, interpersonal, or family issues.⁹⁶ In a recent survey of Texas schools, 14% of behavioral services to students were provided by school nurses.⁹⁷ The integration of health and behavioral health is a key strategy to increase children's access to services, but school health providers may not have training related to children's behavioral health. About 1 in 4 school health services staff report a lack of training or support needed to address their students' behavioral health effectively.⁹⁸ General classroom teachers report similar rates, and nearly 1 in 3 special education teachers feel they do not have the training, support, or supervision necessary to "handle students' behavioral health issues." It is not surprising that more than half of Texas teachers and school health staff express an interest in training across a broad range of behavioral health topics.⁹⁹

Schools can also provide various services including assessment of emotional problems or disorders, consultations to teachers to address student behavior management, crisis intervention, individual or group counseling, substance abuse counseling, or referral to community-based programs.¹⁰⁰ While more than half of schools in Texas report having a student assistance program, in which a multidisciplinary team works to link students to needed resources within the school or community, many teachers and school health staff do not appear to be aware of them, and less than 20% of the programs had staff from community-based agencies serving on the team.¹⁰¹

To effectively address the multiple and often interrelated needs of students, various school programs and services and community-based resources must coordinate efforts and collaborate. Such partnerships can prove elusive. Many schools in Texas report a lack of community resources, and even schools where resources are available report trouble communicating with community partners. Schools also report that families often have difficulty getting to or paying for services.¹⁰²

Each school district in Texas is required to have a School Health Advisory Council (SHAC), which is comprised of appointed parents, school personnel, and community members who make recommendations to the district on issues related to health education and the coordination of school health programs.¹⁰³ While SHACs are required by state law to address the prevention of obesity, cardiovascular disease and Type 2 diabetes, they are encouraged to develop plans

for a broader coordinated school health program, including a healthy school environment, school counseling, and increasing school linkages to community-based resources.¹⁰⁴ The levels of effectiveness and engagement of SHACs vary statewide, but each one has the potential to address the behavioral health needs of students and to improve the coordination of services within the school and community.

By connecting programs and services, schools can provide students with a seamless system of prevention, early intervention, and intensive intervention as needed to promote the success of all students.¹⁰⁵ This requires active collaboration between various departments within a school, and also with public and private agencies outside the school.

What Texas Can Do:

- Require schools to implement campus-wide Positive Behavioral Interventions and Supports.
- Encourage school districts' use of Response to Intervention to better address students' behavioral concerns, which impact learning.
- Limit the amount of time school counselors spend on activities not related to supporting students' mental health.
- Require that local School Health Advisory Councils address behavioral health.

What You Can Do:

- Contact your school district to learn more about its School Health Advisory Council and ways you can get involved.
- Start a parent support network at your child's school.
- Join the PTA at your child's school, and raise awareness about the impact of social and emotional health on children's learning.
- Attend school board meetings, and speak out for school programs supporting students' behavioral health.

Creating a workforce that supports children's mental health

Many mental health promotion, prevention, and treatment strategies not only improve the lives of children and families but also result in great savings to the taxpayer. Having a workforce with the skills and capacity to implement these strategies is critical. Unfortunately, Texas struggles to appropriately serve children with mental health concerns due to a scarcity of specialists in children's mental health and a broad workforce that lacks the skills, knowledge, and training to handle children's mental health challenges.

An estimated 735,000 children and youth in Texas have a mental illness,¹⁰⁶ yet, in 2007, only 192 child psychiatrists practiced in the state—approximately one for every 3,800 children with mental health service needs.¹⁰⁷

Few psychiatrists serve children or specialize in children's

mental health, in part because practicing pediatric psychiatry requires additional years of training but attracts low rates of reimbursement from health insurers.¹⁰⁸ Both public and private insurers frequently offer reimbursement rates far below what providers charge for their services.¹⁰⁹ Many psychiatrists forego accepting both public and private insurance and see only families who pay directly. This makes access to mental health treatment out of reach for the many families without the funds to pay for the full cost of services for their children.¹¹⁰

Some families have access to community mental health services through the public mental health system, but few professionals in public community mental health centers statewide are designated to provide children's mental health services.¹¹¹ Most of this workforce is located in urban areas. Almost half of the rural centers in Texas (46%) lack a full-time mental health professional focused on children.¹¹²

Psychologists, social workers, licensed counselors and therapists, psychiatric nurses, and case managers also provide mental health services and supports to children and families—with wide variance in skill level, preparatory education, and methods of intervention. Child psychiatrists must complete an additional five years of training after they receive their medical degree; psychologists have seven years of post-graduate training.¹¹³ Most clinical social workers have a master's degree, but some practice with a bachelor's degree.¹¹⁴ Across professions, not all clinicians are trained to provide care shown to be effective.¹¹⁵ With the variations between and within professions, it is difficult for families to know which type of provider is best equipped to provide the safest, most effective care to their children.¹¹⁶

With limited access to professionals specializing in children's mental health, many families look to their pediatricians and primary care physicians to address their children's behavioral health. Integrating behavioral health into primary health care has been shown to be effective in providing quality care, improving access, and reducing costs.¹¹⁷ Approaches to integrating behavioral health into primary care include consultation programs, co-location of services within pediatric practice settings, and collaborative care models.¹¹⁸ However, a certain level of training for the primary provider is needed for integrated care to be done effectively, and the provider should have access to mental health expertise when needed for consultation. Without access to these supports, many primary care providers find themselves ill-equipped to address often complex children's mental health issues. The Frew Settlement (see page 46) has funded projects to increase health provider access to consultations with child psychiatrists, but the long-term viability of these projects is uncertain and not all primary care physicians have access to them.

Most prescriptions for psychotropic medication for children

are written by pediatricians and family physicians, and not by child and adolescent psychiatrists. The latter have training in the appropriate use of these drugs¹¹⁹ and can provide medications under a course of treatment that includes more

traditional therapy. Medications can play a role in treating some mental disorders in children when other options have been exhausted, however the convenience to providers of using medications as an

intervention makes children vulnerable to being prescribed medications even when they may be more appropriately treated in other ways. A recent study found that children covered by Medicaid are prescribed antipsychotic drugs four times more frequently than children covered by private insurance, and they are also more likely to be prescribed medication for less severe concerns.¹²⁰

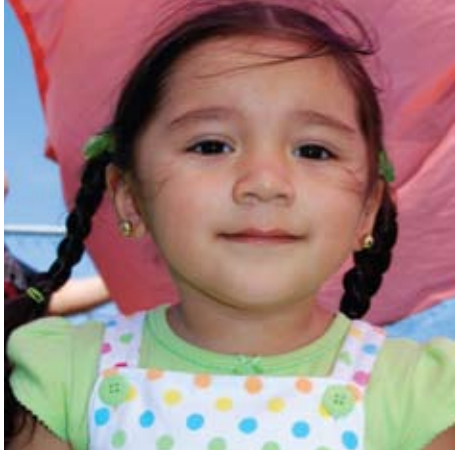
Direct care staff in health, child care, education, child welfare, and juvenile justice settings play an integral role in serving children experiencing mental health difficulties, yet most do not have training in identifying potential mental health concerns, making appropriate referrals as needed, and supporting positive development. Without training and without access to professionals who can provide consultations on specific cases, frontline service providers often do not know how to assist or manage children with mental health or behavioral challenges.

While Texas has some bright spots of innovation in training the broad workforce,¹²¹ by and large, a lack of training and technical assistance in Texas has led to a workforce unprepared to use the latest breakthroughs in serving children with mental health challenges.¹²² In reality, much of how the broad mental health workforce is trained, how it practices, and what it is paid to do by insurers does not match what research tells us works.¹²³

What Texas Can Do:

- Provide funding to support child psychiatric residency programs.
- Make financial incentive programs, such as training stipends, tuition assistance, and loan repayment programs, available to more mental health professionals.
- Expand the use of higher education-state agency partnerships to create on-the-job training within public child-serving agencies.
- Provide those who work directly with children in health, child care, education, child welfare, and juvenile justice facilities access to experts in child development and mental health for case-based consultations, and training and technical assistance on evidence-based practices.
- Ensure that Medicaid and CHIP reimbursement policies support integrated care practices.

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REVERSING THE TREND TOWARD PUNISHING CHILDREN IN NEED OF TREATMENT

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- Investigate expanding tele-health and telecommunication services to provide mental health services and supports to children and youth.

What You Can Do:

- If you work with children in any capacity, attend a training on how to recognize potential behavioral concerns and what resources are available to assist families.
- If you are a mental health professional, make your expertise available to others who work with children.
- Ask candidates what they will do to make sure those who work with children have the knowledge and skills needed to promote their social and emotional development.

Young people who struggle with mental health concerns are at greater risk of entering the juvenile justice system. National studies estimate that about 70% of youth in the juvenile justice system have a diagnosable mental health disorder, though not all are identified.¹²⁴ The Texas Juvenile Probation Commission (TJPC) reports that in 2006, 41% of its youth had mental health problems, and 46% were chemically dependent. The Texas Youth Commission (TYC) reports that in 2008, 32% of committed youth had serious mental health problems, and 36% were chemically dependent. Both agencies acknowledge substantial gaps between identified mental health needs and services provided and have made progress in reforming the way they serve youth. Still, too often, the juvenile justice system acts as de facto provider of mental health services for children, despite that it was never created for this purpose and has not proven effective in preventing further delinquent behavior in youth with mental impairment.

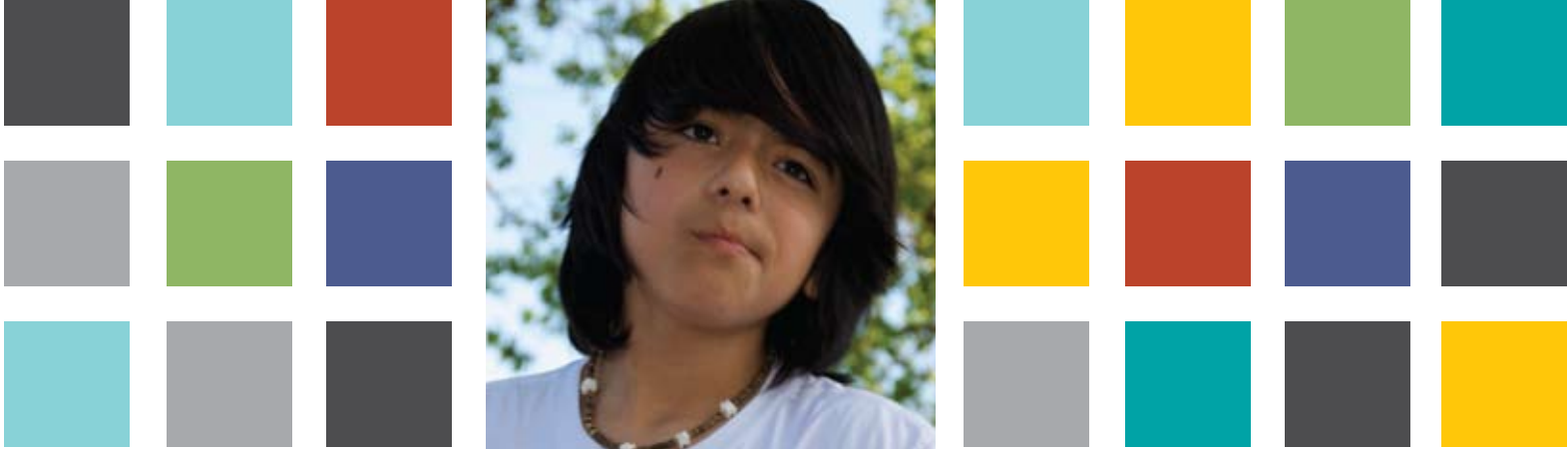
A well established alternative improves outcomes and saves the public money: early recognition and treatment of mental health disorders in a community setting.¹²⁸ The average cost to commit a youth to the Texas Youth Commission is \$99,000.¹²⁹ In contrast, providing a child with community-based mental health services costs less than

\$1,000 on average.¹³⁰ By properly identifying children and youth with mental health concerns and providing them access to effective treatments and community supports, Texas can help these youth successfully remain in their families and communities and prevent them becoming involved in the juvenile justice system.

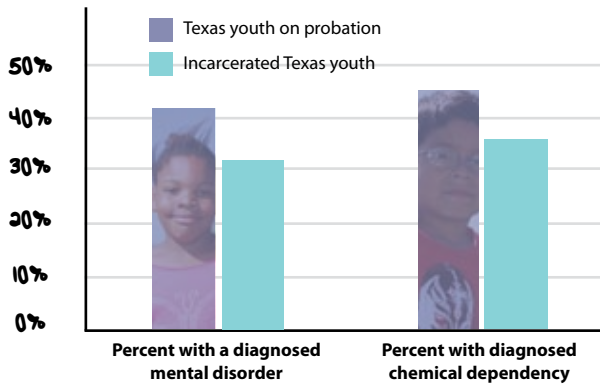
Right now, Local Mental Health Authorities provide services to only about 18% of youth estimated to be eligible for services due to serious emotional disturbances and other mental health needs.¹³¹ Of the children and youth who do receive services, 80% are served at the lowest service level,¹³² which may be adequate for some but not all in addressing needs. More than a quarter of children who fail to receive the level of treatment clinically recommended for them do so due to a lack of community resources.¹³³

In a national survey of families who had a child with a serious mental disorder, 36% of respondents said their child was in the juvenile justice system because of the unavailability of mental health services outside of the system.¹³⁴ To help youth with serious mental health concerns remain in their homes and out of the juvenile justice system and other state systems, Texas began implementation of the Youth Empowerment Services (YES) Medicaid waiver pilot program in 2009, which provides intensive community-based services for children and adolescents with severe emotional disturbances. If the current pilot sites in Bexar and Travis Counties prove successful, Tarrant and Harris Counties will join the pilot project as additional test sites.

Typically, the most effective services for youth with serious emotional disturbances are home- and community-based interventions, as opposed to interventions provided in more restrictive settings, such as detention centers or prisons.¹³⁵ For youth at-risk of entering the juvenile justice system, evidence-based approaches that work with parents, guardians, and youth at home to improve youth behavior include multisystemic therapy,¹³⁶ functional family therapy,¹³⁷ multidimensional treatment foster care,¹³⁸ and coordination of services through a wraparound approach,¹³⁹ a key component in a systems of care approach.



Texas can reduce the number of youth who needlessly enter the juvenile justice system by better identifying and addressing mental health challenges before youth act out, providing them with interventions and supports shown to address mental health needs and preventing delinquent behavior. However, a greater number of children could be diverted from the juvenile justice and other costly systems and services if Texas would better align its policies with practices shown to promote the mental health and social and emotional development of all Texas children.



Sources: Texas Juvenile Probation Commission, 2006; Texas Youth Commission, 2008

What Texas Can Do:

- Require school districts to train school teachers and staff to recognize potential unmet developmental needs and to make appropriate referrals before issues of delinquency arise.
- Help families with children with behavioral concerns navigate the various systems available to assist them by expanding the use of family liaisons and peer educators.
- Adequately fund community mental health centers to eliminate waitlists for children and youth.
- Increase reimbursement rates paid to health and mental health providers who see children and youth covered by CHIP or Medicaid to shore up the workforce serving children in low-income families.
- Allow local service providers flexibility in policies and in funding to expand the system of care approach into more communities across Texas.

What You Can Do:

- Provide respite to a parent of a child with mental health concerns.
- If you work or volunteer with youth, encourage your organization to adopt a positive youth development approach.¹⁴⁰

To access detailed source information for this section of the report, visit txchildren.org/Report/Mental-Health