

Children's Mental Health Indicator	Texas Rating	Here's Why
Fairness toward children with mental health challenges	○○○	Nine out of 10 students classified as having an emotional disturbance in a Texas public school were suspended or expelled from school for discretionary reasons. ^{ix} This is concerning because school disciplinary referrals are the greatest predictor of future juvenile justice involvement in Texas. ^x Schools need tools and resources that help them keep students with mental health concerns in school and learning, instead of pushing them out of school and into the juvenile and criminal justice systems.
Suicide prevention	●●○	Teen suicide rates in Texas have gone down in recent years, along with rates of thoughts of suicide and treatment for suicide attempts. ^{xi} It's a welcome trend, but suicide remains the third leading cause of death in young people aged 15-24 in Texas, and fourth leading cause of death in children aged 10-14. ^{xii}
Kids with mental illness kept from entering state care	●○○	<p>In Texas, many families who cannot access or afford mental health treatment for their children turn their child over to the child welfare or juvenile justice system as mental health providers of last resort. In 2008, nearly 300 of the children who entered substitute care within the Department of Family and Protective Services due to parental refusal to accept responsibility had documented emotional challenges.^{xiii} We know from parents that, in many of these cases, lack of access to services to address their children's behavioral health needs is the driving factor in the child's removal from home.</p> <p>While juvenile justice reforms have put a focus on ensuring more children can receive supports in their communities, the system still handles many kids with mental disturbances. In 2010, 42% of youth offenders sent to the Texas Juvenile Justice Department had high or moderate need for mental health treatment,^{xiv} more than double what would be expected in the general population. While a disproportionate number of youth with mental health concerns are served in the juvenile justice system, the public mental health system has been serving fewer juvenile justice involved youth. The percentage of kids served in the public community mental health system who are involved with juvenile justice has been steadily dropping in recent years—from 21% in 2007 to 15% in 2010.^{xv}</p>
Mental health screenings	●○○	A recent federal study examining states' 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. ^{xvi} Detecting concerns early is a key step in intervening early, when interventions tend to be both more effective and less costly. ^{xvii}

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Mental health workforce	○○○	Over the past decade, Texas has seen growth in the number of psychiatrists, social workers and counselors available to support people’s mental health, but not enough to keep up with our growing population. ^{xviii} Texas has 555 fewer mental health professionals than it needs to meet the recommended ratio of one mental health professional for every 10,000 people. ^{xix} In 2009, 68% of counties in Texas were designated as Mental Health Profession Shortage Areas. ^{xx} A more recent scan showed Texas to have more Mental Health Profession Shortage Areas than any other state in the nation, with the number of shortage areas climbing in recent years. ^{xxi}
Mental health staffing in schools	●○○	Mental health impacts students’ academic performance, ^{xxii} so it benefits schools to address their students’ mental health by helping to identify, provide or link students to mental health services or supports. ^{xxiii} For many children, schools serve as the main provider for mental health services. ^{xxiv} Texas schools cite counseling as the most successful strategy to support students’ mental health. ^{xxv} However, students in need of mental health support may not have access to their school counselor. The average student-to-counselor ratio in Texas is 435:1, ^{xxvi} well above the recommended ratios, which range from 250:1 to 350:1. ^{xxvii} Also, school counselors frequently are saddled with responsibilities unrelated to counseling, such as administering academic performance tests. ^{xxviii} Without necessary funding, Texas schools will not be able to have enough counselors to maximize students’ learning and overall potential.
Teacher training in children’s mental health	●○○	About 1 in 4 school health services staff report lacking the training or support they need to effectively address their students’ behavioral health. ^{xxix} 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. ^{xxx}
Identification of challenges in schools	●●○	While states vary in defining emotional disturbance in schools, based on national averages, Texas may be under-identifying students with emotional disturbance eligible for services, supports, and protections under the Individuals with Disabilities Education Act. In 2011, about 7,550 fewer students received special education services for emotional disturbance than what the national rate would predict. ^{xxxii} Research suggests students with emotional disturbances may be under-identified in general. ^{xxxiii}

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State investments in mental health	○○○	<p>Despite increased funding in recent years, Texas still ranks last in the nation in spending per capita on mental health treatment.^{xxxiii} It’s a penny-wise and pound-foolish trend. Severe mental health and substance abuse costs Texas businesses about \$270 billion each year and more than 1.6 million permanent jobs and cost the state another \$13 billion annually.^{xxxiv}</p>
Access to the public mental health system	●●○	<p>Children and youth who are able to access public mental health services show improvement, and more kids are accessing those services than in recent years.^{xxxv} Still, only about 1 in 3 kids who qualify for services receive them—nonetheless, an improvement over previous years when fewer than 1 in 5 eligible children received services.^{xxxvi}</p>
Limited prescriptions of potentially dangerous drugs	●●○	<p>Primary care physicians provide the majority of prescriptions to children for psychotropic medication.^{xxxvii} While pediatricians and family doctors play a critical role in our state’s mental health service delivery systems, they are not required to have the level of specialized training that psychiatrists—especially pediatric psychiatrists—do. Inappropriate prescribing practices can do more harm than good to children and youth.</p> <p>While the rate of psychotropic medication use by children in foster care in Texas has declined since new policies were put in place in 2005,^{xxxviii} a recent federal review of several states found that children in the Texas foster care system are more likely to be prescribed psychotropic medications than foster children in the other states examined.^{xxxix} It’s not surprising to learn that kids who have experienced trauma or neglect serious enough to require they be removed from their home have more mental health concerns, but it is concerning that kids in the Texas foster care system are being prescribed psychotropic drugs at higher rates than kids in the foster care systems in the other states.</p>
Fostering innovation to improve children’s mental health	●●●	<p>Effective treatments, interventions, and practices exist that can help children and youth with mental health concerns succeed at home, in their schools, and in their communities. Several local Texas communities offer exciting examples of this and are making a real difference in the lives of Texas kids with mental health concerns and their families. (See the next page for details.) While great work is already happening in parts of Texas, the next step must be to ensure more children and families have access to such “pockets of excellence.”</p>

Bright Spots: What's Working in Texas Communities

System of Care Communities: A handful of communities across the state have changed the way they deliver services to children and youth with serious mental health concerns. The “system of care” approach in these areas brings organizations together to partner with families. They develop individualized plans of care to meet various needs a child has, building upon the child’s and family’s strengths and natural support systems. These pilot projects now are scaling up statewide. Texas has launched the *Achieving Successful Systems Enriching Systems*—or *ASSET*—Initiative. ASSET has brought together public and private partners to develop a roadmap for how more communities can adopt a system of care approach. The state is looking at how to assist communities in providing effective, family-driven, youth-guided, culturally responsive, coordinated services to children with mental health concerns and their families. To learn more about these communities’ exciting work, visit www.txsystemofcare.org.

Youth Empowerment Services: The Youth Empowerment Services (YES) Medicaid waiver project allows a limited number of youth with serious emotional concerns, who are at risk of being hospitalized or placed in the child welfare or juvenile justice system, to enroll in Medicaid. This lets them receive traditional mental health treatments, such as therapy, as well as non-traditional supports, like transportation to appointments, while remaining in their homes. While this innovative program only operates now in Bexar and Travis Counties, preliminary results are promising. Half or more of youth enrolled in the program have shown improvement or have remained stable in risk of self harm, severe disruptive behavior, substance use, school behavior, and juvenile justice involvement. All of this is at a cost equal or less than traditional Medicaid services.¹ Plans are underway to expand YES into Tarrant County, Harris County, and perhaps statewide.

Family Partner Services: Family Partners are parents or guardians who have lived through the experience of raising a child with mental or emotional challenges and provide peer support to other families seeking care for their mentally ill children. Family Partners assist family members in many ways, including providing support, education, and help as parents advocate for what their child needs from service delivery systems. Texas is taking steps to promote and strengthen the effective use of Family Partners within its public community mental health system, with efforts to train and certify Family Partners, to establish a scope of practice for these positions based on evidence-based and promising practices, and to make Family Partner services reimbursable by Medicaid.²

Community Resource Coordination Groups: Many children and youth have complex needs that require interventions from various systems and agencies, and it’s important for those systems and agencies to be communicating and coordinating with one another. Community Resource Coordination Groups, or CRCGs, are local interagency groups made up of representatives from schools, public and private health and human services agencies, faith-based organizations, local juvenile justice agencies, and other organizations who come together to develop individual plans for children and youth. More than half of youth and families served by CRCGs have been identified as having a need for mental health services.³ While each county in Texas has access to a CRCG that serves children, the level of operation across the state is not uniform. Inconsistent participation of local partners, staff turnover among local partners, and a dearth of flexible funding to meet the individualized needs of children and families prevent many CRCGs from better addressing the needs of youth with complex issues.⁴ Although the state does not provide funding to local CRCGs, some communities have secured local or grant funding to support their work.

¹ Texas Department of State Health Services. (2011) *YES Tracking Report – December 2011*. <http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589960738>

² Texas Department of State Health Services. *FY 2012-2013 State Plan for Community Mental Health Services Block Grant Application*. <http://www.dshs.state.tx.us/mhsa/blockgrant/>

³ <http://www.hhsc.state.tx.us/CRCG/CRCGData/DataReport/2009DataReport.pdf>

⁴ Texas Health and Human Services Commission. (2008) *A Report to the Governor and the 81st Legislature on the Community Resource Coordination Groups of Texas*.

Recommendations: Texas *can* make a difference in children's mental health.

To sum-up our check-up on children's mental health:

- We know we need to address the mental health needs of all kids, and mental health concerns are not uncommon.
- Many children and families across the state who need effective mental health services and supports don't have them yet.
- There are consequences to that, because, left unaddressed, the outcomes for kids with serious mental health issues are often poor. Many of them drop out of school, have difficulties maintaining healthy relationships and stable employment and housing, and get involved with the juvenile and criminal justice systems.
- None of these poor outcomes are inevitable, especially considering communities right here in Texas are leading the way with innovative approaches to improving children's mental health.

It's time for Texas to roll up its sleeves and get down to work to ensure that all children and families across the state who need effective mental health services and supports have access to them, no matter where they live. Texas should act, not just because it's good for kids but because it's good for our state and vital for our future. Here's what we can do for a healthier outlook:

- ✓ **Equip professionals who work with kids**, by making sure child care providers, doctors, teachers, school police, child protection, and mental health providers have the skills, training, and tools they need to promote children's healthy development, as well as recognize and respond to concerns.
- ✓ **Increase children's access to care**, including routine health care that addresses both their physical and mental health and specialized mental health when concerns emerge.
- ✓ **Use treatment plans built around supports and interventions shown to work**, including those tailored to meet children's individualized needs and that are culturally informed. Treatment plans should be family-driven and youth-guided, as in the systems of care communities, not based on what is merely most convenient.
- ✓ **Coordinate and collaborate at the state and local levels**. Ensure state systems that serve children, such as early care education, schools, health, mental health, child welfare, and juvenile justice, have the tools and resources they need to address children's mental health issues within their scope of work.
- ✓ **Make an ongoing commitment to sustain and expand the promising work Texas communities are doing**, so that all children and youth with mental health concerns are supported on their path to wellness.

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- ^v Kaiser Family Foundation. (2007). Percent of Children (2-17) with Emotional, Developmental, or Behavioral Problems that Received Mental Health Care, 2007. <http://statehealthfacts.org/comparetable.jsp?typ=2&ind=53&cat=2&sub=14&sortc=1&o=a>
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