



Topic	Status	Comments
Investments in children’s mental health treatment	○○○	Texas ranks 49 <sup>th</sup> in the country in per capita spending on mental health treatment. <sup>viii</sup> Among Texas kids with a diagnosed mental illness, serious emotional disturbance or at risk of being removed from their homes or classrooms for mental health reasons, only 18 percent receive the mental health treatment they qualify for. <sup>ix</sup> There are frequent reports of families turning their children over to the child welfare or juvenile justice system as mental health providers of last resort.
Keeping children substance-abuse free	●●○	Fewer teens in Texas between the ages of 12 and 17 are abusing alcohol and illegal drugs than their counterparts nationally. <sup>x</sup> However, only 44% of Texas’ incarcerated youth who need substance abuse treatment receive it. <sup>xi</sup> Substance abuse is higher in youth with mental health challenges, and is associated with risky behaviors. <sup>xii</sup>
Preventing youth suicide	●●○	Roughly 5 out of 100,000 youth, ages 10-19, take their own lives. Texas’ teen suicide rate is slightly above the U.S. average. <sup>xiii</sup>
Support for best practices to support emotional and social health in early childhood	●○○	Texas uses only two of five recommended state strategies for addressing young children’s behavioral health. <sup>xiv</sup>
Support for best practices in school-aged children’s mental health	●●○	Texas uses only three of five recommended state strategies for addressing mental health in school-aged children. <sup>xv</sup>
Initiatives to improve outcomes and accountability in children’s mental health	●●○	Texas’ mental health infrastructure includes some recommended measures to improve data and analysis so that services to mental health patients can improve over time; the state also follows some, but not all, evidence-based best practices in children’s mental health. <sup>xvi</sup>
Support for best practices to ensure culturally and linguistically responsive children’s mental health services	○○○	Texas has not taken any steps recommended in a national report to ensure children’s mental health providers and services can respond effectively to a population of children with diverse cultural and linguistic needs. <sup>xvii</sup>

### Conclusion and Recommendations:

When mental health needs in children go untreated, those children grow into adults whose problems are much more difficult and costly to solve. They become youth at risk of entering the juvenile justice system, parents at risk of endangering their own children’s well-being, and adults costing taxpayers more through lost productivity and increased criminal justice, health and social service expenses. By acting now to improve children’s mental health, Texas can prevent challenges that become more acute and more difficult to treat later in life.

We can make Texas a place where children grow up with the support and encouragement they need to become healthy, well-rounded adults. Prevention is the key – we must educate parents and other primary adults in children’s lives, and help them encourage children’s social and emotional development, resilience, self-esteem, and confidence. For children needing extra help, services must be available to help children and their families be successful.

*What Texas can do this month before the legislative session ends:*

- **Keep money in the budget for extending services for children with mental health challenges**, using Community Resource Coordination Groups, Texas Integrated Funding Initiative sites, set aside of crisis funds for children, and increased reimbursements for mental health providers serving children in the CHIP and Medicaid programs, as proposed in Health and Human Services Commission Exceptional Items 10 and 12 in HB 1 (Pitts)
- **Establish an Early Childhood Behavioral Consultants pilot program** to address the needs of children with behavioral problems in early childhood settings, as proposed in SB 1613 (Lucio)
- **Take steps to increase quality in early childhood environments** by raising training requirements for child care providers as proposed in SB 1730 (West), reducing child-teacher ratios in pre-K programs as proposed in HB 130 (Patrick), SB 21 (Zaffirini), and HB 1241 (Villarreal), and giving parents information about child development, as proposed in HB 1240 (Villarreal)
- **Improve coordination and planning among child-serving agencies so mental health is addressed most effectively**, as HB 3259 (Naishtat) and SB 1646 (Van de Putte) would do in creating an inter-agency Council on Children and Families
- **Take measures to ensure youth with unmet mental health challenges who are in or leaving the juvenile justice system can access services.** SB 1286 (Royce) would improve continuity of these services within the system while HB 4451 (McReynolds) would see that youth can access community-based mental health services when they are no longer incarcerated; HB 1630 (Naishtat) and SB 2031 (Watson) would prevent juveniles who qualify for prescriptions and care through Medicaid or CHIP from facing gaps in their health insurance coverage; HB 1629 (Naishtat) and SB 1376 (Uresti) would help ensure foster youth in the juvenile justice system can access mental health treatments and more if they need them.

For further information and recommendations about how Texas can improve children’s mental health, see the [2009 Children’s Campaign Report](#) at Texans Care For Children’s website, [\*\*www.texanscareforchildren.org\*\*](http://www.texanscareforchildren.org).

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i Texas Education Agency, Division of Accountability Research. "Reports and Abstracts: Grade-level Retention in Texas Public Schools."

ii National Association of School Psychologists. "Position Statement on Student Grade Retention and Social Promotion." 2003.

iii Texas Association of Child Care Resource and Referral Agencies and the Raising Texas Initiative. 2007. Executive Summary Findings of Survey of Behavioral and Emotional Difficulties in Child Care.

iv National Association for Child Care Resource and Referral Agencies. "Child Care in the State of Texas." Annual publication.

v Shonkoff, J. & Phillips, D. "From Neurons to Neighborhoods: The Science of Early Childhood Development." Washington, D.C.: National Academy Press, 2000.

vi Data represent full-time-equivalent public school employees coded as Associate Psychologists, Psychologists, or Social Workers in Texas Education Association (TEA) publication, "Standard Staff FTE and Salary Reports." Texans Care For Children calculated the number of students for every one mental health professional in the public school system by dividing the total Texas public school enrollment in TEA's "Standard Enrollment Reports" by the number of mental health professionals in Texas public schools.

vii Texas Department of State Health Services, "Mental Health State HPSA Designations."

viii National Association of State Mental Health Program Directors Research Institute, Inc. "Funding Sources and Expenditures of State Mental Health Agencies." Table 1: SMHA Mental Health Actual Dollar and Per Capita Expenditures by State.

ix Data provided to Texans Care For Children upon request by Amanda Broden, Texas Department of State Health Services (DSHS), Amanda.Broden@dshs.state.tx.us. February 16, 2006 and Spring 2008.

x U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS). "State Estimates on Substance Use from the National Survey on Drug Use and Health."

xi Data provided upon request by Texas Youth Commission (TYC), Information Resources Division, Mark.Fortress@tyc.state.tx.us, 2008.

xii National Adolescent Health Information Center. "The Mental Health of Adolescents: A National Profile, 2008." San Francisco: University of California San Francisco, 2008.

xiii Center for Disease Control and Prevention (CDC). "CDC Wonder Compressed Mortality File 1999-2005."

xiv-xvii Cooper, J. "Unclaimed Children Revisited: The Status of Children’s Mental Health in the U.S." Presentation at the April 21, 2009 meeting of the Texas Children’s Mental Health Forum.