



## **SB1:**

### **Funding for the Department of State Health Services**

Senate Finance Committee

February 15, 2007

Chairman Ogden and members, I am Jodie Smith, the Public Policy Coordinator at Texans Care For Children. We are a non-profit organization composed of over 120 organizations and individuals working to improve the well being of Texas' children. Texans Care For Children's Board is composed of leaders from across the state representing various sectors including business, church, professional, volunteer and non-profit organizations. We advocate for state and local policy that brings about a better quality of life for the children of our state. Each session, in concert with our membership, we develop a legislative agenda that supports efforts to improve the lives of Texas' children in six areas - child poverty, child health care, child mental health, early care and education, child welfare, and juvenile justice. I appreciate the opportunity to provide comments on SB 1 as it relates to funding for the Department of State Health Services.

#### **Community Mental Health Services for Children**

##### **Why is the lack of community-based mental health services a problem?**

- Texas only serves about 25% of the 1.2 million children who have some diagnosable form of mental illness and are eligible for public mental health services.
- Because of a lack of overall mental health funding, existing funding is concentrated on hospitalization for patients in crisis. Texas currently directs its mental health investments to more expensive crisis management rather than prevention and early intervention.
- Nearly 50% of youth in the Texas Youth Commission system have at least one mental disorder. According to the Texas Juvenile Probation Commission, **“Untreated mental health problems put young people on a trajectory toward jail rather than college.”**
- Texas currently ranks 49<sup>th</sup> in the nation in overall mental health spending per capita. From 1997-2003, Texas dropped in nationwide ranking from 42<sup>nd</sup> to 47<sup>th</sup>.
- Children with serious emotional disturbances drop out of school at a rate of 50%.
- Depression is involved in 90% of suicide cases nationally.

##### **What will it cost Texas if we don't act this session?**

- If Texas does not better fund its public mental health system, children will continue to have untreated mental illness that escalates and carries with it steep social and financial costs.
- Lack of availability of mental health services also results in parents giving up custody of their children to the state foster care system. **Every year about 250 children end up in foster care because parents had no other way to access services.** The cost to the state for 250 children in the foster care system for one year is about \$10 million.
- Families have also sent their children to the juvenile justice system for the same reason. Harris and Dallas counties each estimate that about 200 children were sent to the juvenile justice system because of their unmet mental health needs. In 2002, it cost \$6.43 per day

for community MHMR services, while it cost \$151.29 per day for juvenile incarceration and \$96,000 for an average stay at a Texas Youth Commission facility.

## **Tobacco Prevention**

### **Why is it important to expand the pilot anti-tobacco program?**

- The Department of State Health Services' tobacco pilot has proven to be very successful. Youth smoking for middle school and high school students in areas of the state that had a comprehensive anti-tobacco program decreased at a rate over four times that of the state rate between 2000 and 2004. Current cigarette use dropped 41.5% among Beaumont/Port Arthur high school students, while statewide usage for this age group decreased by only 9.3%.
- Adolescents are more likely to try smoking for the first time between the ages of 11 and 15, or 6<sup>th</sup> through 10<sup>th</sup> grade. We need to build on the success of comprehensive anti-tobacco pilot programs to ensure that all youth have access to these preventative services.
- The 2006 Youth Tobacco Survey indicates that the decline in tobacco use among Texas youth has slowed since 2001. Current cigarette use among high school students has not changed from the 2001 rate of 24.7%, though there has been a slight decrease in middle school students reporting current cigarette use with a rate of 9.5% in 2006 compared to 10.2% in 2001.
- Smoking by children and adolescents hastens the onset of lung function decline during late adolescence and early adulthood. Youth who smoke tend to be less physically fit and have more respiratory illnesses than their nonsmoking peers.

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- The nicotine in tobacco is highly addictive, and teen smokers are more likely to use drugs and continue smoking as adults. Approximately 20% of adult Texans are current smokers. Continued tobacco use increases their risk of developing lung cancer, heart disease, stroke and emphysema later in life.
- Tobacco use accounts for about one-third of all cancer deaths. In Texas, tobacco use kills more than 24,000 Texans annually and costs the state over \$10 billion in medical costs and lost productivity.
- The National Center for Chronic Disease Prevention and Health Promotion estimates that the economic costs of smoking due to health care and lost productivity amount to approximately \$3,391 per adult smoker per year, or \$7.81 per pack of cigarettes sold in the United States.
- Smoking reduces overall life expectancy by approximately 14 years. For every person who dies of a smoking-related disease, there are 20 people suffering with at least one serious illness as a result of smoking.

## **Child Obesity Prevention**

### **Why is it important to fund prevention of childhood obesity?**

- More than 35% of Texas children are considered overweight or obese. Children who are overweight at the age of 12 are 75% more likely to be overweight as an adult.
- Chronic diseases related to obesity found primarily among adults are being diagnosed in children at alarming rates. In a study released by the National Conference of State Legislatures, 61% of overweight 5- to 10-year-olds already had at least one risk factor for heart disease, and 26% had two or more risk factors.
- Recent reductions in rates of child overweight among Texas fourth graders demonstrate the importance of daily physical activity and good school nutrition policies in reversing the childhood obesity epidemic.

### **What will it cost Texas if we do not act this session?**

- The Centers for Disease Control and Prevention (CDC) estimates that more than 1 in 3 children born in 2000 will eventually suffer from diabetes and as many as half of Latino and African-American children will develop diabetes. The National Institutes of Health estimates that our average lifespan will decrease by 5 years if we don't curb obesity, particularly among children.
- Current research reinforces the positive connection physical education and good nutrition have on child health and school attendance. For example, the Texas Department of State Health Services estimates that an average-sized school district loses \$95,000 per year due to absenteeism among overweight students who are four times more likely to miss school compared to students of normal weight.
- Overweight children have a 70% chance of becoming overweight or obese adults. Three out of the five leading causes of death in Texas, heart disease, stroke, and cancer, are related to obesity.
- Child obesity has long-term affects on tomorrow's workforce and the fiscal health of the state. A research study found that annual medical expenses for Dallas city employees was significant higher for overweight (\$573) and obese employees (\$620) compared to expenses for employees with a normal weight (\$114).
- The Texas Department of Health estimates that by 2040, 20 million Texans will be overweight or obese with associated costs estimated at \$26.3 billion. Costs would be as much as \$39 billion if population trends continue.

### **Would SB1 fund DFPS appropriately?**

- No. The Department's LAR exceptional item request for children's mental health is not fully funded in SB1. Base funding is approximately the same level that it is for the FY 2006-07 biennium, and we support that SB1 would not cut current service levels. However, our current investment is insufficient. The Department has taken a good step forward in identifying a need for exceptional funding. Texans Care For Children recommends that SB1 be amended to fully fund the Department's exceptional item request of \$15.4 million in FY 2008 and \$22.4 million in FY 2009.
- No. SB1 should be amended to fund expansion of the comprehensive anti-tobacco program at \$20 million in FY2008 and \$28 million in FY 2009.
- No. SB1 does not include the \$5.1 million in FY 2008 and the \$8.2 million in FY 2009 that the Department of State Health Services has identified that it needs to address obesity prevention. Fully funding the School Health Specialists in the Educational Service Centers creates a critical infrastructure for reaching children in all 254 counties of this state. DSHS would also use these funds to give assistance to school districts that need it most and to work with families on healthy lifestyles. Please amend SB1 to fund obesity prevention programs at DSHS.

**If you have any questions, please feel free to contact me at 512.473.2274 or visit our website at [www.texanscareforchildren.org](http://www.texanscareforchildren.org).**

Respectfully,  
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