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Opportunities to Improve Children's Mental Health in Texas

Testimony to the House Select Committee on Mental Health

Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise. We appreciate all the work that the committee has done to bring attention and discussion to the far reaching effects mental illness has on Texas children, families, adults, and communities and ways Texas can improve the outcomes of those who experience mental illness and the systems that serve them. We thank you for the opportunity to offer recommendations on ways the state can make a positive difference in supporting the mental health of children and youth.

Mental health challenges are common among Texas children and youth. The way Texas addresses those challenges has far-reaching consequences, affecting children's ability to grow up healthy and succeed in school; the stability and health of families; and core functions of our state government, including public education, Child Protective Services, our juvenile justice and adult criminal justice systems, and adult mental health services. There are effective interventions and services for children, but many children in need do not receive them. Fortunately, there are specific steps the Legislature can take, including many that are no-cost or low-cost, to:

1. Address maternal mental health to promote children's mental health
2. Help schools address the "whole child" to promote student education and well-being
3. Improve outcomes of children in foster care with mental health concerns
4. Improve outcomes of children in the juvenile justice system with mental health concerns
5. Help bring best and promising practices, including those that are trauma-informed, to more programs and services through coordinated training and technical assistance
6. Improve state and local coordination of services to children and youth with complex needs
7. Support and empower families of children with mental illness

Background on Children's Mental Health in Texas

More than half of all chronic mental illnesses have their onset by age 14. Seventy-five percent begin by age 24.[1] That means we can make real progress tackling mental health in our state if we focus on youth in this age group. Years often pass between when symptoms first emerge and when the young person first gets treatment.[2] Many factors contribute to this delay, including mislabeling symptoms as misbehavior or delinquency and a lack of access to effective services. A continuum of effective community-based services is needed to mitigate the risk of mental illness in children and identify and intervene early when concerns are present.

Mental health concerns in children and youth are common. Estimates suggest about one in five children experience a mental disorder in any given year.[3] Most can manage their mental illness without too much disruption in their life; however, about one in ten children have a mental disorder that severely interferes with their ability to function at home, in school, or in the community.[4]

Allowing children's mental health challenges to go unaddressed has serious consequences. Students with serious mental health concerns are twice as likely as peers without serious mental health concerns to drop out of school.[5] Between 1999 and 2009, nine out of ten students classified as having an emotional disturbance in a Texas public school were suspended or expelled from school for discretionary reasons.[6] In 2014, 54 percent of youth offenders committed to the Texas Juvenile Justice Department (TJJD) had a need for treatment by a licensed or specially trained provider for a mental health related issue[7], more than double what would be expected in the general population. During the same year, 93 percent of youth sent to TJJD were in need of alcohol or drug treatment.[8]

The good news is that early identification, interventions, and treatment can change this trajectory. When the right kind of services and supports are provided to children and the families caring for them, mental health concerns and disorders can be managed, if not all together healed. This allows kids to go about the typical business of being kids – learning, playing, having friends, exploring interests, and getting ready to be young adults.

Most children and youth in Texas who need help are not receiving the services shown to make a meaningful difference in their lives. As outlined below, over 300,000 Texas children with severe emotional disturbance are eligible for Department of State Health Services (DSHS) funded community mental health services, but in any given month less than ten percent of these children actually receive those services.

519,368	Estimated number of Texas children and youth age 17 and younger with severe emotional disturbance (SED). Source: Texas Statewide Behavioral Health Strategic Plan (2017-2021) (page 10)
304,429	Children/youth in Texas with SED living at or below 200% FPL. *200% FPL is income eligibility requirement for DSHS funded community mental health services.* Source: Estimates of Prevalence of Mental Health Conditions among Children and Adolescents in Texas
30,000	Youth with SED estimated to remain in the "school to prison pipeline" if nothing is done to help them. Source: Estimates of Prevalence of Mental Health Conditions among Children and Adolescents in Texas
22,700	Average monthly number of children receiving DSHS funded community mental health services in FY 2015. Source: Texas Behavioral Health Databook (slide 18)
15,319	Number of youth referred to local juvenile probation departments who were identified at intake as needing mental health services in 2014.[9]
4,345	Estimated number of children in foster care in August 2015 identified as having "high emotional need" and who would be at risk of entering crisis if adequate services and supports are not provided. Source: Meeting the Needs of High Needs Children in the Texas Child Welfare System

Policy Opportunities for the Legislature

Address maternal mental health to prevent mental health concerns in children from developing

Research shows that maternal depression affects a child's brain chemistry and disrupts a kid's stress response system, leading to a higher chance of developing behavioral problems, social disorders, and learning disabilities down the road.[10] Unfortunately, uninsured and low-income women are far less likely to receive treatment for depression. More than one-third (37 percent) of low-income mothers with young children who have had a major depressive disorder do not receive any treatment, compared to one quarter (25 percent) of their higher-income counterparts.[11] When women get the health care they need before, during, and after pregnancy, moms and children have healthier outcomes. Maternal depression is very prevalent[12] and, if untreated, has adverse effects on a child's brain and socio-emotional development, academic achievement, and long term success.

RECOMMENDATIONS:

1. Address billing and coding issues so it's clear that postpartum depression screening and treatment are covered benefits under Medicaid for Pregnant Women and the Healthy Texas Women program.
2. Ensure pediatricians can screen and refer mothers for postpartum depression at well-child visits.

Help Schools Address the "Whole Child" to Promote School Success and Well-Being

Schools have a vested interest in helping their students be mentally well. It's tough to get students to focus on algebra when they are struggling with depression or trauma. Students with mental illness are at higher risk of missing school, struggling academically, and being disciplined for behaviors that may stem from their disorder.

The state has a few disconnected efforts to help schools address issues affecting students with mental illness. School districts in Texas are required to have plans in place to prevent several non-academic barriers to learning, such as truancy, dropout, and suicide. However, the state provides no guidance to schools on how to address these serious issues in an effective, coordinated way that leverages school resources to have the greatest effect on a broad range of interconnected outcomes. Texas lacks a coordinated approach to guide its policies or to disseminate effective practices, such as social emotional learning and trauma-informed practices, to the thousands of schools in the state.

The state has an infrastructure in place that can be used to better coordinate efforts to help students with mental health concerns succeed in school and to promote the mental well-being of all students. DSHS and the Texas Education Agency (TEA) both promote the coordinated school health model, which was developed by the Centers for Disease Control and Prevention (CDC) to improve student education and health outcomes. The CDC has recently collaborated with key education and health leaders to update the model to reflect a "whole child" approach, designed to help schools and communities be more effective in improving learning and health in students. The approach factors in strategies that address social and emotional school climate, counseling, social services, family engagement, community involvement, and staff wellness – in addition to more traditional school health components like health and nutrition services and physical education and activity.

However, current agency capacity dedicated to student health at TEA and DSHS tremendously limits the state's ability to provide schools with guidance, technical assistance or training on promoting "whole child" health and learning and addressing non-academic barriers that hinder student performance.

Health and Safety staffing at TEA	1 FTE
School Health staffing at DSHS	3 FTE
Texas School Districts	1,200
Texas Schools	8,700
Texas Students	5.2 million

RECOMMENDATIONS:

Texas can help schools address non-academic barriers to learning and student success by implementing the following policy options:

1. Include indicators of school climate in assessments of school performance.
2. Dedicate a minimum of one FTE within both TEA and DSHS to lead the agencies' school health efforts in:
   2.1. Providing school districts with guidance on addressing barriers to learning related to students' mental health
   2.2. Identifying safe and supportive school practices already happening in schools and communities in the state
   2.3. Facilitating peer-to-peer learning among schools and communities
3. Include mental health prevention efforts in coordinated school health programs.
4. Directing HHSC to develop guidance for schools on partnering with community mental health providers to increase student access to school-based mental health services and leveraging Medicaid for school-based integrated health services.
5. Expanding the role of and appropriation to the Texas Behavior Support Network within Region 4 Education Service Center (ESC) to include support to school districts on the effects of trauma, school-based trauma-informed practices, and integrating mental health training and services into a positive behavior interventions and supports (PBIS) framework.

Improve Outcomes of Children in Foster Care with Mental Health Concerns

Texas must provide comprehensive services to children in foster care to promote children's healing so they can overcome the effects of their trauma and thrive. Children and youth who have experienced

trauma are at much higher risk of poor health and social outcomes than those who have not experienced such severe adversity. Decades of research demonstrate how acute or prolonged exposure to traumatic experiences affects a child's developing brain. In response to physical/emotional abuse or neglect or other adverse experiences in childhood, the body can produce high or prolonged levels of stress hormones that literally alter the parts of the brain associated with fear, anxiety, memory, and mood. Such "toxic stress" has short and long term effects on a child's health, behavior, judgment, and ability to manage future stressors. Without proper support, that toxic stress places them at higher risk of school failure, incarceration, unemployment, poverty, homelessness, and becoming single parents.[13] Parents who experienced toxic stress during their own childhood are less likely to be able to provide the kind of stable and supportive relationships needed to protect their children from the damages of toxic stress.[14]

Fortunately, clinical treatments, mental health interventions, and other trauma-informed service approaches and practices have been shown to have a significant and lasting effect on the outcomes of children in foster care.[15] ALL kids in foster care should receive trauma-informed services and care from our entire child welfare system, including front line caseworkers, judges, foster caregivers, and administration. The services, placement, and treatment provided to children must also reflect the results of their comprehensive needs assessment.

Additionally, parents and caregivers need services and supports. Children in foster care need to live in homes where caregivers understand the effect of trauma and know how to best care for children who have been exposed to trauma, providing them with supportive, healing care that avoids triggering mental, emotional, or behavioral concerns or re-traumatization.

Information sharing and coordination between CPS and the juvenile justice system must also be improved to ensure foster youth who are dually involved in the juvenile justice system get the supports they need. Research shows that youth involved in the child welfare system are more likely than their peers to experience behavioral health challenges and to come in contact with the juvenile justice system.[16] When a youth is referred to juvenile probation, we need to ensure that the department has access to information about the youth's current or past CPS involvement and treatments services. This information would allow for more educated decisions for the youth and the coordination of services that will support better outcomes for the youth and cost savings for taxpayers. For example, if juvenile probation is aware a youth recently had a costly psychological evaluation through the child welfare system, it would be unnecessary for probation to pay for, and the youth to go through, the evaluation again. It is not unheard of for a youth to be receiving duplicative programming through both the juvenile justice system and through the child welfare system. Currently seven counties in Texas operate "crossover projects" allowing juvenile probation departments to identify youth referred to juvenile

probation who are currently in the conservatorship of the state.[17] Eliminating duplicative services and ensuring children maintain the level of care they need will improve both long and short term outcomes for dually involved youth and help the system run more cost-effectively.

RECOMMENDATIONS:

1. Enhance training and support to caseworkers and caregivers so they can do the immensely difficult work they are committed to doing.
2. Ensure the Child and Adolescent Needs and Strengths (CANS) assessment informs and drives service planning, including services that are trauma-informed.
3. Increase capacity within the state to provide trauma-focused mental health treatment to children and families who need it.
4. Ensure kids in foster care can access effective services *before* they hit crisis.
5. Hold residential treatment facilities accountable for providing quality, trauma-informed care and treatment.
6. Strengthen families and protect children at risk of entering state conservatorship by increasing access to evidence based practices that that support the family structure including Multisystemic Therapy and Functional Family Therapy.
7. Increase collaboration between available mobile crisis teams, Child Placing Agencies (CPAs), and CPS to improve access for assessment and triage of mental health crises in children in the child welfare system.
8. Develop an information sharing network so that child-serving systems can coordinate and collaborate when youth are involved in more than one system.
9. Collect and analyze data regarding youth who are dually involved in the child welfare and juvenile justice systems to better understand who these youth are why the become dually involved, and identify focused prevention opportunities .

Improve Outcomes of Children in the Juvenile Justice System with Mental Health Concerns

All too often, the Texas juvenile justice system becomes the default mental health provider for youth because it is the one system that cannot turn children away. However, that does not mean the system has adequate resources or access to the necessary mental health providers to provide the youth the treatment and supports they need. Youth with mental health concerns often penetrate deeper into the juvenile justice system than their peers because supports are not available locally. Through implementation of SB 1630 and regionalization of the Texas juvenile justice system, TJJD and county probation departments assessed the treatment available in the seven juvenile probation regions.

Whether it is a need for additional treatment or programming or access to practitioners, all regions report gaps in providing services to youth with mental health and/or substance use concerns.[18] Recognizing that communities are safer and youth have better outcomes when youth receive rehabilitative programming and supports in or near their community, beginning in September 2017, SB 1630 changes the juvenile sentencing structure and limits who can be committed to the state to only the youth who have committed the most serious offenses and received determinate sentences. However, there is an exception that allows the court to make a "special commitment finding" and commit youth to a state secure facility if "the child has behavioral health or other special needs that cannot be met with the resources available in the community," codifying in statute the practice of sending kids with mental health concerns deeper into the system because of a lack of resources at the front end. To ensure that youth get appropriate treatment in appropriate settings, we must work to keep kids with mental health issues out of the juvenile justice system, and when they do penetrate the system, ensure adequate resources are available in their community.

RECOMMENDATIONS:

1. Divert youth with mental health concerns from the juvenile justice system.
2. Grow the mental health workforce to improve access to supports in communities.
3. Enhance services available at the local level to keep youth from penetrating deeper into the justice system.

Help bring best and promising practices, including trauma-informed practices, to more programs and services through coordinated training and technical assistance

State and local agencies are not always aware of the programs offered by other agencies that may be available to address the needs of children and youth with complex needs. Nor are they always aware of best and promising practices and how to effectively implement them. Several agencies provide training on similar practices, such as trauma-informed practices, but do so in silos. Coordinating state training and technical assistance efforts would help to more efficiently disseminate effective practices to the broad audience of child service providers in need of such training.

State child-serving agencies are currently required to work together to coordinate and provide training on individualized assessment and effective intervention and treatment services for children and at-risk families (Government Code Sec. 533.0415). There is no indication that such coordination of training is currently in operation. Updating this code provides an opportunity to strengthen the role and

responsibilities of state agencies in providing guidance to local agencies/services providers on best practices and available programs.

RECOMMENDATION:

1. Amended Government Code Sec. 533.0415 to require state agencies to (1) assess training needs that are common across agencies, programs, and populations and (2) develop a plan on disseminating training and technical assistance that meets common needs across agencies and systems.

Improve state and local service coordination for children and youth with complex needs

Texas has two interagency efforts to address kids with complex needs:

- Community Resource Coordination Groups (CRCGs) bring local agencies together to develop a plan of action for specific children and youth whose service needs exceed the ability of any one agency to address. CRCGs are available in nearly every part of the state. They receive no funding from the state, but the state has increased its level of training, technical assistance, and support that it provides to local CRCGs through a small staff at HHSC and a state CRCG workgroup that brings together representatives from state child-serving agencies to help guide its work.
- Texas System of Care is an interagency initiative that brings state and local agencies together to improve the service delivery systems that supports children and youth with serious mental health concerns, as well as their families. This collaboration between families and child-serving systems -- such as child welfare, juvenile justice, education, and mental health -- enables communities to develop a single plan of care and access the unique array of community-based supports and services the family needs.

Characteristics of Systems of Care as Systems Reform Initiatives	
From	**To**
Fragmented service delivery	Coordinated service delivery
Categorical programs/funding	Multidisciplinary teams and blended resources
Limited service availability	Comprehensive service array
Reactive, crisis-oriented approach	Focus on prevention/early intervention
Focus on "deep-end," restrictive settings	Least restrictive setting
Children out-of-home	Children within families
Centralized authority	Community-based ownership
Creation of "dependency"	Creation of "self-help" and active participation
Child-only focus	Family as focus
Needs/deficits assessment	Strength-based assessments
Families as "problems"	Families as "partners" and therapeutic allies
Cultural blindness	Cultural competence
Highly professionalized	Coordination with informal and natural supports
Child and family must "fit" services	Individualized/wraparound approach
Input-focused accountability	Outcome/results-oriented accountability
Funding tied to programs	Funding tied to populations

Texas should continue its support of these two innovative efforts and examine how they can be better coordinated and aligned at both the state and local levels to more effectively connect children and youth with mental illness with multiagency services and supports to keep them healthy and safe in their homes, schools and communities and out of more costly and restrictive placements unless absolutely necessary.

RECOMMENDATIONS:

1. Continue and expand support for the CRCG and Texas System of Care efforts.
2. Update the Texas CRCG model to better reflect the current service delivery landscape in Texas.

Support and Empower Families of Children with Mental Illness

On March 22, 2016, multiple expert witnesses testified before this Committee on the importance of providing services and supports to families when treating a child with mental illness.[19] A Certified Family Partner is a specialized peer role created within DSHS' Texas Resilience and Recovery model to assist and support parents/guardians to navigate public systems. A Certified Family Partner is a person who has real life experiences parenting a child with mental, emotional, or behavioral health disorders and has been

trained to provide assistance and support to families raising a child with mental illness as part of the child's treatment plan. As mentors and role models, Certified Family Partners are ideal providers of family skills training and support to the caregiver/parent, which benefits the child or youth.[20]

In assessing factors related to parental relinquishment of children with serious emotional disturbance, the Children and Family Research Institute at the University of Texas at Austin reported that Certified Family Partner services were rated among the most useful services for addressing children with serious mental illness in Texas, second only to having mental health professionals in schools. They also found an insufficient number of Certified Family Partners in communities throughout the state. Increasing the availability of Certified Family Partners to provide family peer support services to families of children with serious emotional disturbance will help more children and youth be safe, healthy, and successful in their homes and with their families instead of being placed in out-of-home care or treatment.

RECOMMENDATION:

1. Amend the state Medicaid plan to allow for reimbursement for family peer support services delivered by Certified Family Providers to caregivers as part of a child's mental health treatment plan.

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[1] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593–602.

[2] Ibid.

[3] US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health (1999*) Mental Health: A Report from the Surgeon General*. http://www.surgeongeneral.gov/library/mentalhealth/home.html

[4] US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health (1999*) Mental Health: A Report from the Surgeon General*. http://www.surgeongeneral.gov/library/mentalhealth/home.html

[5] Wagner, M. (1995). "Outcomes for youths with Serious Emotional Disturbance in Secondary School and Early Adulthood." *Critical Issues for Children and Youths*. 5(2).

[6] CSG Justice Center. (2011) *Breaking School Rules Report*. http://justicecenter.csg.org/resources/juveniles Accessed May 1, 2012.

[7] Texas Juvenile Justice Department. *TJJD Commitment Profiles for FY 2014. Data distributed to Regionalization Task Force Members. September 2015.*

[8] Ibid.

[9] Open Records Request from Texas Juvenile Justice Department. ORR#28088. February 2015.

[10] See Center on the Developing Child at Harvard University, "Maternal Depression Can Undermine the Development of Young Children," Working Paper No. 8, 2009. M. England and L. Sim, eds., Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention, National Research

Council and Institute of Medicine (NRC/IOM), Washington: National Academies Press, 2009, available at http://www.ncbi.nlm.nih.gov/books/NBK215117/

[11] M. McDaniel and C. Lowenstein, "Depression in Low-Income Mothers of Young Children: Are They Getting the Treatment They Need?" Washington: The Urban Institute (April 2013), available at http://www.urban.org/research/publication/depression-low-incomemothers-young-children-are-they-getting-treatment-they-need.

[12] About 5 to 25 percent of pregnant, postpartum, and parenting women have some type of depression. For women with low incomes and parenting teens, rates of depressive symptoms are between 40 and 60 percent.

[13] J. Shonkoff et al. (2012) "The Lifelong Effects of Early Childhood Adversity and Toxic Stress." *American Academy of Pediatrics.* http://pediatrics.aappublications.org/content/129/1/e232

[14] Ibid.

[15] Agosti, J., Conradi, L., Halladay Goldman, J., and Langan, H. (2013). *Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative: Promising Practices and Lessons Learned.* National Center for Child Traumatic
Stress. http://www.nctsn.org/sites/default/files/assets/pdfs/using_ticw_bsc_final.pdf

[16] Adams, E. (2010) Healing Invisible Wounds: Why Investing in Trauma Informed Care for Children Makes Sense. Justice Policy Institute, July 2010.

[17] Harris, Dallas, Bexar, Travis, Tarrant, El Paso and McClennan Counties.

[18] Texas Juvenile Justice Department Regionalization Plan. Aug.
2016. http://www.tjjd.texas.gov/Docs/BoardAgenda/Handouts_080516.pdf

[19] https://www.traviscountytx.gov/health-human-services/children-and-youth/mental-health/the-childrens-partnership

[20] Department of Family and Protective Services & Department of State Health Services
Joint Report on Senate Bill 44 (2014)