

Keep More Kids With Their Families and Out of Foster Care by Strengthening Key Mental Health Programs

Testimony to the House Youth Health and Safety Select Committee

Texas leaders have shown an increasing interest in helping more children stay safely with their families and out of foster care. When state leaders succeed in this effort, parents and children avoid traumatic and painful separation, and the state avoids adding more children to a foster care system that is difficult and expensive to manage and, in some cases, harmful to children. While most children enter foster care because of concerns about abuse or neglect, there is a separate population of Texas children who end up in foster care because they have complex mental health challenges that their parents are unable to manage. Texas has programs that provide effective mental health services to children in these circumstances, but the services are limited. This testimony includes five recommendations for ways that state leaders can improve access to those mental health services so that more children can get healthy and stay with their families rather than entering the foster care system.

Youth Mental Health Challenges Increased Over the Last Decade

Over the past decade, behavioral health challenges among Texas youth have increased significantly, mirroring a global trend where mental health and substance use disorders are the leading cause of disability for children and youth.¹ Suicide is the second leading cause of death among people aged 10-19 years in the U.S.²

In Texas specifically, nearly a quarter of parents surveyed from 2021-2022 (23 percent) reported their child has one or more mental, emotional, developmental, or behavioral problems.³ **From 2009 to 2019, the number of Texas high school students reporting suicide attempts rose by 35 percent.** One in five Texas high schoolers is estimated to be struggling with issues of depression, anxiety, trauma, or substance use disorders.⁴

Texas data from 2021 show alarming trends:

- Nearly **one in two** Texas high school students felt sad and hopeless for an extended period, a 53 percent increase from 2011.
- Over **one in five** Texas high school students had seriously considered suicide, a 15 percent increase from 2019.
- **Less than half** of youth felt like they mattered to people in their communities, an 18 percent decrease from 2019.
- **One in eight** Texas high school students attempted suicide, reversing the decline in the attempted suicide rate seen in 2019.⁵

A study published by the American Academy of Pediatrics showed a spike in mental health hospitalizations during the pandemic specifically related to suicidal ideation. The study concluded that “rapidly rising hospital use may reflect worsening mental illness and continued difficulty in accessing low-cost, high-quality outpatient mental health services.”⁶ **In Houston specifically, the number of children visiting Texas Children’s Hospital due to a mental health crisis increased by a shocking 800 percent after the pandemic.**⁷ According to their chief of psychology, in 2019, they typically saw fewer than 50 kids experiencing a mental health crisis per month. In 2022, they were seeing roughly 400-450 children and youth with suicidal ideation, suicide attempts, aggressive behavior, or other behavioral health crises.⁸ **This dramatic increase underscores the urgent need for improved access to mental health services for children and adolescents.**

Many Children Are Entering Foster Care Because of Inadequate Access to Mental Health Services

Most children enter foster care because of concerns about abuse or neglect. However, there is a separate population of Texas children who end up in foster care because they have complex mental health challenges that their parents are unable to manage without additional services and support. The number of cases highlights critical gaps in the system and the urgent need for more robust mental health services and support.

In FY 2023, **108 Texas children entered foster care due to unavailable mental health or intellectual or developmental disability services.**⁹ The data reflect the reason recorded by the investigator for removing the child from their parents. To determine whether a child is entering care due to a lack of mental health services, DFPS investigators check if parents have tried everything for their child's mental health by following doctor advice, finding services nearby, evaluating the financial strain of needed services, and, for adopted children, using all available post-adoption help.¹⁰

Additionally, in FY 2023, 461 Texas children were placed in foster care due to “refusal to accept parental responsibility” (RAPR), often linked to a child’s mental health or behavior challenges.¹¹ Typically, RAPR cases originate because a child was in a psychiatric hospital or juvenile justice facility, and their parents did not want to pick them up, possibly for fear of not being able to support their child or concerns about the safety of another child in the home.¹²

There are also cases in which the parents agree to share custody of their child with the Department of Family and Protective Services (DFPS) to access mental health services after exhausting all other options. During the first eight months of FY 2023, **there were 1,493 of these cases**, known as Joint Managing Conservatorship.¹³ About 15 percent of these youth had been in foster care before reentering care through a shared custody agreement due to unmet mental health needs.¹⁴

Recommendations to the Legislature

Invest in Children’s Mental Health Services

Recommendation 1: Increase reimbursement rates for the YES Waiver program so more children with complex mental health services can receive services

The YES Waiver program serves children with complex mental health challenges, including children in DFPS conservatorship. The YES Waiver provides therapies like art and animal-assisted therapy, offers support services such as respite care and employment assistance, and helps families manage mental health challenges like severe anxiety, significantly improving a child's independence and overall well-being.¹⁵ State leaders developed the YES Waiver program so that children with serious mental health concerns who may be at imminent risk of out-of-home placement, including hospitalization, residential treatment, or placement in foster care, can access treatment and specialized services that would otherwise not be available in their community.

In FY 2023, 3,109 children inquired about being assessed for YES Waiver services. This represents a 53 percent increase since 2019 and a 43 percent increase since 2021.¹⁶ **Despite the increased inquiries over the last five years, the number of youth served has steadily declined**, with 2,227 youth enrolled in FY 2023 compared to 2,826 in FY 2019 — a 21 percent decrease.¹⁷

Mental health providers report that low reimbursement rates set by HHSC are a significant factor preventing providers from enrolling more eligible children into YES Waiver services.¹⁸ Last session, both the House and Senate versions of the budget included an increase for YES Waiver reimbursement rates, but the conference committee removed this increase. In April 2024, HHSC held a hearing about whether to increase YES Waiver reimbursement rates and has included the YES Waiver as a strategy to provide intensive mental health services to more children and families in Texas in its 2025-2029 Strategic Plan.¹⁹ Increased funding for YES Waiver reimbursement rates would reduce unnecessary entries into foster care, enhance mental health support for youth, and strengthen families by fostering stability and well-being.

Recommendation 2: Allow reimbursement through Medicaid for Family Partner Support Services and Youth Peer Support

Peer support services play a vital role in supporting adult mental health and substance use disorder recovery in Texas. Adult peer support services help reduce health care costs, decrease hospital admissions, and enhance the overall quality of life for individuals with mental health and substance use disorders.²⁰ A long-term study in Texas demonstrated substantial improvements in housing, employment, and wages, along with notable reductions in healthcare utilization, underscoring the effectiveness and financial benefits of these services.²¹ While Texas made adult peer support Medicaid reimbursable in 2019, Family Partner Support Services and Youth Peer Support were not added as Medicaid benefits. Family and Youth Peer Support play a vital role in mental health recovery for children and youth by providing empathetic understanding, modeling positive coping strategies, and facilitating access to resources, which together foster resilience and empowerment in managing mental health challenges.²² For these reasons, the Substance Abuse and Mental Health Service Administration and the Center for Medicaid & CHIP Services recommend covering family partner and youth peer support services in state Medicaid plans.²³ Some states successfully implementing this strategy include Arizona and Maryland.^{24, 25}

Family Partners have firsthand experience raising children with complex mental health challenges and can offer valuable support, ensuring family involvement in decision-making, providing guidance, and enhancing parent-child

relationships.²⁶ Similarly, youth with complex needs could benefit from the expertise of Youth Peer Support specialists who can uniquely support them in overcoming trauma and improving their mental well-being.^{27,28}

Making Family Support Services and Youth Peer Support reimbursable through Medicaid would create a stable funding stream, allowing Texas to offer these services to more children and families navigating Texas's mental health and child welfare systems. Increasing access to Family Partners and Youth Peer Support Specialists would enhance mental health services, strengthen caregiver support, improve children's well-being, and also provide meaningful employment opportunities for those with lived experience, contributing to a more robust mental health workforce.²⁹

Support Families Referred to DFPS

Recommendation 3: Sustain the Texas Family First Pilots

Over the last two sessions, the Texas Legislature has invested in the Texas Family First (TFF) Pilots as part of its commitment to prioritizing family preservation and reducing the number of children entering foster care. The Texas Family First pilot sites are making progress in helping families stay together and avoid foster care despite working with a relatively small number of cases due to legislatively imposed eligibility restrictions (discussed in Recommendation 5). For instance, as of January 2024, Belong, the provider in South Central Texas and the Hill Country had served approximately 50-60 families.³⁰ Belong has fully and successfully resolved about half of these cases, with only 3-4 cases resulting in removal.³¹ This indicates a strong success rate in keeping families together through the pilot's interventions. However, the Legislature's reliance on a Family First Transition Act federal grant funding is jeopardizing the good work happening in these pilots. The grant facilitating this work expires in 2025, and the state does not have a sustainability plan.

The Family First Prevention Services Act (FFPSA) allows states to access federal matching funds for evidence-based services to prevent children from entering foster care. To draw down this federal funding and continue the TFF Pilots after the grant expires, Texas must:

- Submit a Title IV-E Prevention Plan outlining state strategies for FFPSA implementation;
- Obtain federal approval for the plan; and
- Invest state funding in eligible evidence-based prevention services.

Texas is one of only four states that has not submitted its Title IV-E Prevention Plan. While DFPS works on its plan and awaits federal approval, the Legislature must also appropriate state funding to continue the TFF Pilots and unlock the full potential of evidence-based children's mental health services.

State investment in the TFF Pilots will sustain critical support for children at risk of entering foster care and their caregivers by supporting the ongoing work that DFPS has started in partnership with Community-Based Care contractors to preserve families and keep children safely at home.

Recommendation 4: Expand the availability of evidence-based family preservation services

In the short term, Texas can support families by investing general revenue in expanding access to evidence-based services provided to children at risk of entering foster care that are eligible for a federal match under FFPSA. According to the national Title IV-E Prevention Services Clearinghouse, several evidence-based programs and services provide targeted support and effective treatment for children's mental health needs, helping families stay

together and preventing the need for foster care placements.³² Programs or services available in some Texas communities include:

- Trauma-Informed Cognitive Behavioral Therapy,
- Trust-Based Relational Intervention (TBRI),
- Functional Family Therapy (FFT),
- Intensive Care Coordination Using High Fidelity Wraparound,
- Dialectical Behavior Therapy for Adolescents,
- Family-Centered Therapy,
- Brief Strategic Family Therapy,
- Eye Movement Desensitization and Reprocessing (EMDR), and
- Multisystemic Therapy (MST).

As an example, the Legislature expanded access to MST through an appropriation last session. MST works with children and their families in their own homes, providing tailored support to improve family dynamics, school performance, and community relationships, effectively preventing the need for foster care placements. **In fact, 86 percent of children who receive MST targeted to children at risk of entering foster care remain at home and avoid placement in the foster care system.**³³ Texas currently has 22 MST teams across the state, yet estimates from Meadows Mental Health Policy Institute indicate that Texas needs 140 teams to meet the statewide demand for this treatment program.³⁴ Geographic location, workforce shortages, or logistical barriers may hinder access to these services. Additional funding is crucial to address these barriers, scale up existing programs, and introduce new ones in Texas.

Increasing state funding for children’s mental health services and directing a portion of that funding to increase access to evidence-based children’s mental health services to families at risk of foster care involvement would enhance the availability and capacity of providers offering these evidence-based services to the families with the most critical needs. This would ultimately prevent more children from entering foster care due to a lack of access to needed children’s mental health services.

Recommendation 5: Broaden criteria for federal matching funds for evidence-based services

Longer-term, under FFPSA, Texas has an opportunity to draw down additional federal funding that would allow more children to participate in mental health services that help them avoid entering foster care. However, Texas should broaden the eligibility criteria for these services to access the funds for children’s mental health services.

While federal law allows up to a 50 percent federal match for certain evidence-based programs provided to a child at imminent risk of entering foster care, the current criteria for families to participate in the Texas Family First pilots are limited. Texas currently has two definitions for “foster care candidacy” that dictate whether a service qualifies for a federal match under FFPSA. The first, a newer and narrower definition introduced through HB 3041 (87R), applies exclusively to the TFF Pilots. Meanwhile, the second, a more comprehensive and longstanding definition, applies to other family preservation services in Texas and would enable a broader range of referrals to services to be eligible for federal match funding.

The Senate Bill 910 Report from 2022, a collaborative effort between DFPS and Texas A&M University, shows that other states implementing FFPSA use even broader criteria than Texas’ longstanding definition.³⁵ The Report recommended that Texas consider extending federal matching funds for evidence-based preservation services for

a broader subset of children and families. This includes the following populations with particularly relevant recommendations in bold:

- Children in Family-Based Safety Services,
- **Those who have reunified with their family or been adopted,**
- **Children whose parents “Refuse to Assume Parental Responsibility,”**
- Children of families under Investigation or in Alternative Response, and
- **Children at risk of Child Protective Services (CPS) involvement in other service sectors like the juvenile justice or public mental health systems.**³⁶

Other red states have included the following populations, among others, in their approved FFPSA Title IV-E Prevention Plans:³⁷

- **Children with Behavioral Health Challenges:** Arkansas, Florida, South Carolina, Utah, Missouri, North Dakota, Oklahoma, Indiana, and Kentucky.
- **Children Involved with the Juvenile Justice or Public Mental Health System:** North Dakota and Nebraska.
- **Adoption or Guardianship Disruption:** Arkansas, Florida, Missouri, Nebraska, North Dakota, and Utah.
- **Post-Reunification Support:** Maine, Nebraska, Georgia, Missouri, North Dakota, and Oklahoma.

The Texas Legislature should direct DFPS to use broad criteria in its FFPSA Title IV-E Prevention Plan to amplify state investments in high-quality children’s mental health services through federal financial participation.

Endnotes

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