



Expanding and Improving The Children's Mental Health Workforce in Texas

Texas Senate Committee on Health and Human Services
*Charge #5 - Study the state's current and long-range need for physicians, nurses, dentists and
other allied health and long-term care professionals*
February 23, 2010

Chairwoman Nelson and members of the Committee, I am Josette Saxton of Texans Care for Children. Thank you for this opportunity to provide testimony today. Texans Care for Children is a statewide nonpartisan, nonprofit advocacy organization dedicated exclusively to the children of Texas. We look to our broad base of community-based experts—our partners who together represent thousands of Texas children—to inform our work and help us in developing our legislative agenda. We also co-facilitate the Texas Children's Mental Health Forum. Our areas of focus are: family economic security; infant, child and maternal health; children's mental health; child welfare; and juvenile justice and at-risk youth.

As you examine the state's current and long-range need for health care providers, Texans Care urges the Committee to include in its consideration the state's critical need for a broader, more skilled workforce to address the mental health needs of children and youth. We are preparing a briefing paper that contains more information on issues and best practices related to expanding and improving the children's mental health workforce in Texas, and we will share this resource with the Senate Committee staff. Today, I will highlight some of these issues and offer some recommendations for the Committee's consideration.

Amidst a shortage of professionals specialized in children's mental health and in response to differing needs, parents turn to various professionals to address concerns related to their children's behavioral health. There is a wide variance in skill level and education for this diverse group of professionals, and methods of intervention used by these professionals vary greatly as well.

- There are an estimated 735,000 children and youth with mental illness in Texas.ⁱ However, as of 2007, there were only 192 child psychiatrists in Texas.ⁱⁱ The vast majority of them practice in urban areas, with only five child psychiatrists practicing in Texas's 177 rural counties.ⁱⁱⁱ

- Most prescriptions for psychotropic medication for children are written by pediatricians and family physicians, not by child and adolescent psychiatrists who have the most training in the use of psychotropic medication.^{iv}
- A great variation exists in the general training requirements for other professionals who are called upon to serve children with mental health concerns, including psychologists, social workers, counselors and therapists, and psychiatric nurses.^v Many have limited or no training specific to children’s mental health.

The mental health workforce serving children needs to be better trained to provide services shown to help all children with mental health challenges.

- There is a long delay between the development of evidence-based, effective interventions and the time they are put into routine practice, taking nearly 15 to 20 years on average.^{vi} Lack of education, training, or supervision leads to further delays and a mental health workforce that is unprepared to use the latest breakthroughs in effective mental health treatment.^{vii}
- Traditional graduate training and continuing education programs for mental health professionals do not prepare the workforce to serve children in a family-centered, community-based, culturally-competent, and collaborative manner, as recommended by the Substance Abuse and Mental Health Systems Administration.^{viii}

Direct care staff in health, childcare, education, child welfare, and juvenile justice should be recognized as part of the broad child mental health workforce and receive the training and supports necessary for them to carry out their individual roles effectively.

- Front line staff should be trained to identify potential mental health concerns in children they serve and to make appropriate referrals as needed.
- Front line staff should not be experts in child mental health, but they should have access to professionals who are and who can provide them consultations on specific cases, and training and technical assistance in implementing evidence-based practices in serving children with mental health concerns.

The failure to adequately equip professionals who work with children with mental health challenges could lead to children unnecessarily entering the state’s child welfare and juvenile justice systems, at a considerable cost to the public.

- A lack of community-based resources results in children with mental disorders coming into contact with the juvenile justice system at high rates.^{ix}
- Typically, the most effective interventions for youth with serious emotional disturbances are provided in home and community settings.^x
- Providing a child with community-based mental health services in Texas costs on average less than \$1,000.^{xi}

- Texas spends on average \$40,000 per year to care for a child in the foster care system^{xii} and \$96,000 to commit a youth to the Texas Youth Commission.^{xiii}
- In 2006, 41% of its youth in the Texas Juvenile Probation Commission had mental health problems.^{xiv} In 2008, 32% of youth in the Texas Youth Commission youth had serious mental health problems.^{xv}

Recommendations:

- Invest in workforce strategies that work. Identify and evaluate promising practices in addressing children’s mental health workforce needs in Texas, including integrated care and telecommunication projects currently funded through the Frew Settlement, and expand into more communities those strategies shown to increase children’s access to quality mental health services and supports.
- Provide those who work directly with children in health, childcare, education, child welfare, and juvenile justice facilities access to specialized experts in child development and mental health for case-based consultations and training and technical assistance on implementing evidence-based practices.
- Investigate ways to expand the use of tele-health and telecommunication services beyond physicians to other professionals providing mental health services and supports to children and youth.
- Expand the use of higher education-state agency partnerships to create paid on-the-job training for students within public child-serving agencies, such as community mental health centers and juvenile justice facilities, as is currently done in some regions to train and recruit child welfare professionals.
- Require training programs for mental health professionals to include instruction on evidence-based practices, collaboration, cultural competency, and treating mental health and substance abuse in an integrated fashion.
- Make financial incentive programs (such as training stipends, tuition assistance, and loan repayment programs) available to more mental health professionals.

The Child and Adolescent Workgroup of the Texas Mental Health Transformation Project is drafting a proposal to establish a multidisciplinary training and technical assistance institute in Texas related to children’s mental health and well-being. Affiliated with one or more Texas universities and in partnership with state child-serving agencies, such an entity would serve as a recognized hub to disseminate information related to emerging issues and evidence-based practices in children’s mental and behavioral health, provide training and technical assistance on best practices, and assist in the evaluation of promising programs and services. Such an entity could coordinate and accomplish many of the recommended workforce strategies listed above.

Thank you again for your time and commitment. If you have any questions, please feel free to contact me or the staff of Texans Care for Children at 512.473.2274.

Respectfully,
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ⁱ Texas Department of State Health Services. (2009). *Texas Community Mental Health Services Block Grant Plan FY 2009*.

ⁱⁱ The Hogg Foundation for Mental Health. (2008). *Health Care in Texas: Critical Workforce Shortages in Mental Health*. <http://www.hogg.utexas.edu/PDF/Workforce%20Interim%20Senate%20052308.pdf>; Health and Human Services Commission. (2008). *Few Medical and Dental Initiatives: Integrated Pediatric and Mental Health Program Proposal*.

ⁱⁱⁱ Texas Department of State Health Services. (2009). *Texas Community Mental Health Services Block Grant Plan FY 2009*.

^{iv} Koppelman, Jane. (2004) *The Provider System for Children's Mental Health: Workforce Capacity and Effective Treatment*. National Health Policy Forum Issue Brief. http://www.nhpf.org/library/issue-briefs/IB801_ChildMHPProvider_10-26-04.pdf

^v Institute of Medicine of the National Academies. (2006). *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*.

^{vi} The President's New Freedom Commission on Mental Health. (2003) *Achieving the Promise: Transforming Mental Health Care in America*.

^{vii} Ibid.

^{viii} National Technical Assistance Center for Children's Mental Health. (2005). *Issue Brief: Transforming the Workforce in Children's Mental Health*. Georgetown University Center for Child and Human Development.

^{ix} Texas Appleseed (2009) *Texas School-to-Prison Pipeline Dropout to Incarceration: The Impact of School Discipline and Zero Tolerance Report*. <http://www.texasappleseed.net/pdf/Pipeline%20Report.pdf>

^x Burns, B. & Hoagwood, K. (Eds.). (2002). *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders*. New York: Oxford University Press.

^{xi} Calculation based on data reported in LBB 2007 *Texas State Government Effectiveness and Efficiency Report*, Figure 5

^{xii} Calculation of cost based on per diem cost of foster care cited in Mental Health Association of Texas 2003 Fact Sheet of \$109.38 multiplied by one year. <http://mhatexas.org/mhatexasMAIN/FACTSHEETChildren21.pdf>

^{xiii} Calculation based on information reported in the Texas Youth Commission 2009-2013 *Agency Strategic Plan*.

^{xiv} Texas Juvenile Probation Commission. *Models for Change: Systems Reform in Juvenile Justice Grant Application*.

^{xv} Texas Youth Commission. *Who Are TYC Offenders* (FY08) http://www.tyc.state.tx.us/research/youth_stats.html