



TEXAS A&M UNIVERSITY

HEALTH

# Key Takeaways: Assessing the Landscape for Children and Adolescent Mental Health Services in Texas\*

## Study on Mental Health Services for Children and Adolescents

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## Overview

The 88th Texas Legislature, through 88(R) HB 1, appropriated \$1.5 million to the Texas A&M University System to conduct a study of inpatient mental health services for children and adolescents in Texas. As a result, the Texas A&M University Health Science Center (Texas A&M Health) is leading a two-year study (2023-2025) to assess the needs and availability of inpatient child and adolescent mental health care in Texas. This study is also examining the continuum of care for mental health services for children and adolescents. Year 1 project activities consisted of three study areas. Included below are key takeaways and recommendations for each of the study areas:

1. Analysis of available public use data.
2. A review of best practices.
3. Key informant interviews to gain insights about the contextual issues impacting this problem. This includes two case studies of model state programs outside of Texas.

## 1 Data Analysis



- **Nearly half** of all Texas pediatric inpatient utilization is for **psychiatric conditions**.
- Based on national benchmarking, the **number of psychiatric beds** per population and the **available workforce** to provide necessary mental health care for both adults and children is **below the recommended level** (a minimum of 30 beds per 100,000 population). Texas currently has an overall rate of 22 beds per 100,000 population.
- Current **public use data sets lack** access to critically important data needed to follow children and adolescents over time and identify gaps in coordination of mental health services. Data is also lacking to differentiate between resources available for children and youth and those dedicated to adults.

### Recommendations:

1. Build on current American Hospital Association (AHA) and Texas Hospital Association (THA) Annual Survey reporting requirements to mandate hospitals annually report the number of licensed and staffed dedicated inpatient pediatric psychiatric beds by age and sex to the Texas Department of State Health Services (DSHS).
2. Establish a requirement for Health and Human Services Commission (HHSC) to make data readily accessible at minimal costs for researchers and policymakers to assess the state of the problem, monitor progress, and identify solutions.

## 2 Literature Review



- High-quality mental health care to children and adolescents in Texas requires multidisciplinary **evidence-based practices that are sustained** through ongoing multidisciplinary service provider **professional development and training**.

### Recommendation:

1. Develop an infrastructure available to all service providers that supports the adoption of best practices that focus on family-centered care, integrated care models, the use of technology, staff training, and quality improvement initiatives.

### 3 Key Informant Interviews



- Inpatient psychiatric bed availability is especially **challenging for young children** (under 9 years old) and for those **with co-morbid conditions** such as intellectual and developmental disabilities (IDD) or physical health issues.
- Creating an effective and efficient **mental and behavioral healthcare system** for children and adolescents with acute psychiatric care needs requires proactive engagement of mental healthcare professionals and leaders in Texas and beyond.

#### **Recommendations:**

1. Enhance the integration and coordination of services across the continuum of care.
2. Expand sharing resources between healthcare and social service partnerships.
3. Strengthen workforce capacity to ensure high-quality care.
4. Increase reimbursement levels to create and maintain necessary staffing infrastructure.
5. Improve access to geographically convenient inpatient care.
6. Dedicate resources to serve the youngest children and children with IDD and co-occurring mental and physical health conditions.

## Summary

Based on our findings, we conclude that Texas is:

- Experiencing a shortage of pediatric mental health care beds, services, and service providers, especially in rural and underserved areas.
- Lacking capacity for high acuity pediatric mental health patients, including both the physical location of these services in some areas and the staff to provide the care.
- Lacking appropriate resources to treat children with co-occurring conditions.

