

A Framework for Our Children's Future:
A Children/Family Center of Excellence for Smith County

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Executive Summary

The Smith County Response to the Behavioral Needs of Families and Children

We applaud the State of Texas for their investments in mental health and pledged commitment to the families of Texas, especially those burdened by untreated or undertreated behavioral health needs. The 88th Texas Legislature directed the Statewide Behavioral Health Coordinating Council to establish a subcommittee to develop a strategic plan focused on understanding and meeting the behavioral needs of children. The plan – with 31 recommendations - is complete, and in December 2024, was submitted to both the legislative budget board (LBB) and the Governor's office. We value the statewide report and the resolve it represents.

Congruently, the Local Mental Health Authority of Smith County, has led the local community in developing an all-inclusive plan for East Texans. Smith County is the population seat of Northeast Texas, a region that leads the state in suicides per capita. Our community is proud of the progress we have made over the last decade and stands ready to develop a comprehensive model of care. To date, no place in Texas has a greater need and furthermore, no place in Texas has achieved a perfect model of care. Rather than offer a continued patchwork approach to lessening local burdens, we ask our elected officials to invest adequate funds to develop a complete continuum of evidence-based care for children.

Our proposal for a Children and Family Center of Excellence (CF COE) includes expanded case management, Youth Empowerment Services, and wraparound services to address the growing demand. The CF COE would also house a youth crisis outreach team, crisis stabilization, crisis respite, and intensive outpatient treatment to complete a full spectrum of care. In an area with the poorest outcomes, these gaps are felt immensely. A centralized facility is warranted to house and manage these programs, creating a regional hub that fosters community participation. Pioneering a demonstration of a full spectrum of care would allow us, along with our partnering organizations and the State of Texas, to demonstrate a model system of care and establish success factors that can be adapted statewide.

For the sake of our children and their families, we would rather address the leak in the hull, than continue to bail the ship. Our community is committed to turning the tide on the children's mental health crisis and looks forward with hope for a brighter future.

We, the citizens of Smith County, believe that we are the right place and now is the right time for such a worthy investment.

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A Framework for Our Children's Future: A Children/Family Center of Excellence

In the 88th legislative session, Texas made a record and necessary \$11.68 billion investment in the mental health continuum of care. In preparation for the 89th session, they were given the following interim charges on the topic of mental health.

Children's Mental Health: Review care and services currently available to the growing population of Texas children with high acuity mental and behavioral health needs. Make recommendations to improve access to care and services for these children that will support family preservation and prevent them from entering the child welfare system.

Access to Health Care: Evaluate current access to primary and mental health care. Examine whether regulatory and licensing flexibilities could improve access to care, particularly in medically underserved areas of Texas. Make recommendations, if any, to improve access to care while maintaining patient safety.

Children's mental health has been identified as a top priority in the 89th legislative session. In East Texas, children's outcomes are some of the poorest in the state, and require the attention addressed in these interim charges.

Demonstrating the Need

Due to the nature of the crisis and in part the stigma that exists around mental health disorders, data on the scope and severity of the issue has been limited and has not been given the attention that is needed. This is evident in the current state of mental health care available in East Texas. Thanks to various needs assessments and analysis of existing data done by ourselves and others including the 2023 Andrews Center Community Needs Assessment, Statewide Behavioral Health Coordinating Council, the Meadows Institute, and the University of Texas at Tyler School of Medicine, a fuller picture of the need in East Texas has emerged.

Youth/Adolescent Population of Texas

Texas has one of the fastest growing populations with portions of East Texas projected to grow as much as 25% by 2050. Currently, 1 in 10 youth (under the age of 18) in the United States live within

the state of Texas, and by 2050, the portion of youth in the state is expected to grow by 43%.¹

Accompanying this population growth is an increased demand for children's services. Since 2020, Independent School Districts (ISD) have reported a 35% increase in percentage of students in special education.² Furthermore, local

*"There's a lot of things going on. Your population growth is happening at a substantial pace right now. People are moving into the area. We've just got some more data this week showing how rapidly people are moving into the area."
[1.5% growth per year]*

-Ray Perryman, 41st annual Economic Outlook Conference in Tyler, 1/9/2025

mental health authorities are overwhelmed with the demand. The Andrews Center is contracted by the state to serve 694 youth, and is serving 1013 as of 1/2/25, with an average of 10 entering services every week. Of these 1013 youth, ~75% have Medicaid. This data represents a fraction of the need. As laid out in the Children's Behavioral Health Strategic Plan, 13.16% of youth ages 9-17 in the state of Texas have a serious emotional disturbance.³ Based on that percentage and the population of Smith County, there are upwards of 5,744 youth in Smith County that could benefit from services.⁴ Looking back, these numbers have grown every year. From 2020 to 2022, the Andrews Center saw a 57% growth in children and adolescent clients.⁵ There are two approaches to managing the increasing demand. One approach is instituting a cap and creating a waitlist. The other approach is no cap while only taking the highest acuity patients and referring lower acuity patients to the community. This puts strain on the case managers

¹ (Texas, 2020)

² (Fund Schools First, 2020)

³ (Statewide Behavioral Health Coordinating Council, 2024)

⁴ (United States Census Bureau, 2023)

⁵ (Jelly Nonprofit Consulting, 2023)

and diminishes the quality of care by overloading the system. Either way, delays are expected and the longer these children wait, the sicker they become.

Northeast Texas Health Status

Based on county health outcome data, of the 35 counties in the Northeast Texas region, 26 ranked in the two lowest quartiles for health outcome scores statewide. CDC data also shows that Suicide is the 8th leading cause of death in Northeast Texas. Compared to suicide rates state and nationwide, Northeast Texas consistently surpasses. In 2019, Northeast Texas had a suicide rate of 19.9 per 100,000 which is 49% higher than the statewide rate of 13.4.⁶ The data used in this report is from 2019, pre pandemic, and does not reflect the impacts that the COVID-19 pandemic had on the population. While this data includes both adults and youth, half of all mental health disorders manifest by age 14 and are commonly foreshadowed by non-specific psychosocial disturbances.⁷ A large portion of the adult population, including those in the suicide data above, expressed symptoms in their youth, allowing for an opportunity to address earlier on.

Effects of COVID-19

Most available data sources predate the COVID-19 pandemic. While rates of youth with mental health disorders were increasing prior to 2020, post COVID-19 pandemic rates have surged, as has the acuity of those receiving treatment. Interaction with peers is an important part of emotional and psychological development. School closings, cancelation of extracurricular activities, and introduction of virtual learning contributed to feelings of isolation and a void

"I started serving Children and Adolescents in 2006 in Smith County. I saw many children from tough places and living through difficult situations. I remember always having a plan or plausible solution or goal with those children. The level of intensity/sickness of so many of our children now, often leaves me wondering if we will find a plan before something significant happens."

-Myranda Cannon, Division Director of Mental Health Case Management, Andrews Center

⁶ (Nehme, et al., 2021)

⁷ (Colizzi, Lasalvia, & Ruggeri, 2020)

of social interactions. The lockdown and social-distancing created and reinforced a sense of loneliness and disconnect in every age group of youth.⁸ A review of several studies revealed that the prevalence of anxiety and depression doubled in youth populations, with 20% experiencing anxiety and 25% experiencing depression.⁹ Due to the sharp increase in anxiety and depression from social isolation and fear brought on by the COVID-19 pandemic, suicide has become an even more pressing concern.¹⁰

Local Funding Shortage

Pictured below is a heat map showing the population density of the State of Texas based on United States Census Bureau data.¹¹ East Texas has a broad higher-population area like metropolitan areas but lacks the proportional behavioral health infrastructure and care.

In recent historic investments made by the Texas State Legislature, Terrell and Rusk state hospitals received over \$700 million. However, due to the magnitude of the crisis and the number of forensic beds needed at these state hospitals, this investment does not meet the needs of the community for non-forensic inpatient services. Rusk State Hospital has no youth beds; Terrell State

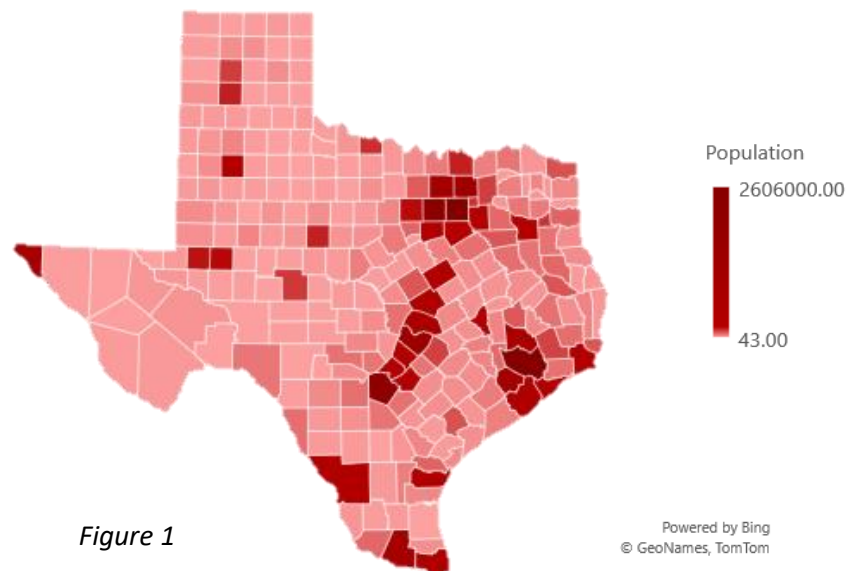


Figure 1

⁸ (Farrell, Vitoroulis, Eriksson, & Vaillancourt, 2023)

⁹ (Racine, et al., 2021)

¹⁰ (Matthews, n.d.)

¹¹ (Carney, 2024)

Hospital has 50 youth beds which are currently unavailable due to staffing shortages. Youth in crisis are forced to wait without suitable treatment, or seek services more than two hours away, some even out of state. This separates families and doesn't allow for involvement and training.

Other areas in the spectrum of care also leave Northeast Texas unrepresented, especially considering the heightened crisis in our area. The Texas legislature recently invested in several programs, which have demonstrated results, across the state to address crises and high-risk youth with the goal to stem the need for inpatient facilities. Below are maps depicting Texas's recent funding of Youth Crisis Outreach Teams (YCOT), Multisystemic Therapy (MST), and Children's System Navigators.

In the past two years, I have personally traveled to Florida, Mississippi, Louisiana, and various cities across Texas, including Fort Worth and Georgetown, to find facilities willing to accept my two adopted daughters who struggle with post-adoption trauma and mental health challenges. This experience has been emotionally, physically, and financially draining, compounded by the fact that East Texas lacks nearby facilities capable of addressing these needs. For families in our region, the closest emergency rooms, such as at UT Health, are ill-equipped for adolescent mental health crises, and other facilities within a two-hour radius are either full or nonexistent. Juvenile courts also highlight the limited options, often stating they have programs only for boys and none for girls.

- Lindsay Zitko, Parent

Eight new HHSC-funded teams

- **Bluebonnet Trails:**
Bastrop County
Burnet County
Caldwell County
Fayette County
Gonzales County
Guadalupe County
Lee County
Williamson County
- **Emergence Health Network:**
El Paso County
- **Heart of Texas:**
Bosque County
Falls County
Freestone County
Hill County
Limestone County
McLennan County
- **Border Region Behavioral Health Center:**
Jim Hogg County
Starr County
Zapata County
Webb County
- **My Health My Resources of Tarrant County:**
Tarrant County
- **North Texas Behavioral Health Authority (NTBHA):**
Dallas County
Ellis County
Hunt County
Kaufman County
Navarro County
Rockwall County
- **Tri-County Behavioral Healthcare:**
Liberty County
Montgomery County
Walker County
- **Burke Center:**
Angelina County
Houston County
Nacogdoches County
Newton County
Polk County
Sabine County
San Augustine County
San Jacinto County
Shelby County
Trinity County
Tyler County

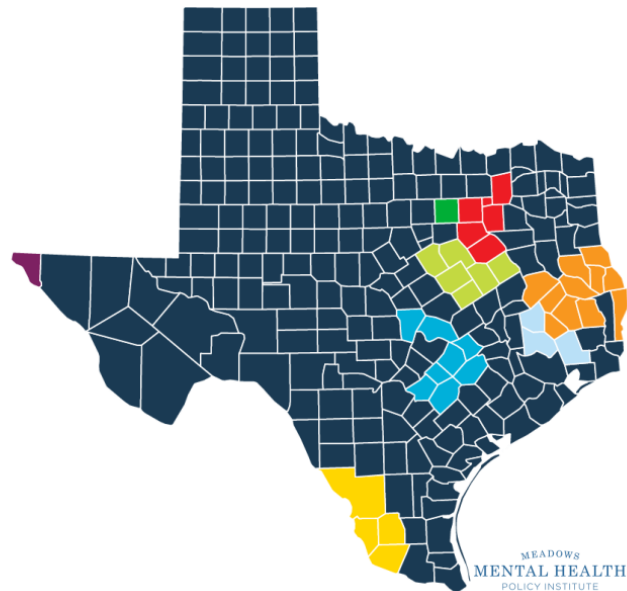
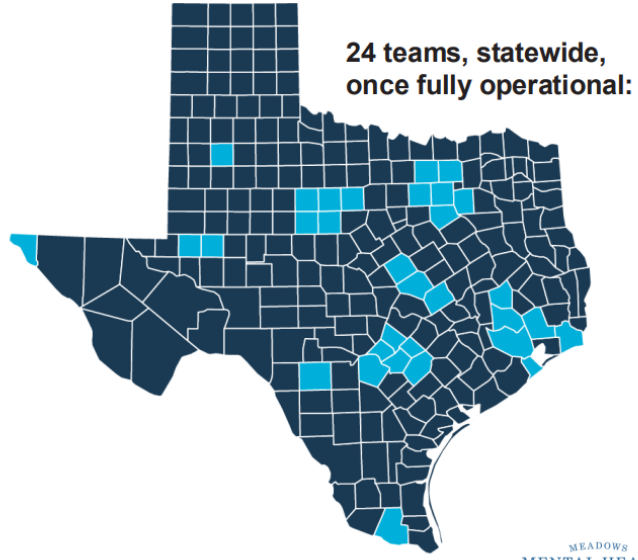


Figure 2 Youth Crisis Outreach Teams in Texas¹²

¹² (Keller, 2024)

Initial seven HHSC-funded teams:

Reporting Period: March 2024 – May 2024	
Number of Referrals Received	145
Number of Cases Served	145
Total number of cases with opportunity for full course of treatment	56
Number of Discharges	67
Percent of youth living at home	83.93%
Percent of youth in school/working	87.50%
Percent of youth with no new arrests	91.07%



MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Figure 3 MST Capacity in Texas¹³

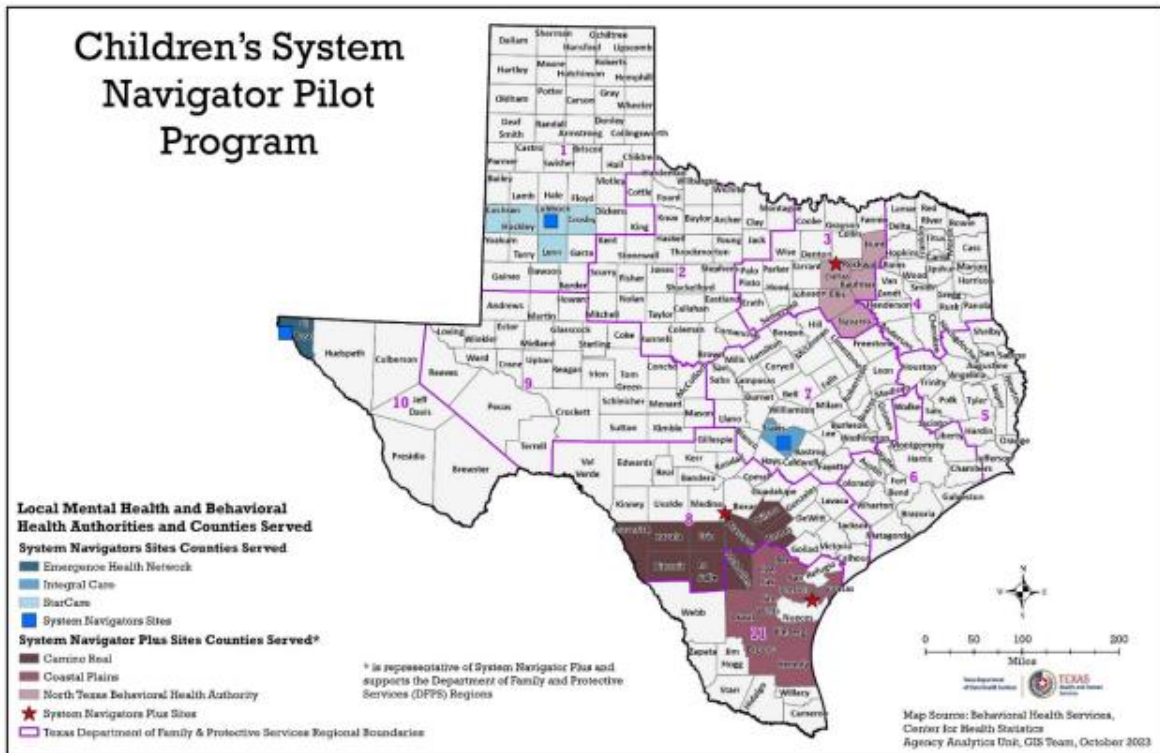


Figure 4 Children's System Navigator Pilot Program Capacity in Texas¹⁴

¹³ (Keller, 2024)

¹⁴ (Statewide Behavioral Health Coordinating Council, 2024)

Youth Crisis Outreach Teams are patterned after the Mobile Crisis Outreach Team (MCOT) model, which Texas Health and Human Services describes as an emergency “alternative to inpatient mental health treatment.”¹⁵ This model responds to psychiatric crises 24/7 wherever they occur in the community, providing interventions to youth at schools and homes.¹⁶ Multisystemic Therapy, focuses on

“Children and adolescents in mental health crises, particularly those in DFPS custody without stable placements, face overwhelming challenges that significantly impact their emotional and psychological well-being. These young individuals often endure the trauma of instability, the stress of uncertainty, and feelings of rejection or abandonment. Without a consistent and supportive environment, their ability to recover and thrive diminishes, and their needs become increasingly urgent and complex.

From an MCOT perspective, we witness firsthand how these systemic gaps exacerbate a youth’s crisis. The absence of placement stability often correlates with heightened anxiety, depression, and behavioral challenges, leaving youth feeling unsafe and unseen. MCOT teams work tirelessly to provide immediate intervention, stabilization, and advocacy, striving to connect children with the resources and support they need. However, long-term solutions require systemic change, a collective community effort, and a commitment to prioritize the mental health and stability of our most vulnerable youth.”

-Amanda DeLong, MCOT Program Manager, Andrews Center

the most high-risk youth (ages 12-17), evaluating the support systems that are available to youth, delivering intervention, and building environments that consider the societal factors unique to that youth. This model has shown a long-term 75% reduction in violent crimes.¹⁷ The Children’s System Navigator is a third strategy recently funded by the Texas legislature. This position improves “access to

¹⁵ (Texas Health and Human Services Commission, 2022)

¹⁶ (Texas Department of Family and Protective Services, 2024)

¹⁷ (Meadows Mental Health Policy Institute, 2024)

mental health services for children and families by providing connections to local child-serving agencies, educating community partners, building and maintaining relationships with public and private providers, sharing information, resource system development, and case staffing.”¹⁸

These evidence-based child and youth-oriented programs have the potential to substantially improve the quality and efficiency of local mental health systems of care, lessen the strain on inpatient services, and, in doing so, maximize the billions of dollars the State of Texas has appropriated to inpatient facilities. While the surrounding areas have received funding in these specialty children and youth programs, our community of Northeast Texas has lacked the same level of funding. This is a region characterized by the highest suicide rates state-wide¹⁹ and a child and adolescent psychiatry workforce availability that pales in comparison to the state average, much less in comparison to workforce benchmarks.²⁰ Despite the remarkable investments and progress initiated by the State of Texas, it would be no exaggeration to say that our community, which is suffering the most, has thus far received the least.

Local Needs Identified

The demand for comprehensive adolescent mental health facilities has risen significantly, driven by factors such as post-adoption trauma, behavioral health challenges, and the pressures adolescents face today. Unfortunately, the options currently available are limited by restrictive criteria, such as only accepting cases involving substance abuse, foster care, gender-specific programs, or pregnant adolescents. This leaves a significant portion of our youth underserved.

-Lindsay Zitko, Parent

The gaps and needs that exist in a local system of care are felt and understood strongest by the community that experiences them. Over the past decade, our community has come together to identify these needs and has challenged ourselves to resolve them. Several gaps in the continuum of care have been identified, silos dismantled, and collaborative progress initiated.

¹⁸ (Statewide Behavioral Health Coordinating Council, 2024)

¹⁹ (Ramirez, 2024)

²⁰ (Texas Medical Board: Texas Department of State Health Services, 2018)

Youth SIM Initiative

On October 22, 2024, the Texas Judicial Commission on Mental Health in conjunction with Kiesha Morris, Andrews Center’s Chief SIM Officer (the only in the state), facilitated a Youth Sequential Intercept Model (SIM) mapping workshop for Smith County. This workshop brought together over 50 shareholders from across the system of care, including mental health, substance use, schools, juvenile probation, courts, and law enforcement with the common goal of identifying what resources were available in each intercept and where the gaps are. Out of this workshop, four priorities were identified by the participants.²¹

Priority 1: Trauma-Informed Training Across the Intercepts

Priority 2: Intensive Outpatient Services

Priority 3: Law Enforcement – Mental Health Collaboration

Priority 4: Prevention in the Community and Schools

As seen below, several tasks were identified and categorized by high/immediate and moderate/near future. From these, the four community priorities were selected, and individual taskforces were formed to address the identified needs.

Smith County Youth Mental Health/Juvenile Justice Priorities	
High/Immediate	Improved family engagement across all intercepts
	Increased communication and collaboration between law enforcement and mental health professionals to better support youth and each other
	Intensive outpatient services youth
	Create a variety of alternatives to juvenile detention and hospitals for youth in mental health crisis
	After hours support for youth with behavioral challenges that escalate without quick intervention
	Improved prevention and early identification services to inform and teach kids
Moderate/Near Future	Offering free or low-cost services for children with behavioral health challenges
	Create additional inpatient options for youth
	Breaking down care silos by promoting collaboration
	Resources, such as counseling options, for those identified early who may need help

²¹ (Texas Judicial Commission on Mental Health , 2024)

Figure 4 Smith County Youth Mental Health/Juvenile Justice Priorities²²

Priority 1: Trauma-Informed Training Across the Intercepts

There is a direct correlation between adverse childhood experiences (ACE) and later involvement with the juvenile justice system as well as cognitive impairment and other health risks. Most children demonstrate signs of traumatic stress throughout their childhood, manifesting with different symptoms at different ages. Trauma-informed care helps those involved in the lives of these children to identify these symptoms and get them the help they need preventing later problems.²³

Priority 2: Intensive Outpatient Services

In East Texas, there are essentially no intermediate levels of care. This is where the largest gaps in service lie. Intensive outpatient services (IOP) and partial hospitalization programs (PHP) are intermediate levels of care. Here in East Texas, there is no augmentation or step down between the lowest levels of care and hospitalization. As such, children experience the worst possible outcomes. They are left to deteriorate until they go to the emergency room, followed by an inpatient stay where they may only receive treatment for a couple of days, assuming they are able to find placement. When discharged, they are returned to the same situation as before. IOP and PHP help prevent the need for inpatient hospitalization through providing more intensive care than outpatient counseling or case management can and after discharge they protect the child

"It's like the worst horror movie you'll ever see. He was being slowly taken over, and he knows he's losing it, we know he's losing it, but there's not one thing you can do about it. It's brutal what these families go through. There are so many people suffering as a result of this. They have to be put on a waiting list. The family has to deal with that acute mental illness before they can have any hope of getting in, even when they are clearly psychotic and a danger to themselves and others."

*-Doug McSwane, Father and
Champion for Mental Illness/Smith County
Behavioral Health Leadership Team*

²² (Texas Judicial Commission on Mental Health , 2024)

²³ (Texas Judicial Commission on Mental Health , 2024)

from returning to the same circumstances that contributed to the crisis. Additionally, they help reintroduce and provide care for patients after they have been released from the hospital but still need

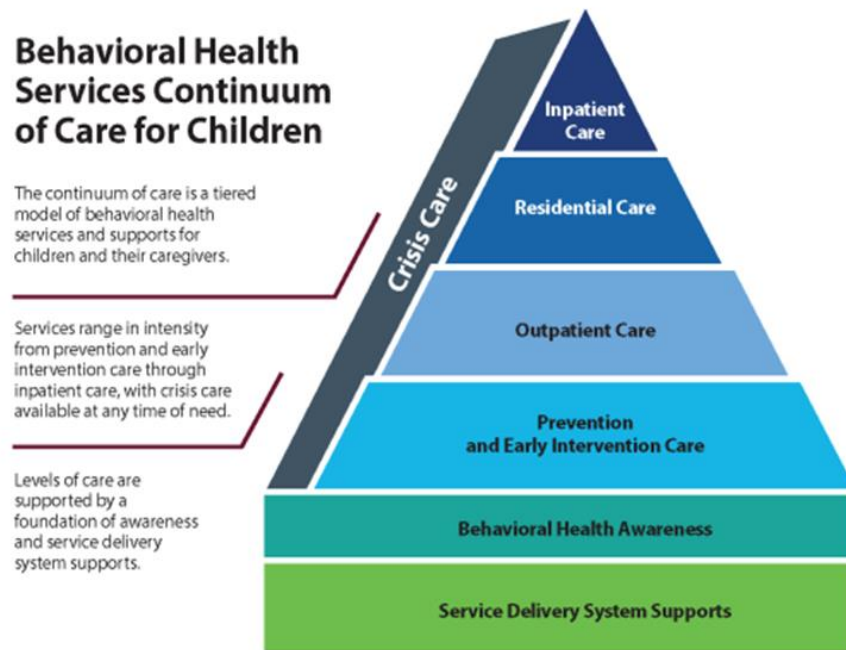


Figure 5 Behavioral Health Services Continuum of Care for Children

more -intensive support. They are designed for those who do not need 24-hour support of residential care but require more services than the traditional outpatient setting offers. The Statewide Behavioral Health Coordinating Council has recognized these programs as beneficial and recommended that they be included as Medicaid state plan benefits.²⁴

Priority 3: Mental Health Professional and Law Enforcement Collaboration

Due to the nature and effects of mental illness, there is often overlap in the realms of law enforcement and mental health. Because both parties approach the issue with their own respective knowledge, experience, and background, this can sometimes lead to miscoordination which delays timely and proper care. Professionals in these areas need to work together. In recent years, Smith County has seen great strides in cross-system training and communication between law enforcement

²⁴ (Statewide Behavioral Health Coordinating Council, 2024)

and mental health professionals. Our community is proud of the progress we have made in this area.

Despite this, and due in part to job turnover, ongoing education is necessary.

Priority 4: Prevention in the Community and Schools

Research indicates that half of all clients with mental illness exhibit early indicators before age 14.²⁵ Despite this fact, the majority of mental health challenges first present as a crisis leading to an emergency room visit. Without early intervention, untreated mental illnesses compound and create long lasting effects through adulthood, including self-medication with alcohol and drugs, leading to co-occurring mental health and substance use disorders.²⁶ These circumstances often result in involvement with the justice system. General mental health screenings conducted by physicians are infrequent and only covered by Medicaid/commercial health insurance, hence the prevalence of mental health challenges presenting first in emergency rooms. Incentivizing pediatricians and family doctors to conduct early screenings would lead to better outcomes. Additionally, screening in schools can greatly improve early identification. Schools screen areas of health such as hearing and eyesight, so why not mental health? These improvements may require changes in policy, but in the meantime, community awareness and parent education can reduce the stigma and help with early identification.

Workforce Availability

Texas suffers from a mental health workforce shortage. This is especially pronounced in rural Texas. For example, for Northeast Texas to meet the state average, we would need an additional 37 psychiatrists.

²⁵ (Colizzi, Lasalvia, & Ruggeri, 2020)

²⁶ (Texas Judicial Commission on Mental Health , 2024)

SPECIALTY	RECOMMENDATION	TEXAS	NORTHEAST TEXAS	NEEDED TO MEET BENCHMARK	NEEDED TO MEET STATE AVERAGE
CHILD & ADOLESCENT PSYCHIATRY	1:2,127	1:12,122	1:45,000	201	37

Figure 6 Child and Adolescent Psychiatry Workforce Needs (from the Pediatric Health Status of Northeast Texas 2023)²⁷

This is also true for other vital qualified mental health professionals including therapists, case managers, and social workers. Every county in East Texas is a Designated Mental Health Professional Shortage area. In East Texas the majority of the counties fall in the 11.0-123.7 mental health professionals per 100k population ratio. The remaining counties fall in the 123.8-241.9 category, which is still below the state average, and only six counties lie in the 242.0-353.8 range.²⁸

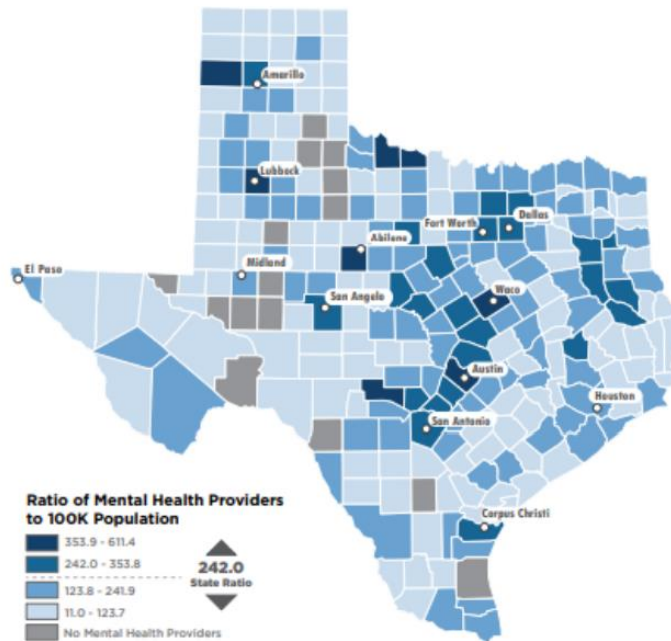


Figure 7 Ratio of Mental Health Providers to 100k Population

²⁷ (Smith & Midgett, 2023)

²⁸ (Statewide Behavioral health Coordinating Council, 2023)

Currently, the list of qualifying LPHAs in the TAC code are below.

LPHA--Licensed Practitioner of the Healing Arts. A staff member who is:

- (A) a physician;
- (B) a licensed professional counselor (LPC);
- (C) a licensed clinical social worker;
- (D) a licensed psychologist;
- (E) an advanced practice registered nurse;
- (F) a physician assistant; or
- (G) a licensed marriage and family therapist.²⁹

Licensed psychological associates (LPA) and LPAs with Independent Practice (LPA-I), which are master-level practitioners like LPCs, are licensed and regulated by the same state board as (D) licensed psychologists and require the same annual renewal requirements and ethical practice regulations. LPAs have educational training for conducting psychological services including assessment, diagnosis, and treatment planning as well as provision of evidence-based mental health services for individuals across the lifespan. Expanding the LPHA-qualified list in the TAC code for LMHAs to include LPAs and/or LPA-Is would allow for a broader scope of mental health practitioner candidates to apply for jobs to serve those who require community mental healthcare services and would be advantageous for provision of psychological services in each community.

Community Silos in a Complex System

Another barrier to timely and appropriate care that children and their parents face is a complex system of care riddled with silos. Between schools, state agencies, counseling services, and many other child-serving organizations that all intersect to address a child's individualized needs, parents and children face multiple intakes with differing admission guidelines. The struggle of this scenario only

²⁹ (Texas Health and Human Services Commission, n.d.)

increases for children with more intense and complex needs. In such cases, Wraparound Facilitators, who assist high-intensity youth in the YES Waiver program, can assist parents in providing case management and care coordination.³⁰ However, by waiver requirements, Wraparound Facilitators have a maximum caseload of ten youth.³¹ This full-time position with a caseload of ten, underscores the intensity of the crisis and complexity of the system. To effectively meet the growing needs, child and youth-serving organizations cannot operate within their own silo. While we as a community take pride in the progress we have made in this area, we are also committed to continued action in breaking down remaining silos and streamlining communication and care.

Navigating this system is further complicated by the impacts of social determinants of health (SDOH) that are prevalent in our community. "Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, worship, and age. These conditions include a wide set of forces and systems that shape daily life such as economic policies and systems, development agendas, social norms, social

"Because mental health is not just an individual responsibility but also is a product of community conditions, the places where people live, learn, work, play, and pray can have a significant impact on improving mental health. While mental health conditions can be exacerbated by medical or clinical barriers, such as a scarcity of mental health professionals, many poor outcomes also stem from challenging environmental factors like housing instability, lack of neighborhood infrastructure, and difficult conditions at home, work, and/or school."
- Hogg Foundation

policies, and political systems."³² Addressing these SDOH cannot be ignored, as they account for, by some research, 90% of overall health outcomes.³³ The silos that exist in the community in conjunction with SDOH make it difficult for many to receive the treatment they need. The East Texas Human Needs Network's Community Needs Assessment for 2023 included the question: "In the last year, was there a

³⁰ (Texas Health and Human Services, 2022)

³¹ (Texas Health and Human Services, 2022)

³² (CDC, 2024)

³³ (Stewart J, 2010)

time when you needed medical care but were not able to get to it?" 26% of respondents answered yes. The top two reasons were explicitly economic ("I could not afford to go" and "I did not have health insurance"). The next most-common reasons were "I could not get a ride," and "I had to work."³⁴ With economic pressures, transportation pressures, and multiple appointments with different agencies at different times and different locations, parents are forced to make hard decisions. Accessing care is not always an obvious choice and is certainly not a convenient choice.

School Services

While there are numerous front doors into the system of care, schools could be recognized as the most important, since youth typically spend more time in this sector than any other. Like many others that serve youth, Texas schools have seen a surge in the crisis, while also experiencing a decrease in spending ability. For example, a coalition of Texas public schools recently reported a state-wide 35% increase in special education students since 2020 with a \$2.2B cost-budget deficit.³⁵ One valuable asset available to schools is Texas Child Health Access Through Telemedicine (TCHAT). TCHAT is a telemedicine program funded through the Texas Child Mental Health Care Consortium that helps identify and assess behavioral health needs and provide mental health access in the school setting. This takes place in school districts with an established memorandum of understanding.³⁶ The services provided through TCHAT include up to 5 sessions for a student per year with a mental health professional, psychological and psychiatric support, mental health care and crisis intervention, community referrals for long term counseling, consultation with school staff, and teacher training.³⁷

³⁴ (East Texas Human Needs Network, 2023)

³⁵ (Fund Schools First, 2024)

³⁶ (Texas Child Mental Health Care Consortium, n.d.)

³⁷ (University of Texas at Tyler, n.d.)

Foster/Adoption Services

The children who are involved in foster and adoption services typically have a high number of ACEs. As such, they often suffer from a variety of mental illnesses. Due to the lack of resources in Northeast Texas, these children and their families are often forced with difficult decisions, driving several hours for help, or even relinquishing conservatorship.

When treatment options run out for families, or none are available to begin with, the Department of Family and Protective Services (DFPS)

“Our adoptive families are in crisis and in need of outpatient intensive therapy services to keep their families together. The current solution is if a child is aggressive with their parents, threatening self-harm, or has harmed themselves, they go to the ER and are admitted for a hospital treatment several hours away for a 5-10 day stay and come back home. They can potentially get in for therapy in a few weeks with a therapist that doesn’t take Superior insurance for once a month sessions at \$200 a session. We are in desperate need to outpatient intensive therapy services to prevent hospital stays AND when a child returns home for daily and weekly intensive therapy sessions.

A few weeks ago, I got a call from one of our moms. Her daughter was throwing things at her in the car and threatening to kill her all because they had a therapy session. She’s 9 so the police will do nothing to help. She knows the drill because this was the 5th time in 3 months that her daughter was having a meltdown so instead of going to the ER she called one of the treatment hospitals and there was an open bed in Dallas. So I picked her and her daughter up and we headed down the interstate at 90 MPH in hopes that I would get pulled. Her daughter was kicking my seat, threatening to kill us both and punching mom for an hour and 30 mins of the 2-hour drive. Mom was calm and just kept taking the punches. We listened to calming music and prayed a lot out loud. Daughter stayed for 5 days and came back home refusing to go to therapy. If we had a facility in Tyler, perhaps we could have gotten her in within minutes and prevented a hospital stay. These continued outbursts happen often, and the family has discussed with post adopt services with suggestions to them of placing her back into care so she can get the services she needs with longer stays in facilities.

We have another family that has 2 teens, one bio and one adopted. They have decided they are quite fond of each other and started having an inappropriate relationship. Parents have to balance for weeks at a time for each child to NOT be in the home. While they are in therapy every 2 weeks if we had a place they could have therapy daily, perhaps they could work thru the hard. They are currently talking about her returning to care to get into a facility as they have been quoted out of pocket expenses of \$10,000 a week to be able to place her and in care, insurance would cover it.”

*I would tell you many stories, but this is just in the last few weeks.
-Christi Sowell, Shepherding Director, The Fostering Collective*

suggests conservatorship relinquishment on the basis that their child may get the help they need. When a child enters DFPS care in this situation, the situation is classified as a Refusal to Accept Parental Responsibility (RAPR). Of the 18,812 children in state conservatorship (in SFY 2023) 4-5% of them are classified as RAPR. 80% of these children have emotional or mental disorders.³⁸ This is not an ideal

³⁸ (Statewide Behavioral Health Coordinating Council, 2024)

outcome. The preferred means is to keep the family together which often results in better outcomes.³⁹

Removing a child from their family, especially one who had been in the DFPS system, compounds traumatic experiences that these children have already faced.

Community Recognition

In the past decade, thanks in great part to the work of Doug McSwane and the Smith County Behavioral Health Leadership Team (BHLT) strides have been made in community cooperation and reduced stigma. 10 years ago, Doug McSwane, with the support of the Meadows Mental Health Policy Institute, started the Smith County BHLT with the goal of helping reduce silos and improving community education. Over the last decade they have done just that. In May of 2024, the Andrews Center held the first East Texas Behavioral Health Summit, with over 1,200 attendees filling the Brookshire Convention Center and 52 community partners in attendance. The community has come together to move the needle on the mental health crisis. This last December, a week before Christmas, a large group of community and nonprofit leaders concerned with our children's future, came together to set a framework for the future of our children, and express their support and offer help in bringing a Children/Family Center of Excellence to Smith County. Other providers have recognized mental health as a priority area including the Bethesda Health Clinic, and Family Circle of Care (Federally Qualified Health

-Bethesda Pediatrics is a private non-profit clinic in Tyler that serves primarily Medicaid and uninsured patients. The mental health needs in this population are tremendous, and the ability to get these patients in with a mental health professional often takes months, especially if they are Spanish-speaking. As the only Foster Care Center of Excellence in East Texas, Bethesda Pediatrics sees a high number of children in the foster care system. It is a rarity to see a child in foster care that doesn't have mental health needs. Most of these patients are reliant upon telehealth for their mental health care because of lack of local access. Anytime we have a patient that needs inpatient mental health care, they have to travel hours away, sometimes out of state. This creates a burden both on the patient and the family, making it nearly impossible to facilitate family counseling and healthy transition back to outpatient services once they are deemed safe for discharge."

- Danny Price, MD and Kathleen Helgesen, DNP, APRN, CPNP-PC

³⁹ (CDC, 2024)

Center).⁴⁰ Smith County has allocated \$4 million of ARPA funds to help renovate and reopen the Behavioral Health Center (BHC) in Tyler.⁴¹ UT Tyler has partnered with Oceans Healthcare to manage the BHC and bring back this critical inpatient piece.⁴² As a community we have been proactive in assessing our needs, developing solutions with the tools and limited resources we have been given, and collaborating across organizations. This collaboration has been born out of crisis; we are ready and eager to do more to address this crisis.

The Solution

Mental Healthcare seeks to restore a quality of life in a way unique from the rest of medicine. For youth suffering with a mental health diagnosis, it seeks to restore a quality of life for someone with their entire life in front of them. A **Children's/Family Center of Excellence** in Smith County is an approach to address the ongoing youth crisis in Northeast Texas, bringing the community together - a community solution to a community crisis.

"It's rare when a week goes by without encountering someone in public who wants to express their gratitude for Andrews Center helping their child or relative."

-Dr. David Danly, Psychiatrist, Andrews Center practicing for 30 years

Record Investments have been made in Texas in the mental health space. The Texas legislature has made significant investments in the children's mental health with the funding of Youth Crisis Outreach Teams, Multisystemic Therapy, Children's System Navigator Pilot Programs, Coordinated Specialty Therapy, and other evidence-based practices. These programs have been implemented in various locations across the state on a smaller scale. The opportunity that presents itself in Smith County is the implementation of all these proven programs under the umbrella of a Children's/Family Center of

⁴⁰ (Pierdant, 2024)

⁴¹ (KLTV Digital Media Staff, 2024)

⁴² (Beverley, 2024)

Excellence so that a child in Northeast Texas would have access to a full array of services in the region of Texas which currently experiences the worst mental health outcomes. Implementation of this magnitude is novel. The concept of centers of excellence within the medical field has proven to be capable of delivering unparalleled care. Providing comprehensive mental health care to children and families of Northeast Texas is groundbreaking and attainable by reorganizing services into a comprehensive model.

Early Intervention

Children's mental health has seen an increase in interest recently with a significant amount of attention being placed on early intervention. This topic is circulating in conversation throughout Texas including the Texas Children's Mental Health Care Consortium, the Texas Legislature, and Texas schools. An increasing number of children have mental health needs. These needs are often left unaddressed until they reach critical levels leading to crisis. Intervening "upstream" before challenges escalate secures a brighter future. This approach puts the focus on addressing causes of mental illness, creating an empowering environment for children, giving them a chance to thrive, not just survive.

The idea of going upstream is inspired by a popular metaphor.⁴³

You and a friend are having a picnic by a river. Suddenly you hear a shout from the direction of the water—a child is drowning. Without thinking, you both dive in, grab the child, and swim to shore. Before you can recover, you hear another child cry for help. You and your friend jump back in the river to rescue them as well. Then another struggling child drifts into sight... and another... and another... and another. The two of you can barely keep up. Suddenly, you see your friend wading out of the water, seeming to leave you alone. "Where are you going?" you demand. Your friend answers, "I'm going upstream to tackle the guy who's throwing all these kids in the water."

⁴³ (Heath, 2020)

Instead of waiting until children are downstream struggling with more complex mental health challenges, we should focus on preventing them from entering the river in the first place. This means addressing the underlying causes, such as stress, trauma, and societal pressures, before they take a toll on young minds.

Early intervention is one of the key principles of an upstream focus for children's mental health. Because children's mental health issues often begin before the age of 14, interventions need to be initiated well before this. Identifying early warning signs (such as difficulty regulating emotions, problems in school, or social withdrawal) allows caregivers, teachers, and healthcare professionals to intervene early. This can be accomplished by helping children learn coping strategies and access necessary supports. Prevention is also a key upstream principle. The creation of supportive environments is critical to preventing mental health challenges. For example, schools and community partners, can offer mental health education, teaching children about their emotions, building healthy relationships, managing stress, strengthening families, providing parenting resources, and supporting social and emotional development. The social determinants of health can also be addressed.

"Treating children and youth in the earliest stages of an illness, when symptoms are far less severe, requires fewer resources and results in far better outcomes."

-Meadows Mental Health Policy Institute

Taking an upstream approach to children's mental health is not only beneficial to children, but also for the community at large. Mental health challenges in childhood can lead to a wide range of negative outcomes, including academic struggles, behavioral problems, substance abuse, and even long-term physical health issues. By preventing mental health issues early on, we can reduce the economic costs associated with treatment, special education, hospitalization, and lost productivity. By fostering a generation of children with strong mental health and coping skills, we are laying the groundwork for a

more resilient and compassionate society. Children who learn early on how to manage their mental health are more likely to become adults who contribute positively to their communities.

Rather than leaving children's mental health problems unaddressed until they reach a high acuity level, going upstream focuses on building resilience. Resilient children are better equipped to handle life's challenges, setbacks, and stresses. This can be achieved through evidence-based programs and strategies that teach children emotional regulation, problem solving, and coping mechanisms. The development of strong emotional skills at a young age provides a buffer, reducing the likelihood of mental health issues later in life. Going upstream with children's mental health means being proactive in identifying challenges before they become crises, through building a foundation of support, resilience, and coping strategies. This reduces long-term impact of mental health issues and promotes healthy children, with healthy futures.

Protects Tx Workforce

The Texas economy is the 8th largest in the world and valued at \$2.6 trillion.⁴⁴ A major strength of the economy comes from Texas' strong workforce; however, unresolved mental health issues pose a threat to Texas' robust economy. The American Psychiatric Association has reported that unresolved depression in the workplace accounts for a 35% decrease in productivity and equates to a loss of \$210.5 billion a year to the American economy, in the form of medical costs, productivity loss, and absenteeism. Depressed employees miss on average 31.4 workdays a year. They also reported that anxiety and stress prevent full engagement which can result in the loss of productivity and mistakes.⁴⁵ By investing and making early intervention available to a wider population, the downstream effect mental illness has on the workforce is mitigated by treating at an earlier stage of life.

⁴⁴ [\(Texas Economic Development and Tourism , 2024\)](#)

⁴⁵ [\(Berkeley Executive Education, n.d.\)](#)

Upstream vs Downstream Dollars

In addition to the workforce impact, early intervention also has a wide influence on costs and expenses of mental healthcare, and community services in general. The National Academies of Sciences, Engineering, and Medicine stated that “every \$1 investment in prevention and early intervention for mental illness and addiction programs yields \$2 to \$10 in savings in health costs, criminal and juvenile justice costs and low productivity.”⁴⁶ Without early intervention, a heavy economic burden is created, as taxpayer money is funneled into inpatient facilities, juvenile services, and other downstream community resources, which come at higher costs to the individual and the society. By utilizing funds in prevention and intervention initiatives, it relieves the downstream burdens, allowing inpatient and hospital providers to expand their capacity. These early interventions can turnaround the lives of those suffering with mental illness and lead to better outcomes. Creating these safety nets allows for them to recover from early stages of mental illness and minimize the need to enter costly intensive services.

“Take the Village to the Child”

In response to this crisis that is growing rapidly on a global scale, the American College of Child and Adolescent Psychiatry (AACAP) issued a call to “Take the Village to the Child.”⁴⁷ Especially since the impact of the COVID-19 pandemic, as the AACAP recognized, we have become cognizant of the community’s (or “village’s”) role in supporting children’s mental health. Any disruption or disfunction between these community supports and remedies for children’s struggles and traumatic experiences obstruct the path to wellness. As mentioned prior, wraparound facilitators, a full-time position, have a maximum caseload of ten. While these types of positions are particularly important in providing direct care to youth and helping their families to navigate the system of care, we can also work to make the system of care more navigable and thereby more responsible and effective.

⁴⁶ (Steinberg Institute, 2017)

⁴⁷ (Tami D. Benton, 2024)

Medical Mall Model

A proactive and conscientious way to adapt our local system of care and implement the AACAP's call to "take the village to the child" is the healthcare mall model. Under this model, community partners would have a full or partial physical presence at a community resource hub. This co-location, a 'one-stop shop', would provide easy navigation for children and their families. By streamlining access to and communication between services, clients are easily connected to the full array of services, eliminating the logistical barriers to care. Converging resources allows the entire community to reap the full benefit of programs and services, creates the ideal location for referrals, and maximizes every partner's effort to address the growing need. Implementing a full continuum of care in a community with these assets—a community which also has among the poorest of outcomes—allows us, as the State of Texas, to diagnose pressure points in a model system of care and identify success factors.

"When I started getting involved in the mental health field, over a decade ago, I realized you had all of these nonprofits that had money and were trying to deal with mental illness. But the head didn't know what the hand was doing. They were all focused on their own little silo, without any thought of 'how do we work together as a group'. They were all doing the same stuff, while these other needs weren't getting addressed. Yet there was money! Money had been allocated to help."

*-Doug McSwane, Father and Champion for
Mental Health/Smith County Behavioral
Health Leadership Team*

Co-location is a physical way to break down silos that have plagued the local system of care. One silo that is inherently difficult to integrate is private practice, which represents a large sector of the mental health workforce. This sector in many ways is limited in its ability to help with the growing crisis. Due to their revenue requirements and inability to access grant funding for specialized or pilot programs

"We as a community have a problem with mental health and we as a community need to address it."

*-UT Tyler School of Medicine
Community Advisory Board (UT Tyler School of
Medicine Community Advisory Board, 2023)*

to the extent that others do, this sector is often forced to watch the fight from the sidelines.

Locally, this sector works hard to have partnerships with organizations so they can

participate in grants. There are people in the private sector that are eager to collaborate and leverage their unique abilities, but cannot due to funding barriers. If they could partner through a community Center of Excellence, they could bring their workforce, talent, and abilities to the fight. The community coalescence inherent to the healthcare mall model encourages all partners to participate, break down institutional barriers, and reap the benefits of addressing the crisis as a team.

A local example of this model is CampV, a support and resource hub for veterans. Similar to children and families facing mental health crises, veterans often find themselves lost in the system, trying to access support. This one-stop shop for veterans has many co-located resources for veterans, including veteran benefits, counseling, recreation, community engagement, transportation, and peer programs. It also serves as a regional nucleus of the veteran resource network. The Andrews Center, a community partner of CampV, provides counseling and peer services on the CampV campus.

“As a representative of CampV, I am acutely aware of the critical need for the Andrews Center and their robust mental health services within our community.

Andrews Center's commitment to improving mental health outcomes aligns seamlessly with our mission to enhance the overall well-being of individuals facing mental health challenges. They have accomplished this mission through a cooperative effort of having multiple representatives from their organization that are focused on Veteran care, maintaining offices at our campus. This partnership between our two organizations has directly led to Military Veterans' ability to receive immediate care and assistance in one collective location.

The working relationship that CampV and the Andrews Center have created is far beyond anything seen within our industries. While we remain two separate organizations, we have become instrumental in each other's success throughout the community and have developed a trusting relationship within our organizations' leadership to explore new efforts and programs to benefit the community.”

-Travis Gladhill, Executive Director, CampV

Another exemplary model is San Antonio's Haven for Hope, which co-locates and coordinates services for individuals experiencing homelessness. This model has gained recent state and national

popularity due to its success and efficiency. An article was published last December explaining its many advantages and the attention it has received. Haven for Hope's full array of services, including "housing, meals, medical and dental care, vision care, mental

"What San Antonio is doing, what Haven for Hope is doing is working. That's why we've had that focus."

-Sen. Bryan Hughes on the co-location model of Haven for Hope 10/15/2024 State Affairs Chair

health services, job training, legal services, spiritual care, and educational programs," is provided by "several dozens of partner organizations," and is successful due to its "collaboration and resource sharing."⁴⁸ Each partner maintains their own independent identity and mission, while sharing access to low-cost office space, training, and client-centered community planning. More importantly, this model benefits clients by providing convenient access to community partners who can address their full spectrum of needs.

Wholistic Community Approach

While there has been significant progress in recent years in youth mental health, the need continues to outpace available resources.

"Meeting children's behavioral health needs requires a multi-faceted approach, including supporting caregivers and families, ensuring safe and supportive schools, and increasing access to child-serving programs... The core of the System of Care (SOC) approach is multi-sector collaboration at local and state levels, including, providers of behavioral health, early childhood, child welfare, education, juvenile justice, and recreational and vocational services to ensure individualized treatment for children and families is informed by their unique needs and strengths. Outcomes of the SOC approach include decreases in behavioral and emotional symptoms, suicide rates, substance use, and juvenile justice involvement. Additional benefits include increased school attendance, improved grades, and more stable living situations. Families have reported reduced caregiver strain, improved family functioning and problem-solving skills, and increased capacity to handle their child's challenging behaviors. The SOC is a nationally recognized framework for the provision of children's behavioral healthcare."

-Children's Behavioral Health Strategic Plan: 2024

⁴⁸ (Jack Tsai, 2024)

A Children's/Family Center of Excellence presents a community solution to a community problem. Over multiple framework meetings with community partners across a wide range of sectors, a vision for our future has formed. Most recently, on December 17, 2024, several community partners came together to discuss this initiative. This sample of our local system of care agreed that it was past time to remain idle. The community in mass has expressed approval and enthusiasm for this plan. It facilitates the cooperation of all local organizations involved. The SDOH that often prevent or make treatment difficult are mitigated by the co-location of services. Instead of a phone call and a referral

Collaboration Between all of the members of the Smith County Behavioral Health Leadership Team and our anchor providers [Andrews Center/ UT Tyler School of Medicine] here in the community working with all sorts of other providers is going to be essential.
- *Dr. Andy Keller, Meadows Mental Health Policy Institute, East Texas Behavioral Health Summit 5/5/2024*

across town, a case manager can walk their client down the hall and help them connect with another organization. The co-location of services further benefits the organizations themselves; it fosters cooperation that helps eliminate the duplication of services and unnecessary competition. The Center of excellence can fill the role of a community referral for long term counseling, while also addressing underlying contributing needs.

Addresses Local Needs

A Children's and Family Center of Excellence in Smith County has the capacity to meet identified local needs. Education, a key step in destigmatizing and engagement, is a common need identified in three of the four SIM priorities (Trauma-informed training, law enforcement/mental health collaboration, and prevention in the community and schools) as well as in the states strategic plan.⁴⁹⁵⁰ Training and education are also identified in the Children's Behavioral Health Strategic Plan by the

⁴⁹ (Texas Judicial Commission on Mental Health , 2024)

⁵⁰ (Statewide Behavioral Health Coordinating Council, 2024)

Statewide Behavioral Health Coordinating Council.⁵¹ The Center of Excellence serves as a regional education center. Designed to address a child's full spectrum of needs, a Smith County Children's and Family Center of Excellence is an invaluable community asset for referrals. Another crucial need identified by community partners and voiced by parents is the gap in intermediate levels of care.⁵² The Children's and Family Center of Excellence will fill this vital role and alleviate the pressures at the highest and lowest levels of care, acting as augmentation and step down from inpatient stays.

Clear Metrics and Goals

The use of clear metrics and goals is an important part of ensuring the viability of this endeavor. The state and Certified Community Behavioral Health Clinic (CCBHC) initiative uses several metrics such as school performance, justice involvement, hospitalizations, level of care, and 7-day and 30-day hospitalization follow ups. These data points are recognized, among others, as demonstrating the efficacy of programs. The University of Texas at Tyler School of Medicine, with its Community Advisory Board, in conjunction with the Health Science Center are prime candidates to coordinate research, track the efficacy of such a center, and report outcomes to the state as means of establishing this model of care and bringing together the various programs that have been implemented.

Higher Education

Smith County is uniquely positioned to host a Children's/Family Center of Excellence for Behavioral Health. Smith County already serves as the medical hub for East Texas. As part of being a medical hub, Smith County is home to the University of Texas at Tyler School of Medicine. Residencies and fellowships offered through the school of medicine provide relief on the strain of the mental health workforce in addition to training the mental health professionals of tomorrow. Tyler is also home to the University of Texas Health Science Center at Tyler. These two institutes provide a strong research

⁵¹ ([Statewide Behavioral Health Coordinating Council, 2024](#))

⁵² ([Texas Judicial Commission on Mental Health , 2024](#))

emphasis coupled with a mission of community engagement and improvement. UT partners to conduct community-academic research, addressing health concerns pertinent to East Texas, like substance use.⁵³ UT has also partnered previously with the Andrews Center for research projects. In January 2023, the UT Tyler School of Medicine Community Advisory Board identified mental health as a priority health concern in our community and noted particularly that “mental health services and support for children are lacking.”⁵⁴ The community-academic research partnerships available through UT Tyler is a valuable asset to Smith County and could be used to study and measure the implementation and impact of a Center of Excellence.

In conjunction with being a medical hub, Smith County is also a hub for education. Smith county is home to the University of Texas at Tyler, Tyler Junior College, and Texas College, with Trinity Valley Community College and East Texas Baptist University within the region. Students who are training in mental health fields are required to have a defined amount of internship hours. The

“The internship program at Andrews Behavioral Health provides substantial benefits to the Center, our clients, and the broader community. Its contributions extend across multiple key areas:

First, the program significantly increases our capacity to serve clients. Each semester, the inclusion of six to ten master’s interns allows us to extend our reach, offering free counseling services to individuals who may otherwise lack access to care.

Master’s interns play a vital role in workforce support and cost efficiency by conducting screening services—tasks previously assigned to paid staff within our intake units. Their contributions directly alleviate workload pressures and ensure smoother operational workflows.

Additionally, the program supports workforce development and retention. Bachelor-level interns gain exposure to the full range of services we offer, enabling them to make informed career decisions. Since the unofficial launch of the program in Fall 2021, we have successfully hired twenty-three former interns, each staying an average of 1.3 years or longer. This continuity has supported the Center’s ability to maintain full staffing and has likely contributed to reduced turnover rates.

Lastly, continued investment in the internship program aligns with our long-term goals and organizational mission. Strengthening our capacity to support interns directly translates to serving more clients at no additional cost—an outcome firmly aligned with Andrews Behavioral Health’s commitment to accessible, high-quality care.”

-Nicholas Bennie, Internship Program Coordinator, Andrews Center

Andrews Center has instituted a program to provide students with these hours while benefiting the

⁵³ (Tiruneh, Elliott, Oyer, Elueze, & Casanova, 2022)

⁵⁴ (UT Tyler School of Medicine Community Advisory Board, 2023)

Andrews Center. Thanks to the internship program an increased number of patients have been served, and employee attrition has improved. Because the internship program exposes potential applicants to the local mental health authority setting, those who apply after experiencing it through internship opportunities are more likely to stay. A Center of Excellence offers an opportunity to create an expanded version of this program that helps provide qualified mental health professionals and decrease high employee turnover rates.

Hope for the Future

"We have made strides in our community regarding mental healthcare over the last few years, but there is so much further to go and funding remains our greatest hurdle. Our local suicide numbers remain dismal, and we now need a concerted effort focused on mental healthcare for our children. Our hope remains strong in that our community has banded together like never before."

-Judge Neal Frankin, Smith County Judge

The record-breaking investments the state has made in recent years have provided a foundation for a better structure of mental health systems. However, it is just a start; many still suffer and struggle to find relief. Our children and their families are not immune to this struggle and are particularly vulnerable. As a community, we echo the AACAP's belief that "together, we can create the system that we envision—a system in which children thrive." Ultimately, it is the community and its future we are responsible to. As mental health professionals, we care for 'the least of these who cannot care for themselves', and as representatives of the people of Texas, you can ensure safety and a bright future for

In the 24 years that I have worked in Juvenile Justice here in Smith County it has been a constant struggle and challenge to find ample mental health services in our community for the acute care that many of our clients need.

In the last few years, I have more hope than ever that Smith County is turning the corner on being able to conquer this challenge and could be on the verge of great things in adolescent mental health care.

- Ross Worley, Director, Smith County Juvenile Services

those who chose you to represent them. Our Northeast Texas Community vision is to take the excellent reforms and programs that Texas has funded, and that have shown to be beneficial, and co-locate them in one center of excellence to address the youth mental health crisis facing our children, facing our future.

Authors Note

Over the last 7 months, we have been privileged to meet and discuss the youth mental health crisis with hundreds of people locally and nationwide, with a broad range of perspectives and backgrounds. One thing is evident—Smith County is uniquely positioned to make substantial strides for the future of our children. The community, both those in the mental health field and those without, want to see improvements made in children's services and are willing to put in the effort required. We echo the statements of Judge Franklin and Ross Worley. We have hope that through the collaboration of the community as a whole, great things can be done for the youth and adolescent population.

John Schnell

Brandon Schnell

Ben Schnell

See Next Page for Preliminary Financial Analysis →

CHILDREN'S/FAMILY CENTER OF
EXCELLENCE

Preliminary Financial Analysis

Program/Project Description	Operating Cost			Total SF
	Less Facility	Facility Rental	Facility Build	
Expand Current Case Management Staff to adequately address demand for services (20 additional staff, training, vehicles, Children's MH Director)	\$ 1,377,500.00	\$ 24.00 \$ 99,600.00	\$ 300.00 \$ 1,245,000.00	4,150
Enhance Wrap Services to provide intensive case management and YES services (1 team lead, 6 CM, vehicle, supplies, training)	\$ 439,600.00	\$ 25,200.00	\$ 315,000.00	1,050
YCOT/Crisis Stabilization (2 CM, 3 LPHA, 2 CFP, .25 MD, vehicles, supplies, training)	\$ 615,550.00	\$ 25,200.00	\$ 315,000.00	1,050
Crisis Respite (Direct Care Staff 24/7, LPHA, CM, Supplies)	\$ 800,000.00	\$ 60,000.00	\$ 750,000.00	2,500
Intensive Outpatient Program (IOP) (2 LPC, 2 QMHP, Intake Coord LPHA, Admin, MD .25, licensing, certification, supplies)	\$ 500,450.00	\$ 84,000.00	\$ 1,050,000.00	3,500
Navigator Program (1 QMHP, vehicles, supplies)	\$ 75,000.00	\$ 2,880.00	\$ 36,000.00	120
Community Education Space and Flex Office Space (Public Ed/Mtg and 8 offices for community)		\$ 48,000.00	\$ 600,000.00	2,000
Totals	\$ 3,808,100.00	\$ 344,880.00	\$ 4,311,000.00	14,370
Operating Cost with Leased Space (if available)				\$ 4,152,980.00 ongoing annual
Operating Cost with Building			\$ 8,119,100.00 Initial	\$ 3,937,430.00 ongoing annual

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Andrews Center Strategic Plan

ALWAYS REACHING HIGHER!

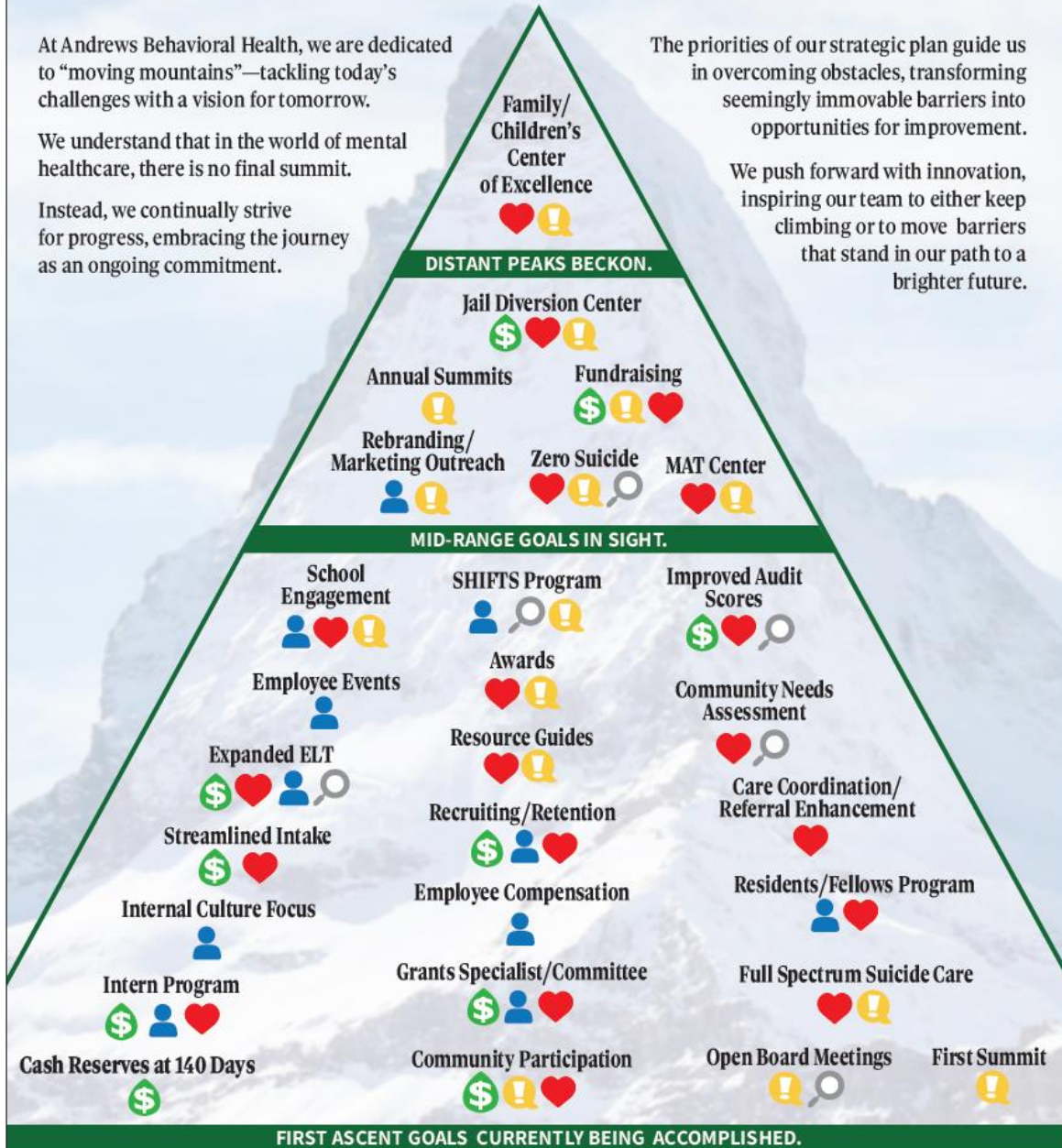
At Andrews Behavioral Health, we are dedicated to “moving mountains”—tackling today’s challenges with a vision for tomorrow.

We understand that in the world of mental healthcare, there is no final summit.

Instead, we continually strive for progress, embracing the journey as an ongoing commitment.

The priorities of our strategic plan guide us in overcoming obstacles, transforming seemingly immovable barriers into opportunities for improvement.

We push forward with innovation, inspiring our team to either keep climbing or to move barriers that stand in our path to a brighter future.



STRATEGIC PLAN PRIORITIES GUIDE OUR PROGRESS:

- 
Financial Sustainability: Diversify funding and maintain reserves to ensure adequate resources for mission sustainability and be transparent on the financial status of organization with the staff.
- 
Talent-Building: Acquire top talent and drive employee growth through competitive compensation, intentional recruitment processes, and the creation of personal growth opportunities.
- 
Delivery of Coordinated and Comprehensive Client Services: Improve internal and external communication to ensure seamless and timely access to services.
- 
Community Engagement and Education: Reestablish the role of Andrews Behavioral Health and improve availability to the community by way of effective marketing, collaborative community partnerships and ongoing education efforts.
- 
Integrated Internal Evaluation: Improve the quality of our programs and outcomes.



We are moving mountains.

FAQ

Why is This a Government Solution?

Mental health is an integral part of individual and public health. Lack of intervention can lead to detrimental ends including school dropout, juvenile delinquency, substance abuse, and family disintegration. Ignored, the mental health crisis can lead to devastating outcomes for communities. In response to the 2022 Uvalde school shooting tragedy, Governor Greg Abbott said, “We as a government need to find a way to target that mental health challenge and to do something about it.”⁵⁵

In Texas, continuum of services is codified in [Chapter 531, Texas Government Code, Section 531.001](#), which requires that a continuum of services is provided for. Additionally, “it is the policy of this state that, when appropriate and feasible, persons with mental illness or an intellectual disability shall be afforded treatment in their own communities.”

The priorities and strategies outlined in this response also affect other state priorities such as improving school readiness, reducing the burden on child welfare and juvenile justice systems. This response also outlines the sustainable, long-term returns on such an economic and social investment, with its effects reaching across multiple sectors of public health including schools, hospitals, criminal justice. By ensuring that families have access to comprehensive mental healthcare, Texas can strengthen the fabric of its communities, promoting a more self-sufficient and healthy state.

The social determinants of health that are cofactors in mental health and limit access to services, have historically qualified individuals for other government assistance and services.⁵⁶

⁵⁵ (Kekatos, 2022)

⁵⁶ (Statewide Behavioral Health Coordinating Council, 2024)

As outlined in the Children's Behavioral Health Strategic guide "successful implementation will require ongoing commitment from all branches of government, as well as local, state, and federal multi-sector partnerships... Children and their caregiver [need] access to services that are integrated at the system and practice levels, cross administrative and sustainable funding boundaries, and promote continuity of care between child-serving agencies and programs."⁵⁷

Could This Project, Fully Funded, Serve all East Texas?

As the financial request is laid out in this paper, a Center of Excellence in Smith County could not fully serve all East Texas. The model, however, if scaled with an appropriate number of qualified mental healthcare professionals, could be implemented to serve the entirety of East Texas. To effectively expand comprehensive services to all East Texas, a greater investment would be needed. For example, satellite locations could be established, coordinating with counties, agencies, and child-serving organizations across East Texas.

What About Inpatient Beds?

We recognize that the lack of inpatient beds is a continued need in our community. Both the Adult SIM and Youth SIM initiatives identified access to inpatient facilities as a top priority. Thanks to the recent investments by Smith County and UT Health East Texas in conjunction with Oceans Behavioral Health, The Behavioral Health Center (BHC) will be reopening, bringing additional adult and adolescent beds. The focus of a Children's/Family Center of Excellence would be to prevent the need for inpatient facilities by utilizing the least restrictive treatments for the situation.

How Long Will This Project Be Funded For?

As stewards of public funds, we propose that it is only appropriate to fund this project as far as it is effective and viable. As mentioned in the paper, it would be beneficial to involve UT in doing an

⁵⁷ (Statewide Behavioral Health Coordinating Council, 2024)

impact study. After a predetermined amount of time, if the program does not show a beneficial impact on the client population, there would be no reason to continue funding.

Do These Programs Work?

Yes. Tracking the outcomes of these programs has been a priority. The state as well as third party entities including the Meadows Mental Health Policy Institute have proven their effectiveness.^{58 59}

Would Increasing the Workforce Alone Solve These Problems?

While expanding the workforce would alleviate the crisis, it would not solve it. There is a growing disparity in cash payments for mental health treatments versus insurance and Medicaid/Medicare. Cash payments yield \$500-\$1000 while insurance may only go up to \$100 (and Medicaid/Medicare offers even less) for private practice psychiatrists.⁶⁰ The difference in payment reimbursements drives many private practices to accept only cash to meet operational costs, creating additional barriers to accessing treatment. Unless workforce expansion happens in the public space, the increase in qualified mental health professionals will not expand past the private practices.

⁵⁸ (Statewide Behavioral Health Coordinating Council, 2024)

⁵⁹ (Keller, 2024)

⁶⁰ (Donohue, Goetz, & Song, 2024)