# Strengthening Mental Health Services for Vulnerable Children and Families

Children and families in Texas' child welfare system endure immense mental and behavioral health challenges, reflecting the profound impact of trauma and instability on their lives. Over 60% of children in the child welfare system nationwide grapple with mental health issues, a stark reminder of the system's duty to offer care and healing. Systemic inefficiencies magnify these struggles leaving children and families without the critical support they need. These shortcomings increase placement disruptions and prolong the uncertainty of children's lives, undermining their chances for stability and growth.

## In Texas, mental health challenges for children are further underscored by alarming statistics:

SAMHSA estimates **500,000** of the 3.8 million Texas children between 9 and 17 have a serious emotional disturbance.

**19% of Texas children** experience two or more adverse childhood experiences (ACEs) by age 18, a significant predictor of long-term behavioral health issues.

According to the 2021-2022 National Survey on Drug Use and Health, **up to 7.8% of Texas children** ages 12-17 had a substance use disorder in the past year.

**Nearly 40%** of children in Texas are covered by Medicaid, while **over 10%** lack any health insurance.

**One in five high school students** in Texas has seriously considered suicide in the last year, highlighting the urgent need for mental health support.

Two critical policy changes — enabling licensed associates to bill Medicaid and implementing Group Credentialing - offer immediate, no-cost solutions to address workforce shortages and administrative delays that hinder access to care.
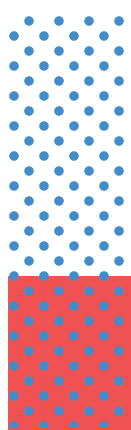
# Policy Focus Areas

## Allow Licensed Associates to Bill Medicaid

- **Context:** Licensed associates, including Licensed Marriage and Family Therapist Associates (LMFT-As), Licensed Professional Counselor Associates (LPC-As), and Licensed Master Social Workers (LMSWs), have completed rigorous training and are already serving children and families under supervision. However, they cannot bill Medicaid for their services during this required supervision period, creating a barrier to their full participation in the Medicaid network.

- **Benefits**
  - **Immediate Workforce Expansion:** Enabling these associates to bill Medicaid would effectively add thousands of qualified providers to the workforce without requiring additional training or certification.
  - **Cost Neutrality:** This policy requires no additional funding since supervision arrangements and reimbursement rates remain unchanged. Medicaid would simply reimburse services already being provided.
  - **Improved Access to Care:** By allowing these providers to bill Medicaid, Texas could reduce wait times for mental health services, particularly in underserved areas, and ensure children receive timely care.

- **Comparison with Other States:** States including Colorado and Oklahoma already allow associates to bill Medicaid during their supervision period, demonstrating the feasibility and benefits of this approach. Adopting similar policies would position Texas as a leader in leveraging its existing workforce to address mental health needs.

## Implement Group Credentialing for Medicaid Providers

- **Context:** The current Medicaid credentialing process requires individual providers to submit extensive documentation for approval, often resulting in delays of six months to over a year. This bureaucratic hurdle prevents qualified providers from beginning work promptly and exacerbates workforce shortages.

- **Proposed Solution:** Shift to a Group Credentialing model, where provider qualifications and training are verified through audits of the group's National Provider Identifier (NPI) rather than requiring individual credentials for each provider.

- **Benefits:**
  - **Faster Enrollment:** Group Credentialing would significantly reduce the time required for providers to begin serving Medicaid clients, ensuring quicker access to care for children and families.
  - **Administrative Efficiency:** By streamlining the credentialing process, the state can reduce administrative burdens on providers and Medicaid managed care organizations (MCOs), freeing up resources for direct service delivery.
  - **Enhanced Provider Retention:** Simplifying credentialing can reduce frustration among providers and encourage more professionals to participate in the Medicaid network.

- **Evidence of Success:** Group Credentialing models are successfully employed in commercial insurance networks and certain state Medicaid programs. These systems have demonstrated improved efficiency without compromising oversight or quality standards.

Investing in Texas' mental health infrastructure for children is not just a moral imperative but a practical one. By addressing key systemic barriers such as inadequate reimbursement, workforce shortages, and service gaps, Texas can create a more sustainable and equitable framework for mental health care. These recommendations provide actionable pathways for improving outcomes, reducing costs associated with untreated mental health conditions, and fostering resilience among the state's most vulnerable populations. Policymakers can ensure that all Texas children receive the care they need to thrive.

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