

## *The Williamson County Children and Youth Behavioral Health Subcommittee*

The Children and Youth Behavioral Committee is a subcommittee of the Williamson County Mental Health Task Force (Task Force). The following will be added to the Task Force by-laws.

### *Children and Youth Behavioral Health Subcommittee:*

*A subcommittee of school districts, private and non-profit organizations, public agencies and other stakeholders interested in improving the behavioral health of Williamson County children and youth will meet once a month. The Children and Youth Behavioral Health Subcommittee (Youth Subcommittee) will meet immediately preceding the Task Force meetings which are currently held on the last Thursday of every month. The Youth Subcommittee meetings will be from Noon to 1:30 PM with the Task Force meetings beginning at 2:00 at the same location. The Chairperson or Vice-Chair of the Mental Health Committee will attend the Children and Youth Subcommittee meetings. The Children and Youth Subcommittee can appoint one member of the Children and Youth Subcommittee to attend the Mental Health Committee. The Children and Youth Subcommittee will have a joint meeting with the Mental Health Committee annually, as scheduled by the Chairperson of the Task Force..*

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### *Vision Statement:*

The children, youth and families of Williamson County will be supported by a seamless, integrated continuum of school/community services and supports that 1) promote behavioral health and wellbeing, 2) enable the early identification of concerns, and 3) ensure the use of the least disruptive intervention needed when concerns arise.

### *Mission Statement:*

The *Children and Youth Behavioral Health Subcommittee* of the *Williamson County Mental Health Committee* brings together a wide range of private and non-profit organizations, public agencies, school districts and other stakeholders interested in improving the behavioral health of Williamson County children and youth through shared learning, dialogue and action around the policies, programs and issues impacting child and youth mental health and wellbeing at the county and local level.

Collaboratively, the subcommittee will work to:

- 1) Identify and take action upon issues impacting the mental health and wellbeing of children and youth in Williamson County.
- 2) Identify and take action upon issues impacting substance use and abuse issues affecting the health and wellbeing of Williamson County children and youth.
- 3) Facilitate cross-sharing of knowledge and perspectives from diverse groups.
- 4) Develop policy recommendations.
- 5) Cultivate a broad range of voices to help advance children and youth behavioral health awareness within Williamson County.

### *Guidance Documents:*

- 1) Williamson County Mental Health Committee By-Laws
- 2) Williamson County Mental Health Committee Member Confidentiality Statement
- 3) Adelman & Taylor's Interconnected Systems for Meeting the Needs of All Children
- 4) Williamson County Aligning Our Efforts and Unifying Our Vision
- 5) The Search Institute's 40 Developmental Assets
- 6) Consensus Statement on Integrated Behavioral Health

## *The Williamson County Children and Youth Behavioral Health Subcommittee*

## *Consensus Statement on Integrated Behavioral Health*

### ***Why Integrated Behavioral Health?***

Physical and mental health are invariably linked, and chronic illnesses such as diabetes, cancer and heart disease often are accompanied by behavioral ailments such as depression or anxiety. Research has shown that people with severe mental illnesses such as schizophrenia and bipolar disorder die an average of 25 years earlier than people without these disorders, largely due to challenges and obstacles in receiving medical treatment. Integrated health care is gaining recognition as a viable way to improve people's health by treating physical and behavioral illnesses together.

Source: Texas Mental Health Transformation Community Collaborative Toolkit, Texas Health Institute, p. 14  
<http://www.healthpolicyinstitute.org/files/Chapter1.pdf>

### ***Failure To Address Children's Mental Health Needs Has Serious, Long-Term Consequences***

An estimated 20% of youth experience mental health problems in any given year, and approximately 75-80% of youth in need of treatment and support services do not receive adequate care. Emotional and behavioral health problems represent significant barriers to academic success. Suicide is the 3rd leading cause of death among young people. Failure to address the mental health needs of students has serious consequences both now and in the future: increased risk for school failure, social isolation, violence, substance abuse, unsafe sexual behavior, incarceration, unemployment and poor health.

Source: Texas Mental Health Transformation Community Collaborative Toolkit, Texas Health Institute, p. 27  
<http://www.healthpolicyinstitute.org/files/Chapter1.pdf>

### ***Youth Substance Use and Abuse Linked to Poor Academic Outcomes***

The 2010 LifeSteps Prevention Coalition cited the following national statistics linking tobacco, alcohol, illicit drug use, and academic failure:

- 19% of teen smokers drink heavily (consuming more than 50 drinks in one month), compared to less than 1% of teen nonsmokers
- Teens ages 12-17 who are current smokers are more than 5 times likely to be current drinkers
- Teens reporting tobacco use are almost 7 times more likely to use other illegal drugs like cocaine and heroin
- Teens reporting tobacco use are 13 times more likely to use marijuana than nonsmokers
- More than 46 percent of current illicit drug users are also current smokers.
- Students who smoke daily are 3 times more likely to have grades of C or C-
- The odds of dropping out of high school by age 18 are 2 1/2 times greater for youth who smoke 1-5 cigarettes a day at 16
- The odds of dropping out of high school by age 18 were 5 to 6 times greater for youth who smoke a pack a day or more

Source: Bebe Johnson, LifeSteps Prevention Coordinator.  
LifeSteps Youth Substance Abuse Prevention Coalition of Williamson County 2010 Needs Assessment.doc