



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

**House Committee on Appropriations
Children's Mental Health in the Wake of the Santa Fe Tragedy**

October 9, 2018

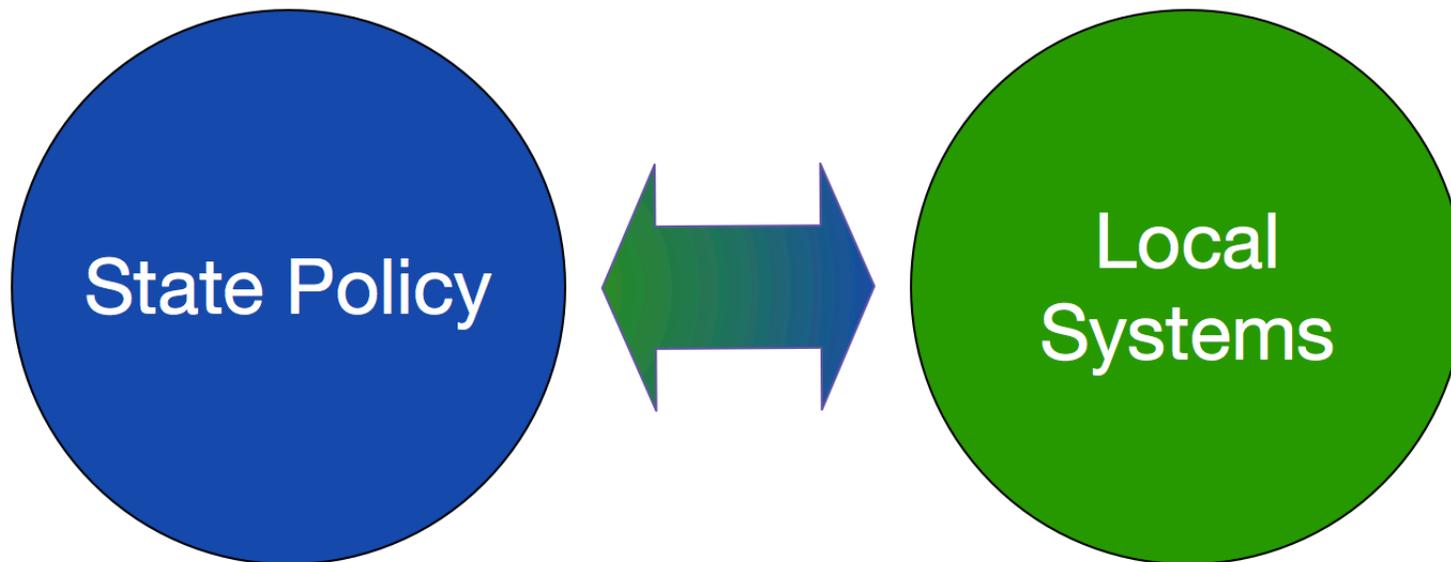
Meadows Mental Health Policy Institute

Vision

We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement

To provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.

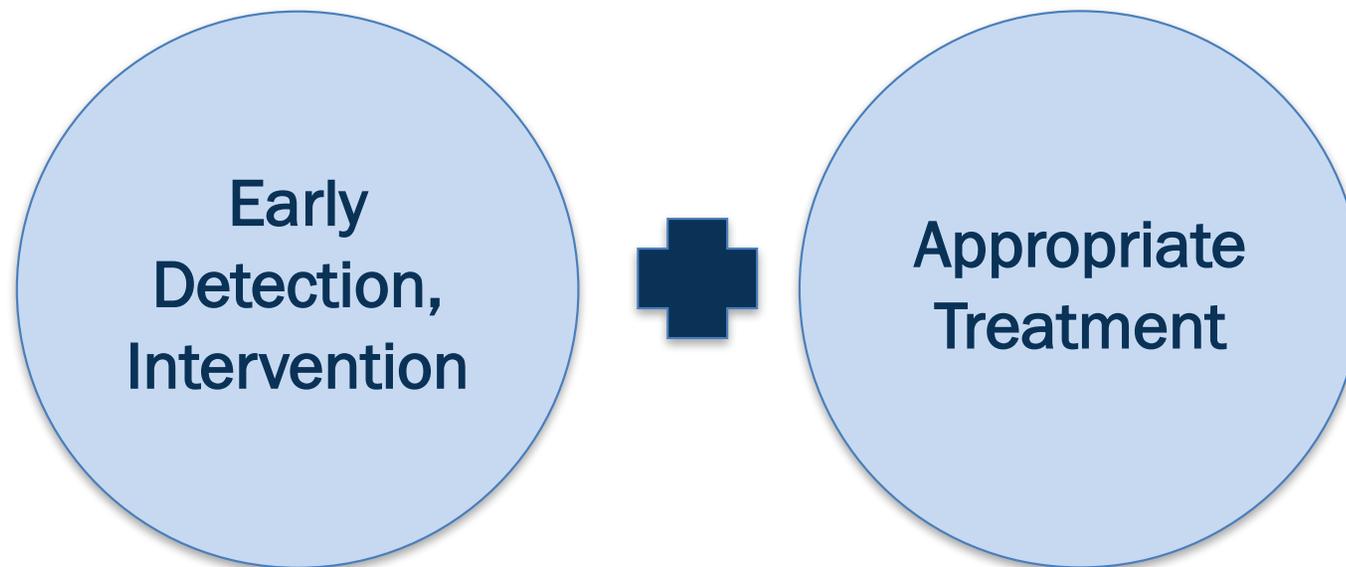


Needs Among Texas Children and Adolescents

Mental Health Condition – Children and Youth	Age Range	Texas Prevalence
Total Population	6-17	4,900,000
Population in Poverty	6-17	2,300,000
All Behavioral Health Needs (Mild, Moderate, and Severe)	6-17	1,900,000
Mild	6-17	1,100,000
Moderate	6-17	430,000
Severe – Serious Emotional Disturbance (SED)	6-17	370,000
SED in Poverty	6-17	210,000
At Risk for Out-of-Home / Out-of-School Placement	6-17	20,000
Specific Disorders – Youth (unless otherwise noted)		
Depression	12-17	200,000
Bipolar Disorder	12-17	50,000
Post-Traumatic Stress Disorder	12-17	95,000
Schizophrenia	12-17	6,000
First Episode Psychosis (FEP) Incidence – New Cases per Year	12-17	900
Specific Disorders – Children Only		
All Anxiety Disorders – Children	6-11	270,000
Depression/All Mood Disorders – Children	6-11	25,000

The Progression of Mental Health Conditions

- Half of all mental health conditions manifest by age 14; interventions work best at this early stage when symptoms are *less severe*, *more treatable*, and *more readily kept from escalating* to more dangerous conditions that increase risk.
- By young adulthood, **75% of lifetime cases have presented.**



The Ideal Mental Health System for Children

THREE KEY COMPONENTS:

- 1) Helping local schools **identify** needs and **link** to help:
 - **Early, before situations** become harder to treat; and
 - **Fast**, when a **severe** need arises and expertise is essential to maintain **safety** and **functioning**;
- 2) Helping pediatric primary care providers **find and treat mental illness early** when it is mild to moderate; and
- 3) Making **intensive treatment available** to children and youth with the most severe needs, *quickly, when needs emerge.*

1. Helping Local Schools Get Expert Evaluation

All schools need someone to coordinate identification and linkage (“liaisons”) – school counselors with dedicated time for mental health, school-based clinics, Communities in Schools, and others can fill this role.

- When a severe need arises, schools must be able to get expert evaluation on the scene *quickly*, and teachers and staff need rapid access to reliable advice and care.
- A few Texas schools have mental health experts on site, but that solution is not feasible for most schools and no single expert can answer every question.
- Telemedicine offers the infrastructure to fill the expertise gaps.

Funding Opportunities: TEA

The Texas Education Agency (TEA) Legislative Appropriations Request (LAR) proposes the Safe and Healthy Schools Initiative as *their highest priority exceptional item*.

- \$52.5 million in grant funding is requested in FY 2020 (GR).
- The Initiative is grounded in four primary pillars: 1) **Mental Health Supports**; 2) Positive School Culture; 3) Facility Safety; and 4) Emergency Response Coordination.
- **Mental Health Supports** includes access to counseling resources, mental health professional networks, threat assessment protocols, and teacher and administrator training on mental health needs.

Funding Opportunities: HB 13

HB 13 (Price) created the **Community Mental Health Grant Program** to support community mental health programs that provide services and treatment to individuals experiencing mental illness.

- **Nonprofits and governmental entities, including school districts**, may apply.
- Funding: **\$10 million** in FY 2018 and **\$20 million** in FY 2019.
- **The Legislature should fund HB 13 at levels of at least \$20 million in both FY 2020 and FY 2021 (GR).**

2. Leveraging Pediatric Primary Care Providers

75% of children with mental health issues who receive care, receive it in a primary care setting (family doctor, pediatrician).

- With the right early support, *most would not need a specialist.*
- In addition to routine care for most (including victims), it is **key to early identification, referral, & coordination** for higher risks.
- Over a decade of research demonstrates that primary care providers can treat behavioral health issues as they would any other health issue – **treating mild and moderate cases** and **detecting the more complex or severe cases** for specialists.

Current Barriers

- limited time during each visit
- minimal training and a lack of confidence in knowledge of behavioral health disorders
- limited capacity to link cases to needed specialists and behavioral health consultation

Leveraging Primary Care: Child Psychiatry Access Programs (CPAP)

- Nearly 30 states have implemented CPAP programs.
- The Massachusetts Child Psychiatry Access Program, established in 2004, is the longest-running program.

A statewide system of regional children's behavioral health consultation and referral hubs located at academic medical centers.

Each hub can build over a few years to support the primary care needs of 900,000 children and youth.

Once fully operating, the cost is \$2 a year per child.

Funding Opportunities: CPAP

In response to Hurricane Harvey, local philanthropy funded a CPAP model for Harris County and the surrounding region that was developed by Baylor College of Medicine, UTHealth Houston, Texas Children's Hospital, and Harris Health.

While a great start, philanthropy alone cannot sustain this initiative.

- *The Legislature should fund a network of CPAP hubs across the state through Texas medical schools, leveraging the experience of the Chairs of the Departments of Psychiatry. Appropriations are estimated to be \$5 million in FY 2020 and \$10 million in FY 2021 (GR).*

3. Making Intensive Treatment Available

About 20,000 children and youth each year need intensive treatment because of severe behavioral dysfunction.

- *They do not all need the same treatment.*
- **Highest risk of harming others:** About 900 Texas youth who first experience an episode of psychosis (FEP) each year.
- **Psychosis** is characterized by **hallucinations** and **delusions**.
 - Those with *untreated psychosis* are 15 times more likely to **commit homicide**. Effective treatment decreases the risk.
 - They also have a dramatically **elevated risk of suicide** and **other mortality**: 24 times the risk for their peers.
 - Today, treatment is delayed for seven years post-onset.

Treating Psychosis: Coordinated Specialty Care

Coordinated Specialty Care (CSC), a team-based approach, starts *assertive and intensive treatment as soon after the initial psychosis as possible*.

Texas currently has **12 Coordinated Specialty Care** teams located at **10 community centers** across the state.

- Expected caseload for each team is **30**.
- Most are **age 18 or over** and served as adults.

Texas should at least expand Coordinated Specialty Care programs for all youth ages 14 - 18 (900 new cases a year).

- *Community centers and medical schools should collaborate to provide the care, leveraging the expertise of each system.*

Funding Opportunities: CSC Expansion

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently increased the Mental Health Block grant (MHBG) award to the Health and Human Services Commission (HHSC).

- HHSC will use \$3.7 million in increased MHBG allocation to fund **Coordinated Specialty Care expansion** in FY 2019.

The HHSC Legislative Appropriations Request (LAR) is seeking \$7.9 million in both FY 2020 and FY 2021 (GR) to fund **Coordinated Specialty Care expansion** (Item 19).

- *These appropriations are scalable as **each new team would cost approximately \$400,000 per year.***

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to say

The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org
