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

<table>
<thead>
<tr>
<th>Mental Health Condition – Children and Youth</th>
<th>Age Range</th>
<th>Texas Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>6-17</td>
<td>4,900,000</td>
</tr>
<tr>
<td>Population in Poverty</td>
<td>6-17</td>
<td>2,300,000</td>
</tr>
<tr>
<td>All Behavioral Health Needs (Mild, Moderate, and Severe)</td>
<td>6-17</td>
<td>1,900,000</td>
</tr>
<tr>
<td>Mild</td>
<td>6-17</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Moderate</td>
<td>6-17</td>
<td>430,000</td>
</tr>
<tr>
<td>Severe – Serious Emotional Disturbance (SED)</td>
<td>6-17</td>
<td>370,000</td>
</tr>
<tr>
<td>SED in Poverty</td>
<td>6-17</td>
<td>210,000</td>
</tr>
<tr>
<td>At Risk for Out-of-Home / Out-of-School Placement</td>
<td>6-17</td>
<td><strong>20,000</strong></td>
</tr>
</tbody>
</table>

## Specific Disorders – Youth (unless otherwise noted)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Age Range</th>
<th>Texas Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>12-17</td>
<td>200,000</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>12-17</td>
<td>50,000</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>12-17</td>
<td>95,000</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>12-17</td>
<td>6,000</td>
</tr>
</tbody>
</table>

## First Episode Psychosis (FEP) Incidence – New Cases per Year

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Age Range</th>
<th>Texas Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Episode Psychosis (FEP)</td>
<td>12-17</td>
<td><strong>900</strong></td>
</tr>
</tbody>
</table>

## Specific Disorders – Children Only

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Age Range</th>
<th>Texas Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Anxiety Disorders – Children</td>
<td>6-11</td>
<td>270,000</td>
</tr>
<tr>
<td>Depression/All Mood Disorders – Children</td>
<td>6-11</td>
<td>25,000</td>
</tr>
</tbody>
</table>
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.
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.**
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.**
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